

Application for Cyber and Technology Liability Insurance

Third Party Coverage

- Technology & Miscellaneous Professional Services
- Technology Products
- Media Communications
- Network Security
- Privacy Liability

First Party Coverage

- Extortion Threat
- Crisis Management Expense
- Business Interruption
- Privacy Notification Costs
- Regulatory Fines And Claims Expense

NOTE

Each policy is provided on a claims-made and reported basis. Defense expenses are included within the limits of coverage. The retroactive date for your claims-made and reported coverages are the first effective dates of coverage with XL Catlin, unless we agree to different dates.

PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

1. Loss runs for the last three years
2. A copy of standard contracts utilized with clients
3. Latest audited financial statements
4. List of all material litigation threatened or pending

SECTION 1: COMPANY DETAILS

1.1 Name and address of Applicant: (include all legal names and DBA's):

Name(s) _____

Principal Address _____

City _____ State _____ ZIP _____

Mailing Address (if different than above) _____

City _____ State _____ ZIP _____

Website Address _____

1.2 Please state the number of employees _____

1.3 Date established _____

Applicant is Public Private Non-Profit

Is the entity owned, controlled by or affiliated with any other entity?

(if Yes, please attach details)

Yes

No

SECTION 1: COMPANY DETAILS, CONTINUED

- 1.4 During the past 5 years:
- Has the name of the Applicant been changed? Yes No
- Has the Applicant been involved in any merger, acquisition or consolidation? Yes No
- 1.5 Does the Applicant employ a Chief Information Officer? Yes No
- 1.6 Does the Applicant employ a Chief Security Officer? Yes No
- 1.7 Who do the above positions report to? _____
- 1.8 Company revenue:

	Domestic	Foreign	Total
Prior Year			
Current Year (est.)			
Next Year (est.)			

- 1.9 Countries outside the U.S. where the Applicant operates: _____
- 1.10 Please provide the percentage of revenue associated for all activities that apply:

Business Process Outsourcing; including data processing, maintenance or support services	%
Pre-packaged software development	%
Sales of pre-packaged software developed by others	%
Custom software development	%
Disaster recovery services and consulting	%
ERP, CRM, Supply Chain or similar software and services	%
Systems security software, hardware or services	%
Systems consulting, analysis and design	%
Hardware sales or services	%
Manufacturing or design of hardware or related products	%
Telecommunications products manufacturing	%
Telecommunications services	%
Website or server hosting for others Cloud services	%
Other (Specify)	%
TOTAL	100%

SECTION 2: INSURANCE DETAILS

2.1 Please mark the applicable box to indicate the coverage desired:

Coverage Part	Coverage Requested	Limit Requested
Technology & Miscellaneous Professional Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technology Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Media Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Network Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Privacy Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Extortion Threat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crisis Management Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Interruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Privacy Notification Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regulatory Fines and Claims Expenses Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2.2 Does the Company have similar coverage in place?

Yes No

Year	Coverage Type	Carrier	Limit	Deductible	Premium
Current Year					
Prior Year 1					
Prior Year 2					

2.3 List desired coverage dates:

Proposed Effective Date _____

Retroactive Date _____

2.4 During the past 5 years, has any similar errors and omissions coverage been canceled, declined or non-renewed?
(if Yes, please attach a detailed explanation)

Yes No

SECTION 3: CLAIM DETAILS

3.1 In the last five years, have you or anyone in your firm received any complaints concerning products or services provided by you or anyone else on your behalf?
(if Yes, please attach an explanation of each, including resolution)

Yes No

3.2 In the last two years, have you sued a customer or client for non-payment of fees?
(if Yes, please attach an explanation of each, including resolution)

Yes No

3.3 Are you or anyone in your firm aware of any fact, circumstance or situation that could give rise to a claim under this or similar insurance policy?
If Yes, have you reported same to your current insurer?
(if Yes, please attach an explanation of each and current status)

Yes No
 Yes No

SECTION 4: RISK MANAGEMENT – CONTRACT INFORMATION

- 4.1 Please provide the following information regarding your five (5) largest clients according to the amount of revenue generated from the performance of services for the past fiscal year and as a percentage of the total revenues stated in question 1.7.

