



# Member Companies of American International Group, Inc.

Name of Insurance Company To Which Application is Made

Name of Insurance Company to which Application is made (herein called the "Insurer"\*)

## AIG ProTech® Modular Edition® Application

**THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF THE POLICY IS ISSUED, SOME COVERAGES WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.**

"You," "Your" or "Applicant" refer individually and collectively to the Applicant, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(s), proposed for this insurance. Some sections of the Application may not apply to You. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer.

Before continuing, please attach copies of:

1. Standard contracts and agreements (customer and independent contractor).
2. Current financial statements (e.g. annual report, audit, 10K, pro-forma, etc.).
3. Loss runs for the past five (5) years (if this is a new submission).
4. If less than two (2) years in business, a business plan and resumes of principal officers.
5. Sample of products/services brochure and advertising materials.
6. List of mergers, acquisitions or divestitures within past three years, including dates and whether You acquired or retained assets, liabilities, or both; applicable retroactive dates; scope of due diligence (contracts, prior litigation).
7. Other information that You believe will better help us understand Your business.

### I. GENERAL INFORMATION

Full Name of Applicant: <i>(attach separate list of subsidiaries for which coverage is sought under this Application**)</i>			
Applicant Type:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Other (describe: : _____)
Applicant ownership	<input type="checkbox"/> Publicly traded	<input type="checkbox"/> Privately held	
Mailing Address:	_____		
Telephone:	_____	State of Incorporation:	_____ <input type="checkbox"/> NA
Date Established:	_____	No of Employees:	_____
Risk Manager/Contact:	_____	Contact E-Mail Address:	_____
Applicant Home Page:	http://_____		
Business Description:	_____		
Requested Effective Date:	_____	Requested Retroactive Date:	_____
Aggregate Limit Requested:	\$ _____	Retention Options:	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> Other \$ _____
Broker:	_____	Broker Phone Number:	_____

\* If this blank is not completed "Insurer" shall mean the insurer that issues the policy to the Applicant based on this Application.

\*\* Regardless of the list of subsidiaries provided by You, there shall be no coverage for any subsidiary unless specifically endorsed to the proposed policy, or if "blanket" subsidiary coverage is specifically provided, such subsidiary falls within the definition of "subsidiary" as defined in the policy issued.

**II. REVENUE INFORMATION**

<b>Total U.S. Revenue</b>	\$ _____	\$ _____	\$ _____
<b>Total Non-U.S. Revenue</b>	\$ _____	\$ _____	\$ _____
<b>REVENUE BY PRODUCT</b>			
	\$ _____	_____	_____
	\$ _____	_____	_____
	\$ _____	_____	_____
<b>REVENUE BY SERVICE</b>			
Manufacturing (development and sales, except telecommunications equipment)			\$ _____
Installation, integration, and maintenance of hardware			\$ _____
<b>Software</b>			
Pre-Packaged Software Development and Sales			\$ _____
Sales of Pre-Packaged Software of Others			\$ _____
ERM, CRM, ERP, Supply Chain or similar software or products			\$ _____
Custom Software Development			\$ _____
Installation, Integration and Maintenance			\$ _____
Systems Analysis and Design			\$ _____
Software Consulting and Training			\$ _____
Website Design			\$ _____
Data Processing Services, including maintenance and support			\$ _____
Other, <i>please describe:</i> _____			\$ _____
<b>Other Services</b>			
Application Service Provider (ASP Services)			\$ _____
Domain Name Registration Services			\$ _____
e-Commerce Transaction Services			\$ _____
Electronic Exchange and Auction Services			\$ _____
Internet Hosting Services			\$ _____
Internet Media Services			\$ _____
Internet Service Provider (ISP Services)			\$ _____
Managed and Network Security Services			\$ _____
Public Key Infrastructure Services			\$ _____
Search Engine Services			\$ _____
Web Portal Services			\$ _____
Other, <i>please describe:</i> _____			\$ _____
<b>Telecommunications</b>			
Telecommunication Services:			\$ _____
Telecommunication Equipment, Hardware or Products:			\$ _____
<b>Materials</b>			
Development and licensing of materials to others:			\$ _____
<b>Other Services</b>			
Other professional services, <i>please describe:</i> _____			\$ _____
Intellectual Property licensing fees (not otherwise included above)			\$ _____
Other, <i>please describe:</i> _____			\$ _____
<b>TOTAL:</b>			\$ _____

