



CYBER AND INFORMATION SECURITY COVERAGE APPLICATION

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD"; OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

General Information

Name of organization: _____

Mailing address: _____

Type of Business (choose one): Corporation Partnership/Joint Venture Limited Liability Other (describe): _____

Description of Business: _____

Years in Business: _____

FEIN: _____

Total Annual Revenue: _____

Annual revenue generated from or attributable to activities conducted via your Web site(s): _____

Web site(s): _____

E-commerce activities conducted via your Web site(s):

- Facility to order and pay for products and services online
- Information about the company and its products and services
- Facility to conduct text or voice chat with a representative
- Facility for users to make posting such as discussion board post, comments, feedback, and product or services reviews

Coverages Requested

Policy Period requested from _____ to _____

Retroactive Date requested (Insuring Agreements 1, 2, and 3 only): _____

Limits and Deductibles requested: _____

Insuring Agreement

Limit of Insurance

Deductible Amount

Overall Policy Aggregate _____

1. Web Site Publishing Liability _____

2. Security Breach Liability _____

3. Programming Errors and Omission Liability _____

4. Replacement or Restoration of Electronic Data _____

5. Extortion Threats _____

6. Business Income and Extra Expense _____

Monetary \$ _____

Waiting period (hours) _____

7. Public Relations Expense _____

8. Security Breach Expense _____

General Underwriting Questions

Do you collect and/or store any of the following types of electronic data of third parties (e.g. customers or business partners, etc.)?
(Check all that apply).

- Name, address, and phone numbers
- Unpublished strategic plans
- Medical records
- Money, securities, or both
- Intellectual property assets
- Bank account details
- Employee HR/Payroll information
- Trade secrets
- Unpublished financial statements
- Credit, debit, or charge card
- Social security number
- Sensitive production data

General Underwriting Questions (continued)

What is the estimated number of customer data that you keep electronic records of? _____		
	No	Yes
Is the customer data encrypted?	<input type="checkbox"/>	<input type="checkbox"/>
Are you subject to Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH) law?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are you in compliance?	<input type="checkbox"/>	<input type="checkbox"/>
If your organization handles credit/debit card information and is subject to Payment Card Industry Data Security Standards (PCIDSS), are you in compliance?	<input type="checkbox"/>	<input type="checkbox"/>

Employment Practices

	No	Yes
Do you publish and distribute information technology security and privacy policies to all employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide training to your employees on information security awareness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you conduct any of the following screening on new employees? <i>(Check all that apply.)</i> <input type="checkbox"/> Drug <input type="checkbox"/> Criminal <input type="checkbox"/> Credit		

Past Experience

Within the past three years, have you received any complaints, claims or have incurred losses involving any of the following:	No	Yes
Any form of security breach involving the unauthorized acquisition of information (electronic or paper)?	<input type="checkbox"/>	<input type="checkbox"/>
Network-related business interruption over 12 hours stemming from denial of service attacks, virus or malicious code?	<input type="checkbox"/>	<input type="checkbox"/>
Ransomware?	<input type="checkbox"/>	<input type="checkbox"/>
Violation of privacy from online content (website, social media or other sites)?	<input type="checkbox"/>	<input type="checkbox"/>
Any form of defamation against a person or organization?	<input type="checkbox"/>	<input type="checkbox"/>
Fraudulent instructions to send funds?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a policy that provides coverage similar to the policy being sought?	<input type="checkbox"/>	<input type="checkbox"/>
Has any insurer ever cancelled or non-renewed a policy that provided coverages similar to the policy being sought?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 3 years, have you been sued or threatened by a suit related to your website content, e-commerce activity, or computer data safety?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe the claimant, the circumstances, the legal claim, and the status:		
Are you aware of any act, error, or omission that may be reasonably expected to give rise to a claim against you?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe:		

