



CYBER SECURITY LIABILITY APPLICATION

**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY.
THE LIMITS OF LIABILITY AVAILABLE TO PAY CLAIMS OR SUITS AND THE DEDUCTIBLE
MAY BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS UNDER COVERAGES E., F., AND G.**

Certain terms have specific meaning as defined in the policy form and noted in **bold**. Throughout this Application the words "you" and "your" refer to the **Named Insured** shown in the Declarations, and any other person or organization qualifying as a **Named Insured** under the proposed policy.

SECTION I – GENERAL INFORMATION

Name of Applicant:

Address:

City:

State:

Zip:

Physical Location Address:(if different than above)

Website: www.

Predominant business activity and SIC code:

Year business started:

Telephone:

Provide a list of all direct and indirect subsidiaries for which coverage is requested under this policy.

To enter more information, please use the Additional Info page attached to this Application

Name:	Type of Business:
Percent Owned by the Applicant: %	Date created/acquired:

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	US / Canada	Other Countries	Total
Total number of employees:			
Annual sales or revenue:	\$	\$	\$

SECTION II – COVERAGE REQUESTED

INSURING AGREEMENTS	REQUESTED PER CLAIM LIMIT (Options: \$1,000,000, \$2,000,000, \$3,000,000, \$4,000,000 OR \$5,000,000)	REQUESTED PER CLAIM DEDUCTIBLE
A. Loss of Digital Assets	\$	\$
B. Non-Physical Business Interruption and Extra Expense	\$	\$
C. Cyber Extortion Threat	\$	\$
D. Security Event Costs	\$100,000 \$250,000 \$500,000	\$
E. Network Security and Privacy Liability Coverage	\$	\$
F. Employee Privacy Liability Coverage	\$	\$
G. Electronic Media Liability Coverage	\$	\$
H. Cyber Terrorism Coverage	\$	\$
AGGREGATE LIMIT	\$	

Maximum coverage limit available: \$5,000,000

EXPIRING COVERAGE (IF APPLICABLE)

CURRENT CARRIER	EXPIRATION DATE	ANNUAL PREMIUM	CONTINUITY DATE	RETROACTIVE DATE	PRIOR AND PENDING LITIGATION DATE
		\$			

SECTION III - LOSS EXPERIENCE

Loss Experience (explain any “Yes” responses, including corrective actions and damages incurred on the attached ADDITIONAL INFORMATION page):

1. During the past three (3) years whether insured or not, have you sustained any **Losses** due to unauthorized access, unauthorized use, virus, denial of service attack, electronic media liability, data breach, data theft, fraud, electronic vandalism, sabotage or other similar electronic security events? Yes No
2. Within the past three (3) years, have you experienced any loss of service exceeding eight (8) hours other than a planned maintenance of your **Computer System(s)**? Yes No
3. During the last 3 years, has anyone alleged that you were responsible for damage to their **Computer System(s)** arising out of the operation of your **Computer System(s)**? Yes No
4. During the last three (3) years, have you received a complaint or other proceeding (including an injunction or other request for non-monetary relief) against any of you arising out of intellectual property infringement, copyright infringement, media content, or advertising material? Yes No
5. During the three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against you alleging invasion of interference of rights of privacy or the inappropriate disclosure of **Personally Identifiable Information (PII)** ? Yes No
6. During the last three (3) years, have you been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No