2. Please indicate the principal applications or industries(s) for **Your** products or services and estimated annual worldwide revenue for the next fiscal year (including subsidiaries):

Industry/ Application	% of Annual Revenue	Industry/ Application	% of Annual Revenue
Aerospace/Defense	___%	Fire, Security or other Emergency	___%
Financial Services	___%	Games/Entertainment/Gambling	___%
Healthcare/Medical	___%	Manufacturing/Industrial/Processing	___%
Personal Use/Consumers/Home Use	___%	Pollution/Environmental	___%
Power & Utility Industries	___%	Public Entities (other than Defense)	___%
Security and/or Privacy	___%	Other, please describe:	___%
Retailing	___%		___%

3. Have **You** discontinued any product or service in the last three (3) years?  Yes  No  
 If "yes," have **You** continued to provide service/maintenance after the discontinuance?  Yes  No

4. Please indicate the percentage of products and services **You** provide to the following customers:

Customer Type	% of Products and Services
Consumers (individuals)	___%
Business entities (corporations, partnerships, LLCs, etc.)	___%
U.S. Federal government entities	___%
U.S. State and local governmental entities	___%
Foreign governmental entities	___%

### III. DESIRED COVERAGES

Professional Liability:	Media Liability:	Network Security:
<input type="checkbox"/> Technology Errors & Omissions	<input type="checkbox"/> Internet Media	<input type="checkbox"/> Security Liability
<input type="checkbox"/> Software Copyright Infringement	<input type="checkbox"/> Media Liability (online and offline)	<input type="checkbox"/> Cyber-Extortion
<input type="checkbox"/> Telecommunications E&O		<input type="checkbox"/> Business Interruption (1 <sup>st</sup> party)
<input type="checkbox"/> Internet Professional Liability	<input type="checkbox"/> Media Services for others	<input type="checkbox"/> Asset Protection (1 <sup>st</sup> Party)
<input type="checkbox"/> Miscellaneous Professional Liability Describe: _____		

### IV. CONTRACTS AND LICENSING AGREEMENTS

1. Do <b>You</b> require professional services contracts with all customers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of <b>Your</b> client contracts are in writing?		<input type="checkbox"/> <65% <input type="checkbox"/> 65-90% <input type="checkbox"/> >90%
2. Do <b>Your</b> standard professional services contracts contain the following provisions? (check if "yes" to all that apply)		
<input type="checkbox"/> Conditions of Product or Service Acceptance	<input type="checkbox"/> Guarantees regarding <b>Your</b> work	
<input type="checkbox"/> Exclusion of Consequential Damages	<input type="checkbox"/> Force Majeure Clause	
<input type="checkbox"/> Project Phases or Milestones, including Testing	<input type="checkbox"/> Warranty Disclaimers	
<input type="checkbox"/> Indemnification Clause	<input type="checkbox"/> Hold Harmless Clause	
<input type="checkbox"/> Limitation of Liability: <input type="checkbox"/> Monetary cap on liability <input type="checkbox"/> other (describe: _____)		
3. Do <b>You</b> employ a contract administrator or equivalent position?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all modifications to <b>Your</b> standard professional service contracts made in writing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does legal counsel approval any deviations to <b>Your</b> professional service contracts?		<input type="checkbox"/> Yes <input type="checkbox"/> No

6. How many attorneys do <b>You</b> employ?	_____
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**V. SUBCONTRACTOR AND VENDOR MANAGEMENT**