Questions for Insuring Agreement 1 Coverage Only

	No	Yes
Is your website(s) reviewed for potential legal liability issues by internet or external counsel?	<input type="checkbox"/>	<input type="checkbox"/>
Website content:		
Do you provide content targeted towards children on your website?	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you ever collect any personal information from children?	<input type="checkbox"/>	<input type="checkbox"/>
Does any part of your website contain material not suitable for general audience?	<input type="checkbox"/>	<input type="checkbox"/>
Who provides the content for your website(s)? <i>(Check all that apply.)</i> <input type="checkbox"/> Your employees <input type="checkbox"/> Third parties <input type="checkbox"/> Your website users		
For Social Media Activities:		
What social media activities is your business currently involved in? (Facebook, Twitter, LinkedIn, etc.) _____		
Does your business have a social media policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a designated administrator for your social media site?	<input type="checkbox"/>	<input type="checkbox"/>
For the content provided by third parties:		
Do you always obtain copyright for all text, images, audio, video, or other material used on your website?	<input type="checkbox"/>	<input type="checkbox"/>
If the website is created or maintained by a contractor, do you always obtain a Hold Harmless Agreement from the service provider?	<input type="checkbox"/>	<input type="checkbox"/>

Questions for Insuring Agreement 1 Coverage Only (continued)

	No	Yes
For the content on your website generated by your website visitors:		
Do you clearly disclaim liability for the visitor generated content?	<input type="checkbox"/>	<input type="checkbox"/>
Do you act solely as a distributor of the user generated content by refraining from editing or contributing to it?	<input type="checkbox"/>	<input type="checkbox"/>
Do you immediately remove user generated content upon receiving complaint about or upon suspecting infringement of other's copyrights?	<input type="checkbox"/>	<input type="checkbox"/>

Questions for Insuring Agreement 2 through 8 Coverages

	No	Yes
Physical Security:		
Do you control access to computer rooms using keys or keycards?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a functional intrusion alarm system?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a visitor's log and do you escort the visitors at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Do you enforce a policy to leave desks clear of all sensitive information?	<input type="checkbox"/>	<input type="checkbox"/>

Access Control:		
Is there a process to determine and monitor appropriate physical and system access granted to all employees?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a process to promptly remove physical and system access upon departure of any individual, either an employee or a contractor?	<input type="checkbox"/>	<input type="checkbox"/>

Record Disposal:		
Are paper records shredded when no longer needed?	<input type="checkbox"/>	<input type="checkbox"/>
Is electronic data always erased from discarded computers or storage media?	<input type="checkbox"/>	<input type="checkbox"/>

Anti-Virus:		
Do you subscribe to the latest anti-virus/malware/spyware products?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the protection provided on all desktops and servers?	<input type="checkbox"/>	<input type="checkbox"/>
Is protection provided to remote users also?	<input type="checkbox"/>	<input type="checkbox"/>

Mobile Devices:		
Do you encrypt the data on all mobile devices?	<input type="checkbox"/>	<input type="checkbox"/>
Do you subscribe to any service that can remotely erase data on a stolen mobile device?	<input type="checkbox"/>	<input type="checkbox"/>
Is password protection enforced on smart phones?	<input type="checkbox"/>	<input type="checkbox"/>

Firewall:		
Do you have a network firewall?	<input type="checkbox"/>	<input type="checkbox"/>
Does the firewall have "Deny all" as a default option?	<input type="checkbox"/>	<input type="checkbox"/>
Unless specifically authorized, are all externally initiated connections blocked by default?	<input type="checkbox"/>	<input type="checkbox"/>
Does the firewall keep a log of access granted/denied?	<input type="checkbox"/>	<input type="checkbox"/>
How long are firewall logs retained? _____		

Remote Connections:		
Do all remote users use a secure connection?	<input type="checkbox"/>	<input type="checkbox"/>

Information Security Assessment:		
Do you have a person or group responsible for information security?	<input type="checkbox"/>	<input type="checkbox"/>
Have your employees or a third party ever conducted an information security assessment on your organization?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe who did the assessment, when, and what were the results? _____		