SECTION IV – RISK CONTROL

- | | | |
|--|-----|-------------------------|
| 1. Do you have a firewall? | Yes | No |
| 2. Do you require your information technology department or outsourced third party vendors/providers to adhere to a software update process, including software patches and anti-virus software definition upgrades? | Yes | No |
| 3. Do you have a virus protection program that is used on Internet-facing and internal mail servers, desktops, and other mission critical servers? | Yes | No |
| 4. Do you use a standard configuration for firewalls, routers, and operating systems? | Yes | No |
| 5. Do you have a process for managing computer accounts, including the removal of outdated access accounts in a timely fashion? | Yes | No |
| 6. Do you have physical security controls in place to control access to your Computer Systems ? | Yes | No |
| 7. Do your access control procedures address access to critical and sensitive Computer Systems ? | Yes | No |
| 8. Do you have a written business continuity/disaster recovery plan that includes procedures to be followed in the event of a disruptive computer incident? | Yes | No |
| 9. Are system backup and recovery procedures tested for all mission critical systems and performed at least annually? | Yes | No |
| 10. Do you have a designated individual or group responsible for information security and compliance operations? | Yes | No |
| 11. How long would it take to restore your operations after a computer attack or other loss/corruption of data? | | Hours |
| 12. Do you have a program in place to periodically test your data security controls? | Yes | No |
| 13. Are mission critical transactions and security logs reviewed periodically for suspicious activity? | Yes | No |
| 14. Have you undergone an information security or privacy compliance evaluation?
If yes, identify who performed the evaluation, the date it was performed, the type of evaluation, and the results: | Yes | No |
| 15. Do you outsource a critical part of your internal network/computer system or internet access/presence to others?
If yes, check all that apply and name the service provider for each category: | Yes | No |
| Hosting Facility:
Co-location Facility:
Managed security service provider (MSSP):
Application service provider (ASP):
Data Storage Facility:
Other:(specify) | | <u>Service Provider</u> |

16. Do you have written contracts in place to enforce your information security policy and procedures with third party service providers?	Yes	No
17. Do such contracts contain hold harmless or indemnification clauses in your favor?	Yes	No
18. Do you monitor your network in real time to detect possible intrusions or abnormalities in the performance of the system?	Yes	No
19. Do you have a document destruction and retention policy?	Yes	No
20. Do you perform due diligence checks on your vendors and service providers who handle your privacy sensitive data and require them to have adequate security protocols?	Yes	No

SECTION V – PRIVACY CONTROLS

1. Are you in compliance with the following: (check all that apply)		
PCIDSS (Payment Card Industry Data Security Standard)		
GLBA (Gramm-Leach-Bliley Act)		
HIPAA (Health Insurance Portability and Accountability Act)		
2. Do you restrict employee access to customer files and Personally Identifiable Information (PII) of employees to those with a business need-to-know basis? If no, please explain:	Yes	No
3. Does your hiring process include the following for all employees and independent contractors (check all that apply):		
Drug testing		
Criminal background checks		
Educational background		
Work history checks		
Credit history checks		
Other:(specify)		
4. Do you allow employees to download the Personally Identifiable Information (PII) of customers or confidential information in your care belonging to third parties onto laptop computers or other storage media? If yes, is the information required to be encrypted when it is stored onto the laptop or other storage media?	Yes	No
	Yes	No
5. Do you have a current enterprise-wide computer network and information security policy that applies to employees, independent contractors, and third-party vendors? If yes, is the information published within the company (e.g. corporate intranet, employee handbook, etc.)?	Yes	No
	Yes	No
6. Are all employees periodically instructed on their specific job responsibilities with respect to information security, such as the proper reporting of suspected security incidents?	Yes	No
7. Does your company have a formal privacy policy that has been approved by legal counsel?	Yes	No
8. Are your information systems and supporting business procedures prepared to honor customer preferences concerning the opt-out of sharing of non-public, personal information to non-affiliated third parties?	Yes	No

9. Do you require the transmission of personal customer information such as credit card numbers, contact information, etc., as part of your internet-based web services? Yes No

SECTION VI – MEDIA LIABILITY CONTROLS

1. Do you have a process to review content or materials (including meta tags) before they are published, broadcasted, distributed, or displayed on your website for the following:
- | | | |
|-------------------------------------|-----|----|
| Defamation (Slander or Libel) | Yes | No |
| Right to privacy or publicity | Yes | No |
| Copyright, trademark or domain name | Yes | No |
2. Are any of the following types of content disseminated on your website? (check all that apply):
- Adult
 - Entertainment/games
 - Gambling
 - Medical
 - Software for downloading

FRAUD NOTICE STATEMENT

RESIDENTS OF 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."

Name (Please Print/Type)

Title
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO, OR EXECUTIVE DIRECTOR)

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date