1. What percentage of <b>Your</b> services are provided by: Independent Contractors _____% Temporary Workers _____%	
2. Do <b>You</b> subcontract any of the following:	
<input type="checkbox"/> Software Development	<input type="checkbox"/> Service, Support or Maintenance
<input type="checkbox"/> Consulting	<input type="checkbox"/> Other (describe: _____)
3. Do <b>You</b> utilize a standard contract for all work performed by independent contractors? If Yes, attach a copy of <b>Your</b> standard contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4. What percentage of independent contractors have written contracts with <b>You</b> ?	<input type="checkbox"/> <65% <input type="checkbox"/> 65-90% <input type="checkbox"/> >90%
5. Do <b>You</b> require independent contractors and vendors to provide proof of: ( <i>check all that apply</i> )	
<input type="checkbox"/> Errors & Omissions insurance <input type="checkbox"/> Network Security insurance <input type="checkbox"/> Other (describe: _____)	

**VI. QUALITY CONTROL & CUSTOMER SUPPORT**

1. Are the following part of <b>Your</b> quality control procedures? ( <i>check all that apply</i> )	
<input type="checkbox"/> Written Customer Complaint Resolution Procedures	<input type="checkbox"/> Formal Customer Evaluation and Acceptance Procedures
<input type="checkbox"/> TQM/CMM/Six Sigma or other standardized process improvement methodology	<input type="checkbox"/> Post-Implementation Evaluation or Review Process
<input type="checkbox"/> Written Functional Specification Requirements	<input type="checkbox"/> Vendor or VAR Certification Process
<input type="checkbox"/> Written Document Retention Plan	<input type="checkbox"/> Alpha or Beta Testing
<input type="checkbox"/> Written Contract Management Plan	<input type="checkbox"/> Pre-release testing for malicious code or security flaws
2. Does <b>Your</b> customer support program include? ( <i>check all that apply</i> )	
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Fax
<input type="checkbox"/> Website Support	<input type="checkbox"/> In-house Repairs
Telephone Support: <input type="checkbox"/> Toll Free Number <input type="checkbox"/> 24/7 <input type="checkbox"/> Business-hours only <input type="checkbox"/> Other (describe: _____)	

**VII. MEDIA & SOFTWARE COPYRIGHT**

1. In the past two (2) years, have <b>You</b> been given notice of <b>Your</b> potential infringement of another party's intellectual property (IP) rights, including without limitation, copyright or trademark infringement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," attach a copy of each and every such notice of potential infringement.		
2. Do <b>You</b> have a review process in place to screen material, including but not limited to digitized content, for the following offenses prior to any dissemination, publication, broadcast, utterance, or distribution? ( <i>check all that apply</i> )		
<input type="checkbox"/> Copyright Infringement	<input type="checkbox"/> Trademark Infringement	<input type="checkbox"/> Domain Name Infringement
<input type="checkbox"/> Libel or Slander	<input type="checkbox"/> Privacy Violations	<input type="checkbox"/> Violation of rights of publicity
Are reviews conducted by, or under the supervision of, a qualified attorney?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do <b>Your</b> Intellectual Property (IP) protection or compliance procedures include the following:		
A. periodic IP audit done by legal/business staff or outside counsel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. training of employees regarding copyright & trademark issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. periodic legal review of applicable privacy laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. acquisition of all necessary IP rights via licenses, releases or consents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

E. providing materials to employees explaining the ownership rights in IP created by <b>Your</b> employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. trademark searches by employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. trademark searches by professional search firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. copyright searches by employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. copyright searches by professional search firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do <b>You</b> require contractors, vendors or others whom provide <b>You</b> with copyrightable material to: <input type="checkbox"/> N/A	
A. assign or license <b>You</b> their rights to any copyrightable material, in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. warrant that their work does not violate another party's IP rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. indemnify <b>You</b> should an IP infringement claim be made against <b>You</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. hold <b>You</b> harmless should an IP infringement claim be made against <b>You</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does <b>Your</b> website include chatrooms, bulletin boards or otherwise allow users to post or upload content?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes,":	
A. Is such content reviewed prior to publication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do <b>You</b> have a procedure to review content after publication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Do <b>You</b> have a procedure to remove infringing, libelous, or otherwise controversial materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do <b>You</b> comply with the safe harbor provisions of Section 512 of the DMCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If "Yes," is <b>Your</b> compliance with the DMCA regularly reviewed by an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Complete questions 7-11 on the reverse for software copyright infringement.</i>	
7. Do <b>You</b> sell, distribute or develop software bound by an open source license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do <b>You</b> have written policies or procedures in place for:	
A. auditing <b>Your</b> use of software licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. determining if open source code is used during <b>Your</b> software development efforts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. avoiding copyright infringement with regard to software/computer code?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### VIII. NETWORK SECURITY COVERAGE

