**PHILADELPHIA INSURANCE COMPANIES**
*A Member of the Tokio Marine Group*

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

# INTEGRATED TECHNOLOGY RENEWAL APPLICATION - MONTANA

**If your policy is written with DEFENSE WITHIN LIMITS the amount of money available under the policy to pay settlements or judgments will be reduced and may be exhausted by defense expenses, including but not limited to fees paid to attorneys to defend you.**

### SUBMISSION REQUIREMENTS

- Copies of your current contracts or license agreement if they have been revised
- Current audited financial statement
- Currently valued insurance company loss runs for the current policy period plus three years

### GENERAL INFORMATION (*to be completed by all Applicants*)

1. Applicant Name:(*as it should appear on policy):*
2. Street Address:
3. City, State, Zip Code:
4. Website Address:
5. Business Type:          Corporation          Partnership          Joint Venture          LLC
6. Ownership Structure:          Public          Private          Not-for-Profit
7. Year established:                    Number of employees:
8. Risk Management Contact:                    Risk Management's Phone:
   Risk Management Email:

### SECTION I - COVERAGES (*to be completed by all Applicants*)

1. Select each coverage and indicate the Limit of Liability and Deductible for which you are applying.

| Coverage | Limit of Liability | Deductible |
|---|---|---|
| Technology Errors & Omissions | $ | $ |
| Media Liability | $ | $ |
| Network Security | $ | $ |
| Privacy Regulation Proceeding Sublimit | $ | $ |
| Privacy Event Expenses Sublimit | $ | $ |
| Extortion Sublimit | $ | $ |

2. Renewal date (mm/dd/yyyy):
3. Expiring coverage

| Coverage | Technology E&O | Media Liability | Network Security/ Privacy Injury |
|---|---|---|---|
| Policy Period | | | |
| Limit of Liability | $ | $ | $ |
| Retention | $ | $ | $ |
| Retroactive Date | | | |
| Premium | $ | $ | $ |

### SECTION II - REVENUE (*to be completed by all Applicants*)

1. Indicate on what date your fiscal year ends:
2. Indicate your gross annual revenue for the following twelve (12) month fiscal time periods.

| Revenue Split | Prior Fiscal Period | Current Fiscal Period | Next Fiscal Period |
|---|---|---|---|
| Domestic | $ | $ | $ |
| Foreign | $ | $ | $ |
| Total | $ | $ | $ |

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| SECTION III - SERVICE / PRODUCTS ALLOCATION / DESCRIPTION OF OPERATIONS (to be completed by all Applicants) |
|---|

1.  Explain any change in Operations in the past twelve (12) months:

Estimate the total percentage of revenue for the following services and work.

| Technology – Software & Services | % | Technology – Hardware & Equipment | % |
|---|---|---|---|
| Application Service Provider | % | Computer System Manufacturing | % |
| Application Mobile Device Development | % | Computer Peripherals Manufacturing | % |
| Cloud Computing – Private | % | Electronic Component Manufacturing | % |
| Cloud Computing – Public | % | Instrument Manufacturing | % |
| Custom Software Development | % | Office Electronics Manufacturer (other than computers) | % |
| Data Processing & Outsourced Services | % | Recycling/Destruction of Hardware | % |
| Domain Name Registration | % | Telecommunications Equipment Manufacturing | % |
| E-Mail Services | % | Other (describe): | % |
| Internet Service Provider | % | | |
| IT Consulting | % | | |
| IT Staff Augmentation | % | **Distribution** | **%** |
| Managed IT Services | % | Computer Equipment & Software Distribution | % |
| Network Security Software and Services | % | Electronic Component Distribution | % |
| Outsourcing | % | Instrument Distribution | % |
| Pre-Packaged Software Development/ Sales | % | Other (describe): | % |
| System Design and Integration | % | **Telecommunication Services** | **%** |
| Technical Support/Repair & Maintenance | % | Local & Long Distance Service Providers | % |
| Training & Education | % | Telecommunications Consulting | % |
| Value-Added Reseller Software | % | Telecommunications Installation | % |
| Web Portal | % | Telephone Companies | % |
| Website Hosting | % | Video Conferencing Services | % |
| Website Construction and Design | % | Voice Over Internet Protocol Services (VOIP) | % |
| Wholesale Software Distribution | % | Wireless Communication | % |
| Other (describe): | % | Other (describe): | % |
| **Installation** | **%** | **Miscellaneous Professional Services (describe)** | **%** |
| Cabling – Inside | % | Record Management/Retrieval | % |
| Cabling – Outside | % | EDP Audit / Needs Evaluation | % |
| Computers & Peripherals | % | Computer Security / Virus Services | % |
| Software | % | Other (describe): | % |
| Telecommunications Equipment | % | Other (describe): | % |
| Other (describe): | % | Other (describe): | % |
| Other (describe): | % | Other (describe): | % |

## SECTION IV - CLIENT INFORMATION (to be completed by all Applicants)

1. Provide the following information regarding your five (5) largest clients.
   *(Determined as a percentage of the total gross revenue for the past fiscal year)*

| Client | Size of Contract | Length of Contract | Description of Services |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2. Indicate the percentage of products and services you provide to the following customer segments.

| Customer Segment | % of Services / Products |
|---|---|
| Commercial Client | % |
| Individual Consumers | % |
| United States Federal Government | % |
| United States State and Local Governments | % |
| Foreign Governments | % |

3. Indicate the percentage of products and services you provide to the following customer segments.

| Business Sector | % of Receipts | Business Sector | % of Receipts |
|---|---|---|---|
| Aerospace & Defense | % | Healthcare | % |
| Automobiles & Components | % | Information Technology | % |
| Chemical | % | Manufacturing | % |
| Construction & Engineering | % | Media | % |
| Consumer Services | % | Oil, Gas & Utilities | % |
| Electrical Equipment | % | Retail | % |
| Energy Equipment & Services | % | Telecommunication | % |
| Financial Services | % | Transportation | % |

