



CARRIER:

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# Cyber Liability and Data Security +

THIS IS AN APPLICATION FOR A POLICY WHICH INCLUDES CLAIMS MADE COVERAGE. PLEASE READ YOUR POLICY CAREFULLY. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION. APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW.

## I. INSTANT QUOTE INFORMATION

Instant quote is not available for applicants with losses in the past five years. If there is a loss history, please complete this section and submit details in a claim supplement.

Name of applicant: \_\_\_\_\_ DBA: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address of primary contact: \_\_\_\_\_

Description of operations: \_\_\_\_\_

Latest 12 month domestic revenue (if under one year in operation, projected 12 month revenues): \_\_\_\_\_

Latest 12 month foreign revenue (if under one year in operation, projected 12 month revenues): \_\_\_\_\_

Estimated number of non-employee individuals whose personal information\* is stored transmitted or collected by the applicant or any third party service provider on behalf of the applicant: \_\_\_\_\_

Estimated number of foreign individuals whose personal information is stored, transmitted, or collected: \_\_\_\_\_

Type(s) of personally identifiable information collected, transmitted, or stored	Number of records collected or transmitted per year	Maximum number of records stored at any one time
Social security number or individual taxpayer identification number		
Financial account record (e.g. bank accounts)		
Payment card data (e.g. credit or debit cards)		
Driver's license number, passport number or other state or federal identification number		
Protected health information (e.g. medical records)		
Username/email address, in combination with password or security question		
Other – Please provide details		

## II. RISK BACKGROUND

1. Do you have any subsidiaries, are a subsidiary of another company, or have any affiliated entities?  Yes  No

If "Yes," please provide name, percentage of ownership, and details: \_\_\_\_\_

2. Is the applicant affiliated with a franchise?  Yes  No

If "Yes," please provide name: \_\_\_\_\_

3. Please list the regulatory or compliance frameworks you are compliant with (such as HIPAA, HITECH, PCI-DSS, SOX, etc.):

\_\_\_\_\_  
\_\_\_\_\_

## III. CLAIM ACTIVITY

4. In the last five years, has the applicant had a data breach resulting in the misappropriation or public disclosure of personal information\*, or has a claim, suit, inquiry, complaint, notice of charge, notice of hearing, regulatory action, governmental action or administrative action related to the coverage applied for, including but not limited to actions involving (1) libel or slander, (2) privacy rights, (3) plagiarism, (4) piracy, (5) misappropriation of ideas, or (6) infringement of copyright, domain name, trademark, logo been made or brought against any person or entity proposed for this insurance?  Yes  No

If "Yes," please provide a claims supplemental application for further review.

5. Is the applicant, president, member of the board of directors, executive officer, general counsel, staff attorney, chief information officer, chief security officer, chief privacy officer, manager or any individual in a substantially similar position as those previously referenced or with substantially similar responsibilities as those referenced aware of any previous data breach or allegation, fact, circumstance, contention, incident, threat or situation which may result in a claim, suit, inquiry, complaint, notice of charge, notice of hearing, regulatory action, governmental action or administrative action related to the coverage applied for including but not limited to one or more of the actions described in Question 5, above?  Yes  No  
*If "Yes," please provide a claims supplemental application for further review.*
6. Current cyber liability coverage (provide insurer name, coverage, limits, retroactive date, premium): \_\_\_\_\_

**IV. WEBSITE MEDIA LIABILITY**

7. Does the applicant have a website or utilize a social media platform?  Yes  No  
 If "Yes," please answer the following regarding the content used online:
- a. Does the applicant review material that is posted or utilized online?  Yes  No
- b. Does the applicant obtain written releases from all images used?  Yes  No
- c. Does the website have a privacy policy?  Yes  No

**V. SECURITY MEASURES**

**Information/Network Security Risk Management**

8. Does the applicant utilize the following controls?
- a. Anti-virus/Malware protection on all internet accessible devices  Yes  No
- b. Firewalls or service that has configuration-designed and maintained to protect data  Yes  No
- c. Intrusion detection software or service  Yes  No
- d. Passwords that are complex and contain at least eight characters  Yes  No
- e. Passwords that are changed every 90 days  Yes  No
- f. Have an updated system that utilizes chip card technology  Yes  No
- g. Default passwords changed on all third party hardware and software products  Yes  No
9. Does the applicant proactively address system vulnerabilities, including regular updates to anti-virus/ malware protection and critical security patches?  Yes  No
10. Has the applicant had a vulnerability assessment, penetration test, or other network security assessment performed in the last 12 months?  Yes  No
11. Does the applicant have a data retention and destruction plan in place that includes both electronic and physical data?  Yes  No