<i>Complete questions 12-14 on the reverse for network security coverage.</i>	
1. Do <b>You</b> outsource any part of <b>Your</b> Internet, network or computer system functions to others ( <i>check all that apply below</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hosting Facility: _____	<input type="checkbox"/> Server Maintenance: _____
<input type="checkbox"/> Firewall Maintenance: _____	<input type="checkbox"/> Intrusion Detection: _____
<input type="checkbox"/> Managed Security: _____	<input type="checkbox"/> Intrusion Detection: _____
2. Do <b>You</b> provide written warranties or indemnification concerning failures of <b>Your</b> computer system and information security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What kind of electronic data of third parties do <b>You</b> store on <b>Your</b> computer system?:	
<input type="checkbox"/> money	<input type="checkbox"/> securities
<input type="checkbox"/> trade secrets	<input type="checkbox"/> employee information
<input type="checkbox"/> customer information	<input type="checkbox"/> business partner information
<input type="checkbox"/> credit card information	<input type="checkbox"/> intellectual property assets
4. Do <b>You</b> have a virus protection program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes," please identify the software used: _____	
5. Do <b>You</b> have a firewall in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please identify the firewall used: _____	
6. Do <b>You</b> enforce a software update process, including updating patches and anti-virus software?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do <b>You</b> have a process for managing computer accounts, including removing computer users in a timely fashion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do <b>Your</b> access control procedures address access to critical and sensitive computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do <b>You</b> have physical security controls in place to control access to <b>Your</b> computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do <b>You</b> have an information security incident response plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. How long does it take to restore <b>Your</b> operations after a computer attack or other loss/corruption of data? <input type="checkbox"/> 12 hrs or less <input type="checkbox"/> 13 to 24 hrs <input type="checkbox"/> more than 24 hrs	
12. Do <b>You</b> have a person or group responsible for information security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do <b>You</b> use standard configurations for firewalls, routers, and operating systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do <b>You</b> have a program in place to periodically test security controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," have <b>You</b> undergone any information security evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please identify the type of evaluation, when it last took place, and whether <b>You</b> were found to be in compliance: _____	
15. Within the past three (3) years, have <b>You</b> experienced a failure or breach of <b>Your</b> computer system's security that caused loss in excess of \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
16. During the past three (3) years, have <b>You</b> experienced any occurrences, claims or losses related to <b>Your</b> computer system or Internet site (including without limitation, any occurrences, claims or losses related to or arising out of the display of material on <b>Your</b> Internet site, malicious code or viruses, unauthorized use of or unauthorized access to <b>Your</b> computer system, identity theft, or a denial of service)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	

<b>IX. HISTORICAL INFORMATION</b>	
1. Have <b>You</b> ever had any product recalls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
2. Within the last three (3) years, have any of <b>Your</b> customers requested a refund of their payment for <b>Your</b> products or services, withheld payments from <b>You</b> due to a contract dispute, or have <b>You</b> sued any of <b>Your</b> customers for non-payment of fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
3. Has any insurance carrier ever cancelled or non-renewed a policy that provided the same or similar coverage as the <b>Insurance Sought?</b> ( <b>MISSOURI APPLICANTS NEED NOT REPLY</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes," explain: _____	
4. Have <b>You</b> , or any director, officer, partner, or employee providing products or services on <b>Your</b> behalf ever been subject to disciplinary proceeding arising out of professional activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
5. Are <b>You</b> aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a claim against <b>You</b> under the <b>Insurance Sought</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
6. Has any claim, demand, lawsuit, arbitration, litigation, bankruptcy, administrative proceeding or regulatory proceeding been made or initiated against <b>You</b> , that might have given rise to a claim under the <b>Insurance Sought</b> if the same or similar insurance coverage was in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
7. During the past three (3) years, have <b>You</b> experienced an interruption or suspension of <b>Your</b> computer system for any reason (not including downtime for planned maintenance), which exceeded 4 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
8. Do <b>You</b> currently have any policy providing coverage for errors & omissions liability, professional liability, network security liability, property damage, business interruption or media liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," attach a separate document which lists for each policy: (a) insurer's name; (b) the policy period; (c) the policy limits; (d) the retention; and (e) the retroactive date.	
9. Have <b>You</b> reported any occurrences, claims or losses to any insurer in the past five years that provided the same or similar insurance to the <b>Insurance Sought</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please attach a separate document with respect to each such occurrences, claim or loss providing: (a) a description; (b) the name of the insurer and policy; (c) the amount of damage, expenses or other loss suffered as a result of occurrences, claim or loss; (d) and the amount paid by the insurer to whom notice was provided (if any)	

