

**APPLICATION FOR INFORMATION SECURITY AND PRIVACY LIABILITY COVERAGE
FOR APPLICANTS WITH ANNUAL REVENUE LESS THAN \$25,000,000**

THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. THE UNDERWRITERS ARE NOT OBLIGATED TO PAY SETTLEMENTS, JUDGMENTS OR CLAIMS EXPENSES ONCE THE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THE POLICY CAREFULLY.

Please fully answer all questions and submit all requested information.

Applicant Name:	
Address:	State & Zip:
Business Phone:	Website:

Breach Response Contact Name and Title:	Phone:
	E-Mail:

1. A. Description of Business Operations: _____

B. Total Annual Revenue for all operations for the past two years:
 Year: _____ (\$) Year: _____ (\$)

C. Does the applicant engage in or provide any of the following operations:

Collection Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Information Exchange Accountable Care Org. <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Processor / ACH <input type="checkbox"/> Yes <input type="checkbox"/> No	Technology Services / Data Processing <input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Union <input type="checkbox"/> Yes <input type="checkbox"/> No	Cannabis <input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please describe:

2. The Applicant has implemented the following:

- Commercially available firewall and anti-virus protection Yes No
- Encryption of data stored on laptop computers and portable media Yes No
- Compliance with PCI Data Security Standards Yes No

If No to any of the above, please provide details:

- Backup of Critical Data: Daily Weekly Monthly Other

If other, please explain:

3. The following Controls Exist:

- All employees responsible for wire transfer of funds are provided training to detect and prevent fraud, social engineering and similar scams? Yes No
- Before processing a wire transfer of funds, the applicant confirms the request by a secondary means of communication? Yes No
- Before changing vendor account details, the applicant confirms the details of the change request by a secondary means of communication? Yes No

If No to any of the above, please provide details:

4. The below statements are True and Accurate:

True False

- The Applicant or other proposed insured, or any director, officer or employee of the Applicant or other proposed insured has no knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance.
- During the past 5 years has the Applicant has not:
 - received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement.
 - been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation.
 - notified consumers or any other third party of a data breach incident involving the Applicant.
 - Experienced an actual or attempted extortion demand with respect to its data or computer systems.

If False to any of the above, please provide details:

Signed: _____

Printed Name: _____

Title: _____
(Must be Owner, Partner, Authorized Officer)

Date: _____

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.