**Information/Network Security Policy**

12. Does the applicant have a written physical and network security policy in place?  Yes  No
13. Do all employees receive training on the privacy policy at least annually?  Yes  No
14. Does the applicant have a designated individual responsible for the management of, and compliance with the applicant's security policies?  Yes  No  
 If "Yes," what is the name and title of this individual? \_\_\_\_\_

**Breach Response/Disaster Recovery/Business Continuity Planning**

15. Does the applicant have a written data breach response plan in place?  Yes  No
16. Does the applicant back up all valuable/sensitive data, including personal information\* of others, on a daily basis?  Yes  No  
 If not daily, how often? \_\_\_\_\_
17. Does the applicant have a disaster recovery and business continuity plan in place that is designed to avoid business interruption due to IT systems failure?  Yes  No  
 If "Yes":
- a. Is this plan regularly tested and updated?  Yes  No
- b. How many hours does it take the applicant to fully restore their systems?  
 0–8 hours  9–12 hours  13–24 hours  More than 24 hours  Unknown

**Encryption**

18. Does the applicant encrypt personal information\* in the following scenarios?
- a. "At rest" within computer databases or on back-up storage devices  Yes  No
- b. "In transit" via email or other electronic means of communication  Yes  No
- c. Stored on mobile devices including laptops flash drives, and mobile phones  Yes  No

**Physical Security**

19. Does the applicant have physical security in place to restrict access to computer systems or paper records that contain sensitive information?  Yes  No

**Vendor Controls**

20. Are business associate agreements in place for all third parties?  N/A  Yes  No
21. Has applicant confirmed payment processor and any third party assisting with payment cards is compliant with Payment Card Industry Data Security Standards? (PCIDSS)  N/A  Yes  No
22. Have you entered into a written contract or agreement with a service provider or utilize a third party that holds, transmits, or stores personal information\* on your behalf?  Yes  No

If "Yes," list providers:

Service Provider Name	Services Provided	Type of Personal Information	Number of Records

**Employee Controls**

23. Does the applicant conduct background checks on all employees?  Yes  No
24. Does the applicant restrict employee access to Personally Identifiable Information on a business "need-to-know" basis?  Yes  No
25. Is remote access to the network permitted only if through Virtual Private Network (VPN) or equivalent system?  Yes  No
26. Does applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company?  Yes  No
27. Do you track and monitor all access to network resources?  Yes  No

*\*Personal information means, for the purpose of this application, non-public personal information about an individual protected under Federal and/or state privacy laws or regulations or other governmental entities. Personal information includes but is not limited to: medical records, prescription use, financial or bank account information, social security number, credit card number, driver's license or state identification card number, date of birth, mother's maiden name, biometric information (fingerprint), passport number, alien registration number, criminal history, citizenship or immigration status, sexual orientation.*

**FRAUD STATEMENTS**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: 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.

**Florida Fraud Statement:** 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.

**Florida Notice: (Applies only if policy is non-admitted)** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Kansas Fraud Statement:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**Kentucky Fraud Statement:** 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.

**Maine Fraud Statement:** 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 a denial of insurance benefits. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Maryland:** 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.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**Ohio Fraud Statement:** 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.

**Ohio Notice:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

**Oklahoma Fraud Statement:** 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.

**Oregon Fraud Statement:** Notice to Oregon 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 may be guilty of insurance fraud.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Utah Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

**Vermont Fraud Statement:** 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 may be subject to fines and confinement in prison.

**Virginia Fraud Statement:** Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Utah Fraud Statement:** 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.

**Washington Fraud Statement:** 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 a denial of insurance benefits.

**Fraud Statement (All Other States):** 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.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_  
(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New York Fraud Statement:** 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.

Applicant's signature: \_\_\_\_\_  
(Principal, Partner, or Officer of the Firm)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I represent that the information provided in this application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.