**XI. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE**

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY **APPLICANT** WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

**XII. LEGAL NOTICE AND SIGNATURES**

**BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.**

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**STATE FRAUD DISCLOSURES:**

**NOTICE TO ARKANSAS AND 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 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 AUTHORITIES.

**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 IN THE THIRD DEGREE.

**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 A DENIAL OF INSURANCE BENEFITS.

**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 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.

**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 (365:15-1-10, 36 §3613.1).

**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 TENNESSEE, VIRGINIA AND 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.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized representative of the **Applicant** hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized representative of the **Applicant** further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed \_\_\_\_\_  
(Duly authorized representative, by and on behalf of the **Applicant**)

Date \_\_\_\_\_

Title \_\_\_\_\_ Organization: \_\_\_\_\_  
(must be signed by an authorized officer) (organization's seal)

Attest \_\_\_\_\_  
(Duly authorized representative, by and on behalf of the **Applicant**)

Producer \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

# Privacy Legal Liability Supplemental Application

Please complete this Supplemental Application if you are applying for Privacy & Security Legal Liability coverage as a part of the Insurance Application. As used herein, "Company" includes the company applying for network security coverage and its subsidiaries also seeking coverage.

***If more space is needed, please attach separate sheet(s) to this application to provide complete answers.***

<b>PRIVACY</b>	
1. Do <b>You</b> have a written corporate-wide privacy policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If "yes," please attach a copy</b>
If "yes": A. Has it been reviewed by a qualified attorney?  B. Does <b>Your</b> privacy policy allow you to share information with third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes, if consumers "opt in" <input type="checkbox"/> Yes, unless consumers "opt out" <input type="checkbox"/> No
2. Do <b>You</b> collect , store, maintain, or distribute credit card data or personally identifiable consumer information? If "yes," please describe below.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <hr/> <hr/>
3. Do <b>You</b> have an Internet privacy policy posted on your website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," has it been reviewed by a qualified attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. How often are <b>Your</b> privacy policies reviewed and updated?	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____
5. Do <b>You</b> employ a chief privacy officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "no," what position is responsible for management of, and compliance with, <b>Your</b> privacy policies?	<hr/>
6. Within the past two (2) years, have <b>You</b> passed an outside privacy audit or have <b>You</b> received a privacy certification?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "yes," please attach a copy</b>
7. Within the last year, have <b>You</b> completed an internal audit or assessment to determine <b>Your</b> compliance with regulations and laws concerning the protection of privacy rights ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," have all recommendations or issues been resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If all recommendations have not been complied with, please describe the recommendation(s), outline timetable for compliance or explain why the recommendation(s) will not be implemented (attach a separate sheet if necessary) <hr/>	
8. Within the last year, have <b>You</b> completed an internal audit or assessment to determine compliance with <b>Your</b> privacy policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," have all recommendations or issues been resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If all recommendations have not been complied with, please describe the recommendation(s), outline timetable for compliance or explain why the recommendation(s) will not be implemented (attach a separate sheet if necessary) <hr/>	
9. Do <b>You</b> have a document retention and destruction policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>10. Do <b>You</b> have and enforce clean desk policy?          11. If the Clean Desk policy only applies to selected areas, please describe:          12. [REDACTED]</p>	<input type="checkbox"/> <b>Yes for all areas</b> <input type="checkbox"/> <b>Yes in selected areas</b> <input type="checkbox"/> <b>No</b>																														
<p>11. Do <b>You</b> restrict employee access to consumer, and customer files (as applicable) to employees with a business-need to know basis?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																														
