



**CYBER SECURITY LIABILITY APPLICATION
SMALL BUSINESS (LESS THAN \$10,000,000 IN ANNUAL REVENUE)**

COVERAGES E., F., AND G. ARE CLAIMS MADE AND REPORTED COVERAGES.

CLAIM EXPENSES UNDER COVERAGES E., F., AND G. ARE INCLUDED WITHIN THE AVAILABLE LIMIT OF INSURANCE. ANY CLAIM EXPENSES PAID UNDER THIS COVERAGE FORM WILL REDUCE THE AVAILABLE LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

Certain terms have specific meaning as defined in the policy form and noted in **bold**. Throughout this Application the words "you" and "your" refer to the **Named Insured** shown in the Declarations, and any other person or organization qualifying as a **Named Insured** under the proposed policy.

SECTION I – GENERAL INFORMATION

Name of Applicant:

Address of Applicant:

City:

State:

Zip:

Telephone:

Website: www.

Nature of operations of the Applicant:

To enter more information, please use the Additional information page attached to this application.

Total number of employees:

Annual sales or revenue: \$

Estimated total number of Personally Identifiable Information (PII) records:

I don't know the estimated total number of records.

SECTION II – RISK CONTROLS

- | | | |
|---|-----|-----------------------|
| 1. Do you have a firewall? | Yes | No |
| a. How often do you review the rules within the firewalls: | | |
| b. When was the last time a rule was removed / deactivated: | | |
| 2. Do you perform virus scans of email, downloads, and portable devices? | Yes | No |
| 3. Do you have a person responsible for information security? | Yes | No |
| 4. Do you have a written privacy or security policy? | Yes | No |
| 5. Do you have restrictions regarding access to sensitive information of a third party? | Yes | No |
| 6. Does your hiring process include the following for all employees and independent contractors (check all that apply): | | |
| Drug testing | | Work history checks |
| Criminal background checks | | Credit history checks |
| Educational background | | Other (specify): |

7. Do you outsource (or plan to outsource) a critical part of your internal network / computer system or internet access/presence to others? Yes No

If yes, check all that apply and name the service provider for each category.

TECH-RELATED SERVICE			
ISP	Backup, co-location and data recovery	Financial Services and Payment Processing	Other: "cloud", ASP, SAAS, Etc.
Bellsouth	ATT	Corillion	Amazon
Cablevision	EMC	Datavantage	Microsoft
Charter	HP	Digital	Google
Comcast	IBM	Insight	Go Daddy
Cox	Iron Mountain Storage	DSS	IBM
Earthlink	Tek	ECHO	HP
Insight BB	Sunguard	First Data	AT&T
Mediacom	In-House	FI Serve	Rackspace
Qwest	None	Global Payments	Savvis
Road Runner	Other:	Jack Henry	Terremark
SBC(AT&T, Yahoo, Sprint)		Lawson	Fujitsu
United Online		Metavente	Nirvanix
Verizon		Paymentech	VMWare/EMC
Other:		Paypal	Salesforce
		S-1	Other:
		Verisign	
		Other:	

Other Services(explain):

8. a. Within the past three (3) years, have you experienced any network related business interruption exceeding eight (8) hours other than planned maintenance? Yes No
- b. During the last three (3) years, has anyone alleged that you were responsible for damage to their computer system(s) arising out of the operation of your computer system(s)? Yes No
- c. During the last three (3) years, have you received a complaint or other proceeding (including an injunction or other request for non-monetary relief) arising out of intellectual property infringement, copyright infringement, media content, or advertising material? Yes No
- d. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against you alleging invasion of interference of rights of privacy or the inappropriate disclosure of personally identifiable information (PII)? Yes No
- e. During the last three (3) years, have you been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
- f. Are you aware of any circumstance that could reasonably be anticipated to result in a claim being made against you for the coverage being applied for? Yes No
9. Do you have a program in place to periodically test your data security controls? Yes No
10. Is all sensitive data
- a. encrypted at rest? Yes No
- b. encrypted in transit? Yes No
- c. accessible via mobile devices? Yes No
- If yes, are the devices encrypted? Yes No
11. Types of Personally Identifiable Information held (check all that apply):
- Social Security Numbers Drivers Licenses
- Bank Account Details Personal Health Information
- Credit Card Numbers Other – Please specify.
12. **If necessary, the underwriter may ask for additional information. (Contracts, policies, financials....)**

FRAUD NOTICE STATEMENTS

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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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 COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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.**

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date