



APPLICATION FOR INFORMATION SECURITY & PRIVACY LIABILITY COVERAGE

The policy for this application is on a Claims Made and Reported basis. This policy applies to claims first made against the insured and reported in writing to the underwriters during the policy period or during the pre-agreed extension period. The limit of liability may be reduced or exhausted as a result of claims expenses and is subject to the deductible. Once the limit of liability is exhausted, the insurance carrier is not responsible to pay settlements, judgments or claims expenses. **READ THE POLICY CAREFULLY.**

Fully answer all questions within the application and submit all requested information and forms. This application applies to all policy terms. This application, submitted information and forms will be protected and held in confidence.

APPLICANT DETAILS

Applicant Name: _____

Primary Address: _____

City: _____ State: __ Zip: _____

Mailing Address (If different than above) : _____

State: __ Zip: _____

Phone: _____ Website: _____ Applicant Email Address: _____

Date Established: _____ Individual Partnership Corporation Other: _____

Is this entity owned, controlled by or affiliated with any other entity? YES (attach details) or NO

Description of Operations: _____

GROSS ANNUAL REVENUE (\$)

Past Year: _____ Current Year _____ Next Year (est.): _____ Number of Employees: _____

YES **NO**

Does the applicant currently have insurance coverage for media, privacy or network security?

If YES:

Insurer: _____

Limit: _____ Deductible: _____

Policy Period: _____ Retro Date: _____ Premium: _____

COMPUTER SECURITY & PRIVACY

YES **NO**

1. Does the applicant employ a Chief Information Officer (CIO)?
2. Does the applicant employ a Chief Security Officer (CSO)?
3. Do the CIO & CSO report to the Board of Directors?

YES **NO**

- 4. Does the applicant have a corporate-wide privacy policy? YES NO
- 5. Has the privacy policy been reviewed by an attorney? YES NO
- 6. How often is the company's privacy policy reviewed and updated? _____
- 7. Does the applicant issue & implement network security policies? YES NO
- 8. Does the applicant use firewall protection? YES NO
- 9. Does the applicant use intrusion detection software? YES NO
- 10. Does the applicant use anti-virus software and have a patch management plan? YES NO
- 11. Does applicant have internal training regarding the management of confidential, data security & sensitive information? YES NO
- 12. In the past 2 years has the applicant undergone an internal or external privacy audit?
If YES, please provide details. _____ YES NO
- 13. Have all the recommendations from the audit been implemented?
If NO, why? _____ YES NO
- 14. Does the applicant have encryption tools to enhance the integrity and confidentiality of Confidential Information? If "Yes", in which scenario is data encrypted?
(Check all that apply) YES NO
 - Data at rest Data transferred to removable media (CDs, Backup tapes
 - Data in transit USB devices, etc.)
- 15. Does the applicant have a user name and password procedure in place? YES NO
- 16. Does the applicant provide remote access to its system?
If YES, how many users have remote access? # _____ YES NO

INFORMATION MANAGEMENT

- 17. Does the applicant collect, receive, process, transmit or maintain confidential information? If Yes, select which apply: YES NO
 - Credit/Debit Card Data Social Security Numbers
 - Medical Records, Info or Insurance Bank Accounts & Records
 - Intellectual Property of others Employee/HR Information
 - Customer Information Drivers License
 - Other (please describe): _____
- 18. How many electronic records (customers, employees, etc.), containing personally identifiable information, are held by the applicant? _____
- 19. If Applicant stores, process or handles credit card transactions, is the applicant compliant with Payment Card Industry Data Security Standards (PCI DSS)? YES NO
- 20. Please indicate the required level of compliance: 1 2 3 4

- | | YES | NO |
|--|--------------------------|--------------------------|
| 21. Is any of the above-noted information regulated by HIPAA, GLB, the Data Protection Act or other laws or legislation protecting private or personal information? If YES, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does the applicant have procedures in place to comply with laws governing the handling of confidential information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Does the applicant have procedures in place to notify those affected if confidential information is compromised? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Does the applicant share confidential information with third parties?
If YES, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Does the applicant have a business continuity plan, disaster recovery plan and/ or incident response plan? If YES, explain: _____
<i>(Attach separate page(s) if necessary)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

MEDIA

- | | YES | NO |
|---|--------------------------|--------------------------|
| 26. Does the applicant outsource its advertising or use material created by third parties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Does the applicant distribute music, video, blogs or other content?
If YES, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Does the applicant have a procedure to monitor displayed material on its website for copyright infringement, libel, slander or invasion of privacy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Does the applicant have a procedure to delete or edit controversial or offensive material? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Does the applicant use any open source code? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Does the applicant resell any third party software products? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Does the applicant use software code licensed from third parties or created on an outsourced basis? | <input type="checkbox"/> | <input type="checkbox"/> |

*PAST CIRCUMSTANCES & CLAIMS – if YES to any question, please provide details

- | | YES | NO |
|--|--------------------------|--------------------------|
| 33. Has the applicant ever been investigated in respect to the safeguards for personally identifiable information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Has the applicant ever received a complaint about the manner in which a person's personally identifiable information was wrongly handled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Has the applicant ever received a claim or complaint with allegations of invasion of privacy, theft of information, security breach, copyright infringement, libel or slander? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. In the last 5 years, has any owner, partner, director, officer or professional employee ever been subject to disciplinary action by any regulatory agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. In the last 3 years, has the applicant had to recall a product or give a full refund? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. In the last 5 years, has the applicant sued a customer due to failure of payment? | <input type="checkbox"/> | <input type="checkbox"/> |

YES

NO

39. In the last 5 years, has the applicant received any complaints concerning products and/ or services provided?
40. Is the applicant or anyone in the firm aware of circumstances that could result in a claim under this or a similar policy?

***If you answered “ YES” to any of the above questions, please provide details:**

PLEASE READ

Application hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to RPS Technology & Cyber as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that RPS Technology & Cyber shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- **If a policy is issued, RPS Technology & Cyber will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to RPS Technology & Cyber in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;**
- **This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and**
- **Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy, may create a lack of coverage for each Applicant who had a basis to believe that any such act, omission or circumstances might reasonably be expected to be the basis of a claim.**

The policy applied for provides coverage on a Claims Made and Reported basis and will apply only to claims that are first made against the insured and reported in writing to RPS Technology & Cyber during the policy period. Claims expenses are within and reduce the limit of liability, unless otherwise noted in policy terms.

Applicant hereby authorizes the release of claim information to RPS Technology & Cyber from any current or prior insurer of the Applicant.

FRAUD WARNINGS

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **Notice to Arkansas Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. **Notice to Louisiana Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Notice to New York Applicants:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation." **Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Notice to Pennsylvania Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Applicable in Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **WARNING – Kentucky, Maryland, New Jersey, New Mexico, Ohio, Rhode Island, West Virginia residents only:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and subjects such person to criminal and civil penalties. **Notice to Applicants in all other states:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant's Signature: _____ Date: _____

Applicant: _____ Title: _____

Risk Management Contact: _____ Phone: _____

Email Address of Risk Management Contact: _____

The undersigned certifies that he or she is an authorized representative of the applicant identified in "APPLICANT DETAILS" and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Agent/Broker Name: _____