<p>12. Do <b>You</b> provide training for employees on privacy, data security and related issues?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																														
<p>13. Have <b>You</b> entered into any data sharing or interchange agreements with another entity?           Do <b>You</b> require others providing data processing or technology services to <b>You</b> to sign a data sharing or interchange agreements, or do <b>You</b> otherwise address responsibility for securing data in Your written contracts with such entities?           Are all contracts reviewed by legal counsel?           If Yes, to 13.a. or 13.b. above, attach a copy of <b>Your</b> standard contract.</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																														
<p>14. Do <b>Your</b> contracts with vendors and others with whom <b>You</b> share Personally Identifiable Information require the other party to defend and indemnify <b>You</b> for legal liability arising from any release or disclosure of the information due to the negligence of the vendor or other party?           Do <b>You</b> require vendors to maintain professional liability insurance?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																														
<p>15. Do <b>You</b> require all vendors to whom <b>You</b> outsource technology or data processing functions to demonstrate adequate security of computer systems?   <input type="checkbox"/> No    <input type="checkbox"/> Vendor must supply SAS 70    <input type="checkbox"/> Vendor must provide security audit  <input type="checkbox"/> Security is assessed by internal staff    <input type="checkbox"/> Other (describe: [REDACTED])</p>																															
<p>16. In all cases, does the Applicant's hiring process include the following? (please check all that apply)</p> <table border="0" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;"></th> <th style="width:15%; text-align:center;"><u>All Employees</u></th> <th style="width:15%; text-align:center;"><u>Some Employees*</u></th> <th style="width:15%; text-align:center;"><u>All Independent Contractors</u></th> <th style="width:15%; text-align:center;"><u>Not Required</u></th> </tr> </thead> <tbody> <tr> <td>Criminal Convictions:</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Educational Background:</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Credit Check:</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Drug Testing:</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Work History:</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>* If hiring procedures are only required in some cases, please describe when such item is required: [REDACTED]</p>			<u>All Employees</u>	<u>Some Employees*</u>	<u>All Independent Contractors</u>	<u>Not Required</u>	Criminal Convictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational Background:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Check:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Testing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work History:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>17. Do <b>You</b> sell, or otherwise release consumer or client information to:          A. Related entities?          B. Outside entities?           If "yes" to A or B above, in all cases is <b>Your</b> agreement to sell or release such information subject to a written agreement?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																														
<p>Please attach a copy of Your written agreement to sell or release information. If no written agreement is required, please describe the exact circumstances when written agreements are not required (attach a separate sheet if necessary). _____</p>																															
<p>18. Are <b>You</b> aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a claim against for invasion or interference with rights of privacy, wrongful disclosure of personal information, or which might otherwise result in a <b>claim</b> against <b>you</b> with regard to issues related to the <b>Insurance Sought</b>?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																														
<p>If "yes," explain: _____</p>																															

19. During the past three (3) years, has anyone filed suit or made a claim against you with regard to invasion or interference with rights of privacy, wrongful disclosure of personal information, or which might otherwise result in a claim against you with regard to issues related to the <b>Insurance Sought</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	

**BY SIGNING BELOW, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF THE COMPANY STATES AND REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT IN THIS APPLICATION OR ATTACHMENT, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED. SHOULD INSURER ISSUE A POLICY, COMPANY AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH, COMPLETENESS, AND ACCURACY OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR ATTACHMENT, AND SUCH STATEMENTS AND REPRESENTATIONS ARE THE BASIS OF SUCH POLICY.**

**THE UNDERSIGNED, HEREBY AGREES, WARRANTS AND REPRESENTS THAT HE OR SHE IS A DULY AUTHORIZED REPRESENTATIVE OF THE COMPANY, AND IS FULLY AUTHORIZED TO ANSWER AND MAKE STATEMENTS AND REPRESENTATIONS BY AND ON BEHALF OF THE COMPANY.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name & Title: \_\_\_\_\_ Company: \_\_\_\_\_