



Network and Privacy Liability Insurance Application (Non-Technology Related Operations)

- 1. Name of Organization:
2. Address:
City: State: Zip:
3. Website Address:
4. Contact person to receive all notices on behalf of the Insured:
Title: Contact's Phone Number:

5. When organized?

- 6. General Information:
a. Total Number of Employees:
b. Total Number of Locations:
c. Total Number of Customer Records:
d. Total Gross Revenues: \$

7. Please indicate your primary industrial classification:

- Advertising, Aerospace, Banking/Investment, Construction, Education (College, University, Post-Graduate), Education (K-12), Entertainment, Government/Municipal, Insurance - Life & Health, Insurance - Property & Casualty, Manufacturing - Durable Goods, Manufacturing - Non-Durable Goods, Medical & Pharmaceutical, Medical: Life Support, Retail - Less than 50% E-Commerce, Retail - More than 50% E-Commerce, Services - Business/Professional, Services - Personal, Telecommunications, Transportation, Utilities, Other:

8. a. Please check all activities performed over your company's Internet sites:

- Advertising the products or services of other companies for a fee, Auction, exchange, or hub services, Buying or selling of goods, products or services, Collection or transmission of sensitive financial information, Electronic publishing, marketing, dissemination, or distribution of original works, Files for downloads, Gambling or adult entertainment services, Your general corporate information (advertising your products or services, company information, etc.), Legal, financial, medical or health advice, Operation of extranets or virtual private networks, Operation of intranets, Travel tips or other travel advice, Website services or products to international customers/subscribers

- b. Does your company use material provided by others, such as content, music, graphics or video stream, in your software or on your website?
If yes, do you always obtain written licenses and consent agreements for the use of these materials?

- c. Does your company have an established procedure for editing or removing from your website libelous or slanderous content, or content that infringes the intellectual property rights of others (copyrights, trademarks, trade names, etc.)? Yes No
- d. Has legal counsel checked that your domain name(s) and metatags do not infringe on another's trademark? Yes No
- e. Does your company have a written and posted privacy policy on your site(s)? Yes No
- f. Does your company have a non-disclosure policy? Yes No
- g. Is sensitive, personal or confidential information located behind a firewall? Yes No
- h. Is encryption technology used when transmitting sensitive information? Yes No
- i. Does your organization sell or share individual subscriber or user identifiable information with other internal or external entities? Yes No
- j. Do you offer a bulletin board, blog or chat room on your website? Yes No
- k. If subcontracted, do you require, 'hold harmless' agreements in favor of your organization for liabilities arising out of bulletin boards, blogs and/or chat rooms? Yes No
- l. Can you remove any postings at your sole discretion? Yes No
- 9. Privacy/Network Security:**
- a. Approximate number of servers on your network: _____
- b. Average number of daily hits to your website: _____
- c. Do you require written contracts or agreements with all vendors/third- party service providers?
 Always Sometimes Never
- d. Please check all network activities performed by third-party vendors/service providers:
 Broadband/ASP Services Managed Security Services
 Co-Location Services Outsourcing Services
 Human Resources Point-Of-Service
 Internet Service/Access Website Hosting
- e. Do you have written policies in place which address:
1. Records and information management compliance? Yes No
2. Network security? Yes No
3. Appropriate use of network resources and the Internet? Yes No
4. Appropriate use of email? Yes No
- f. Has a network security assessment or audit been conducted within the past 12 months? Yes No
- g. Is firewall technology used at all Internet points-of-presence to prevent unauthorized access to internal networks? Yes No
- h. Does your company use antivirus software on all desktops, portable computers and mission critical servers? Yes No
- i. Are your systems backed up on a daily (or more regular) basis? Yes No
- j. Are system backup and recovery procedures documented and tested for all mission-critical servers and appliances? Yes No
- k. Are documented procedures in place for user and password management? Yes No
- l. Do you have a written disaster recovery and business continuity plan for your network? Yes No
- m. Have you identified all relevant regulatory and industry-supported compliance frameworks and information management standards that are applicable to your organization? Yes No
- n. For computer equipment that leaves your physical facilities have you implemented access control protections and hard drive encryption? Yes No
- o. Do you follow established procedures for carrying out and confirming the destruction of client or employee data and/or sensitive information? Yes No
- p. Do you have a written data breach response plan? Yes No
- 10. Loss and Claims Activity:**
- a. Have you ever sustained a significant systems intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar incident? Yes No

- b. Do you have knowledge or information related to any act, error, omission, fact, circumstance, inquiry or formal or informal investigation which might give rise to a claim under the proposed policy? Yes No
- c. In the last five years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that would be covered by this policy? Yes No
- d. During the last three years, has anyone alleged that their personal information was compromised, or have you notified customers that their information was or may have been compromised, as a result of your activities? Yes No
- e. Has an employee ever been disciplined for mishandling data or otherwise tampering with your computer network? Yes No
- f. Have you sustained an unscheduled network outage over the past 24 months? Yes No

Provide details of each claim on a separate page.

11. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, cancelled or refused? If yes, provide details on a separate page. Yes No

12. Current Insurance Company: _____

Policy Period: From: _____ To: _____

Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

13. Limits of Insurance requested: _____

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE PART OF THE POLICY. A SIGNED APPLICATION DATE NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.

Signed: _____

(Must be signed by Officer of the Applicant)

Title: _____

Date: _____