



# Great American Information Security Policy QwikApp

For use when submitting Quick Indication bind requests on lower hazard classes with revenues of \$20 million or less. For all other submissions, please complete the full 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.**

Note: It is recommended that the person completing this Application consult with the person(s) within the company who is responsible for information/technology.

## 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) \_\_\_\_\_

## 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.)

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 Unpublished financial statements |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 Unpublished strategic plans      | 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

What is the estimated number of customer data that you keep electronic records of? \_\_\_\_\_

	<b>No</b>	<b>Yes</b>
Is the customer data encrypted?	<input type="checkbox"/>	<input type="checkbox"/>

## Past Experience

Within the past three years, have you received any complaints, claims or have incurred losses involving any of the following:	<b>No</b>	<b>Yes</b>
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- |   |                          |                          |
|---|--------------------------|--------------------------|
| 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"/>
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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"/>
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**Past Experience continued**

Are you aware of any act, error, or omission that may be reasonably expected to give rise to a claim against you?	<b>No</b>	<b>Yes</b>
	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____		

**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.

**FRAUD STATEMENT**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:**

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 policyholder 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.

**Applicable in FL and OK:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

\_\_\_\_\_  
Insured (Applicant)

\_\_\_\_\_  
By

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date