Business Continuity Plan:		
How frequent is critical data backed up? _____		
Is the backup encrypted?	<input type="checkbox"/>	<input type="checkbox"/>
How long are backups retained? _____		
Is at least one copy of a complete backup stored in a secure remote location?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a business continuity plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the business continuity plan tested periodically for the expected recovery?	<input type="checkbox"/>	<input type="checkbox"/>
How long does it take you to restore your most critical business activities? _____		
Do you have backup power options? (Check all that apply)		
<input type="checkbox"/> Second independent power line <input type="checkbox"/> Backup generator <input type="checkbox"/> Battery backup		
Do you have two independent internet service providers with a failover plant?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Underwriting Information

- Please attach the following to this Application:
- Your latest financials (if they are not otherwise readily available)
 - Results of a security audit (if available)
 - Any other information that might be helpful in gaining a complete and accurate picture of your organization and its operating procedures

Fraudulently Induced Transfers Under the Crime Protection

Internal Controls - Customers

	No	Yes
Do you have procedures to verify the identity and authenticity of new customers before entering into transactions with them? If yes, explain your screening procedures for new customers	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept funds transfer instructions from customers over the telephone, fax, email or some other electronic communications method? If yes, please describe your procedures to authenticate the instructions	<input type="checkbox"/>	<input type="checkbox"/>
Do you verify any requests made by the Customer to establish or change the transfer funds procedures by calling back the Customer at a predetermined telephone number?	<input type="checkbox"/>	<input type="checkbox"/>

Internal Controls - Vendors

	No	Yes
Do you have procedures to verify the identity and authenticity of new vendors before entering into transactions with them? If yes, explain your screening procedures for new vendors	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept funds transfer instructions from vendors over the telephone, fax, email or some other electronic communications method? If yes, please describe your procedures to authenticate the instructions	<input type="checkbox"/>	<input type="checkbox"/>
Do you verify any requests made by the vendor to establish or change the transfer funds procedures by calling back the vendor at a predetermined telephone number?	<input type="checkbox"/>	<input type="checkbox"/>

Internal Controls - Employees

	No	Yes
Do you accept funds transfer instructions from your employees, officers and owners over the telephone, fax, email or some other electronic communications method? If yes, please describe your procedures to authenticate the instructions	<input type="checkbox"/>	<input type="checkbox"/>
Do you verify any requests to transfer funds made by an employee, officer or owner by calling back the employee, officer or owner at a telephone number listed in your company directory?	<input type="checkbox"/>	<input type="checkbox"/>

Loss Experience

List all losses due to Fraudulent or Dishonest Acts that would be covered by this policy, as well as all incidents involving Fraudulently Induced Transfer Fraud claims, paid or unpaid by insurance, over the last 5 years. Check if no losses

Date of Loss	Description of Loss	Total Amount of Loss	Amount Paid by Insurance	Corrective Measures

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

For the purpose of this Application, the undersigned authorized officer of the organization named in General Information of this Application declares that to the best of the organization's knowledge the statements herein are true, accurate and complete. The insurer is authorized to make any inquiry in connection with this Application. Signing this Application does not bind the insurer to issue, or the applicant to purchase, any insurance policy issued in connection with this Application.

The information contained in and submitted with this Application is on file with the insurer. This Application will become a part of such policy if issued. The insurer will have relied upon this Application and its attachments in issuing this policy.

If the information in this Application materially changes prior to the effective date of the policy, the applicant will promptly notify the insurer, who may modify or withdraw the quotation.

The undersigned declares that the individuals and entities proposed for this insurance have been notified that:

- This policy applies only to "claims" first made or deemed made against an "insured" during the "policy period" or during the applicable extended reporting period; and
- The limit of liability is reduced by amounts incurred as "defense expenses" and such expenses will be subject to the deductible amount.

Words within quotation marks are defined in the insurance policy.

Misrepresentation of any material fact in this Application may be grounds for rescission of this policy.

Insured (Applicant)

By

Name (Print)

Title

Signature

Date