Client	Service provided	Revenue derived	% of total revenue

- 4.2 What percentage of the Applicants business involves subcontracting work to others? _____

Please describe services: _____

- 4.3 Does the applicant require evidence of the errors and omissions insurance from subcontractors? Yes No
- 4.4 Does the Applicant use a written contract with clients? (if No, please attach explanation) Yes No
- 4.5 Does an attorney review such contracts prior to use? Yes No
- 4.6 Does the standard contract contain hold harmless clauses for the benefit of the Applicant? Yes No
- 4.7 Does the Applicant agree to hold-harmless/indemnify others? Yes No
- 4.8 Does the Applicant have a procedure requiring the review or follow-up of complaints? Yes No
- 4.9 Does the Applicant have any risk management procedures in place? (if Yes, please attach a copy of the procedures) Yes No
- 4.10 Does the Applicant have a formalized training program for newly hired employees? Yes No

SECTION 5: RISK MANAGEMENT — DATA

- 5.1 Does the Applicant have a corporate-wide privacy policy? Yes No
- 5.2 Who developed the privacy policy? Internally developed Third party
If answer is third party, please name here _____
- 5.3 Have the Applicant's privacy policies been reviewed and approved by an attorney? Yes No
- 5.4 How often are the company's privacy policies reviewed and updated? _____
- 5.5 Does the Applicant have restricted employee access to private information? Yes No
- 5.6 Does the Applicant have internal training for employees concerning the handling of private, data security and sensitive information? Yes No

SECTION 5: RISK MANAGEMENT — DATA, CONTINUED

- 5.7 Does the Applicant collect, receive, process, transmit or maintain private or personal information as part of its business activities? Yes No
- If Yes, please indicate what type:
- | | |
|--|--|
| <input type="checkbox"/> Credit/Debit Card Data | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> Employee/HR Information |
| <input type="checkbox"/> Bank Accounts and Records | <input type="checkbox"/> Intellectual Property of Others |
| <input type="checkbox"/> Customer Information | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Other: _____ | |
- 5.8 Does the Applicant share private or personal information gathered from customers (by the Applicant or others) with third parties? Yes No
- 5.9 Does the Applicant:
- | | | |
|---|------------------------------|-----------------------------|
| Have a disaster recovery plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a business continuity plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have computer use policies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a computer security policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintain a laptop security policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Store sensitive data on laptops or web servers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, is the data encrypted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- 5.10 Have the Applicant's internal networks and/or Computer Systems been subject to third party audit or monitoring? Yes No
- If Yes, when was the last audit? _____
- 5.11 Have all improvements and recommendations been implemented? Yes No
- If No, please explain:
- 5.12 At any one time, what is the approximate number of individual records containing sensitive information does the Applicant have stored? _____

SECTION 6: RISK MANAGEMENT – NETWORK

- 6.1 Does the Applicant use firewall technology? Yes No
- If yes, which firewall vendor is used?
- 6.2 Are system logs reviewed Daily Weekly Monthly
- 6.3 What is the current procedure for updating the firewall?
- 6.4 Does the Applicant use anti-virus software? Yes No
- 6.5 Is anti-virus installed on all of the Applicant's computer systems, including laptops, personal computers and networks? Yes No

SECTION 6: RISK MANAGEMENT – NETWORK, CONTINUED

- 6.6 Does the Applicant use intrusion detection software to detect unauthorized access to internal networks and Computer Systems? Yes No
- 6.7 Describe the process for upgrading security software (i.e., how often and by whom):
- 6.8 Does the applicant have a formal documented user and password procedure in place? Yes No
- 6.9 Does the Applicant provide remote access to its Computer Systems? Yes No
If Yes, how many users have remote access? _____
- 6.10 Is remote access restricted to Virtual Private Networks (VPNs)? Yes No
- 6.11 How often is information from question 5.6 backed-up? _____
- 6.12 How long is the information stored? _____
- 6.13 Does the Applicant terminate all associated computer access and user accounts when an employee leaves the company? Yes No
- 6.14 Has the Applicant suffered any known intrusions, unauthorized access or been a target of a security or virus incident of its Computer Systems in the past twenty-four (24) months? Yes No
If Yes, how many intrusions occurred? _____
If Yes, please describe the nature of the event, damage, any lost time, business income, repair costs and their nature:

SECTION 7: RISK MANAGEMENT – MEDIA

- 7.1. Does the Applicant outsource its advertising? Yes No
If Yes, does the Applicant have written hold harmless and indemnification agreements with the advertising agency? Yes No
- 7.2 Does the Applicant display, provide access to or distribute music, video or other content? Yes No

SECTION 7: RISK MANAGEMENT – MEDIA, CONTINUED

7.3 Does the Applicant have a formal review process in place for intellectual property screening for the following:

Applicant's advertising?

Yes

No

Product designs, names and logos?

Yes

No

Applicant's domain name?

Yes

No

If Yes, please describe:

7.4. Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libelous, infringing or in violation of a third party's privacy rights?

Yes

No

7.5 Does the Applicant have a qualified attorney review all content prior to posting on the Internet?

Yes

No

If Yes, does the review include screening the content for the following:

Libel or Slander?

Yes

No

Copyright Infringement?

Yes

No

Trademark Infringement?

Yes

No

Invasion of Privacy?

Yes

No

7.6 Does the Applicant use or license any open source code?

Yes

No

7.7 Does the Applicant resell any third party software products?

Yes

No

7.8 Is any of the software code used by the Applicant licensed from third parties or developed on an outsourced basis?

Yes

No

If Yes, please describe the services that are being outsourced:

7.9 Does the Applicant always obtain full indemnity from licensors for any infringement?

Yes

No

7.10 Has the Applicant ever received, filed suit, made a claim or a complaint or cease and desist demand alleging trademark, copyright, software copyright, invasion of privacy or defamation with regard to any content?

Yes

No

If Yes, please describe:

7.11 During the past 5 years, has any principal, partner, director, officer or professional employee ever been subject to disciplinary action by any regulatory agency or association? (if Yes, please attach details on a separate sheet)

Yes

No

SECTION 7: RISK MANAGEMENT – MEDIA, CONTINUED

7.12 During the past 5 years, has any principal, partner, director, officer or professional employee ever had his license revoked or suspended?
(if Yes, please attach details on a separate sheet) Yes No

7.13 Has the Applicant had any product recalled or have you given a refund in the last three years? Yes No

If Yes, please describe:

7.14 In the last five years, has the Applicant sued any customer for failure to pay any fees or other compensation? Yes No

If Yes, please describe:

PLEASE READ

Applicant 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 the Company 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 the Company 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:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy and that all information requested and/or provided is deemed material to the decision to provide insurance; and
3. Applicant represents and warrants that:
 - a. no person(s) or entity(ies) proposed for this insurance is cognizant of any fact, circumstance, situation, act, error, omission, or situation which he/she/it has reason to suppose might affect grounds for any Claim such as would fall within the scope of the proposed insurance.
 - b. no Claims have been made against any person(s) or entity(ies) proposed in this insurance.
 - c. no person(s) or entity(ies) proposed for this insurance is cognizant of any inquiry, investigation, or communication which he/she/it has reason to suppose might give rise to a Claim such as would fall within the scope of the proposed insurance.

Any exceptions to 3.a,b or c above must be disclosed below in a separate document affixed to this application. If none, check here: .

It is agreed that if such aforementioned information exists and is not disclosed in the Application, including in response to questions in SECTION 3 — CLAIMS DETAILS of this Application, any Claim based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving, in whole or in part, such non-disclosed information is excluded from coverage under the proposed insurance.

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 the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

APPLICANT FRAUD WARNINGS

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 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.

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 of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

NOTICE TO PUERTO RICO APPLICANTS: 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.

NOTICE TO RHODE ISLAND 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 TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA 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 ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

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.

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 THEIR APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF.

The undersigned certifies that he or she is an authorized representative of the applicant identified in 'COMPANY 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.

Applicant: _____

Title: _____

Applicant's Signature _____

Date _____

Agent/Broker Name: _____