

CYBER SECURITY LIABILITY RENEWAL APPLICATION

COVERAGES E., F., AND G. ARE CLAIMS MADE AND REPORTED COVERAGES.

CLAIM EXPENSES UNDER COVERAGES E., F., AND G. ARE INCLUDED WITHIN THE AVAILABLE LIMIT OF INSURANCE. ANY CLAIM EXPENSES PAID UNDER THIS COVERAGE FORM WILL REDUCE THE AVAILABLE LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. PLEASE READ THE ENTIRE POLICY CAREFULLY

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:

Telephone:

Please provide information regarding any websites that have changed and/or been added since you last completed an application for the proposed insurance below:

Please provide information regarding any changes in operations or list any additional subsidiaries since you last completed an application for the proposed insurance below. If none, write "N/A":

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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Percent Owned by the Applicant: %	Date created/acquired:

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

SECTION II - LOSS EXPERIENCE

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

- Since you last completed an application for the proposed insurance, 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. Since you last completed an application for the proposed insurance, have you experienced any loss of service exceeding eight (8) hours other than a planned maintenance of your Computer System(s) ? | Yes | No |
| 3. Since you last completed an application for the proposed insurance, 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. Since you last completed an application for the proposed insurance, 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, media content, or advertising material? | Yes | No |
| 5. Since you last completed an application for the proposed insurance, 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. Since you last completed an application for the proposed insurance, have you been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? | Yes | No |

SECTION III – RISK CONTROL

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|--|-----|-------|
| 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? Yes No
 If yes, identify who performed the evaluation, the date it was performed, the type of evaluation, and the results:

15. Do you outsource a critical part of your internal network/computer system or internet access / presence to others? Yes No
 If yes, check all that apply and name the service provider for each category:

	Service Provider
Hosting Facility	
Co-location Facility	
Managed security service provider (MSSP)	
Application service provider (ASP)	
Data Storage Facility	
Other: (Please specify)	

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 IV – PRIVACY CONTROLS

1. Are you in compliance with the following: (check all that apply to your organization)

- 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? Yes No
 If no, please explain:

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? | Yes | No |
| | If yes, is the information required to be encrypted when it is stored onto the laptop or other storage media? | 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? | Yes | No |
| | If yes, is the information published within the company (e.g. corporate intranet, employee handbook, etc.)? | 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 V – MEDIA LIABILITY CONTROLS

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|----|---|-----|----|
| 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

NOTICE TO 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