4. Do you hold non-public information on behalf of your client(s)?　　　　　Yes　　No
   **If yes, please complete Section IX, Information Security.**

## SECTION V - CONTRACTUAL PROCEDURES  (*to be completed by all Applicants*)

1. Do you require the use of a written contract or agreement for all engagements?　　Yes　　No
   What percent of contracts are in writing:　　　　　　　　　　　　　　　　　%
2. Indicate the percentage of contracts where your standard contract, the customer's contract, or a combination of both is used.
   Standard:　　　%　　　　Customer:　　　%　　　Combination:　　　%
3. Are interim changes in contracts documented and signed off by both parties?　　Yes　　No

## SECTION VI - QUALITY CONTROL PROCEDURES (*to be completed by all Applicants*)

1. Do you have a disaster recovery/business continuity plan?　　　　　　　　Yes　　No
   How often do you test it:
2. Do you backup network data and configure files daily?　　　　　　　　　　Yes　　No
   If not daily, then how often are data and files backed up:
   Do you store backup files in a secure location?　　　　　　　　　　　　　Yes　　No
   Where:　　　　Onsite　　　　　Offsite

## SECTION VII - SUBCONTRACTED WORK, USE OF SUPPLIERS AND OUTSOURCED MANUFACTURING (*to be completed by all Applicants*)

1. Do you subcontract any professional services or manufacturing to fulfill commitments to clients?　Yes　　No
2. If yes, what percentage do you subcontract:　　　　　　　　　　　　　　　%
3. Do you require evidence of Errors & Omissions insurance from subcontractors?　Yes　　No

## SECTION VIII - MEDIA (*Complete only if applying for Media Liability or Copyright of Software Code*)

| Business Activities or Website Contents | % of Receipts | Business Activities or Website Contents | % of Receipts |
|---|---|---|---|
| Advertising/Marketing for Others | % | Music or Sound Clips | % |
| Executable programs or shareware | % | Pornographic or Sexually Explicit Material | % |
| File Sharing | % | Sweepstakes or Coupons | % |
| Interactive Gaming | % | Video Producers | % |
| Movie/Commercial Production | % | Other (describe): | % |
| | | | |
| **Website Content Provider** | **%** | **Open Source** | **%** |
| Content created by Applicant | % | Open Source Code originated by Applicant | % |
| Content supplied by Client | % | Open Source Code created by others and used by Applicant | % |
| Domain Name Registration | % | | |

1. Is the ownership of intellectual property created by you, or on your behalf, clearly stated in all customer contracts and followed by you?   N/A   Yes   No
2. Does your website, or any website managed by you, include chat rooms, bulletin boards, or blogs?   Yes   No
   If yes, do you review and edit prior to posting?   Yes   No
   Do you have a formal procedure for removing controversial or infringing material?   Yes   No
3. Risk Management Procedures for all Media Activities
   a. Do you have written intellectual property clearance procedures?   Yes   No
   b. Do you have agreements in place with contractors, working on your behalf, granting you ownership of all intellectual property developed for you?   Yes   No

## SECTION IX - INFORMATION SECURITY (*Complete only if applying for Network Security & Privacy Liability Coverage, or if you are responsible for non-public information on behalf of others.*)

1. Do you have a written security policy that must be followed by all employees, contractors, or any other person with access to your network?   Yes   No
2. Please indicate which type of third party sensitive information resides in your network.(*Select all that apply*)
   Credit card data for the duration of a transaction
   Credit card data stored for future use (all but last four (4) digits masked)
   Credit card data stored for future use (un-masked card numbers or including track two (2) data)
   Private health information
   Sensitive or proprietary company information (including trade secrets)
   Other personally identifiable financial information *(describe):*

## TECHNICAL SECURITY

1. a. Do you implement virus controls on all of your systems?   Yes   No
   b. Please check all items that accurately describe this program.
      Anti-Virus/malicious code software is deployed on all computing devices within your network
      Automatic updates occur, at least daily
      Anti-virus scans are performed on all e-mail attachments, files, and downloads before opening
      Rejected files are quarantined
      Unneeded services and ports are disabled
      Virus/information security threat notifications are automatically received from CERT or similar
2. a. Do you have a firewall in place?   Yes   No
   b. Please check all items that accurately describe the firewall.
      A formal process has been established for approving and testing all external network connections
      A firewall has been established at each internet connection
      A firewall has been established between any DMZ and intranet connection

## ADMINISTRATIVE SECURITY

1. Do you control access to information that resides on data storage devices such as servers, desktops, PCs laptops, and PDAs?  Yes    No

## PHYSICAL SECURITY

1. Do you limit server, server room and data center access only to authorized personnel?  Yes    No

## SECTION X - HISTORICAL BUSINESS INFORMATION

1. Do you have any account receivables for professional or technology service contracts that are more than ninety (90) days past due?  Yes    No
**If yes, attach details.**

## SECTION XI - CLAIMS & INVESTIGATORY INFORMATION

1. Have you received any complaints, claims, or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or your customers ability to rely on your network?  Yes    No
**If yes, attach details.**

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## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN DISTRICT OF COLUMBIA:** 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.

**APPLICABLE IN FLORIDA** 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.

**APPLICABLE IN KANSAS:** 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

**APPLICABLE IN MAINE:** 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.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** 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.

**APPLICABLE IN OHIO**: 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.

**APPLICABLE IN OKLAHOMA**: 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.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON:**  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.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** 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.  THIS APPLIES TO AUTO INSURANCE.


NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER, OR OFFICER)

_____

SIGNATURE

DATE

### SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)