



Technology, Network Security and Privacy Liability Insurance Application (Technology Related Operations)

1. Name of Organization: _____
2. Address: _____
 City: _____ State: _____ Zip: _____
3. Web Site Address: _____
4. Contact person to receive all notices on behalf of the Insured: _____
 Title: _____ Contact's Phone Number: _____
5. When organized? _____
6. General Information:

	Current Year	Prior Year
Gross Revenues (including licensing fees)	\$	\$
Total Number of Employees		
Total Number of Locations		
Total Number of Customer Records		

7. Products and Services Offered (Total Revenue Must Equal 100%)

Type of Services	% Tot Rev	Type of Services	% Tot Rev
Application Service Provider - Bandwidth	%	Online gaming/gambling sites	%
Application Service Provider - Operational	%	Portals	%
Application Service Provider - Security	%	E-Retailer	%
Billing Services	%	Search Engine Providers	%
Call Center	%	Security Consulting	%
Co-location Facilities	%	Security Software	%
Computer Programming	%	Social Networking Sites	%
Credit Card Processing	%	Software - Custom	%
Customer Relationship Management (CRM)	%	Software - Prepackaged	%
Data Entry/Timesharing	%	Software Development	%
Data Processing	%	Specialty Programming	%
E-commerce Consulting	%	Systems Analysis	%
Enterprise Resource Planning (ERP) Consulting	%	Systems Engineering	%
Forum/Bulletin Board System Sites	%	Systems Integration	%
Hardware Assembly/Manufacture	%	Systems Maintenance	%
Information Retrieval	%	Technical Research	%
Information Storage	%	Technical Training/Support	%
Infrastructure Equipment Manufacturing	%	Telecommunications	%
Infrastructure Software	%	Value Added Reselling	%
Internet Advertising	%	Video Conference Services	%
Internet Service Provider	%	Web Hosting	%
Messaging Services	%	Web Maintenance Services	%
Online Banking or Brokerage	%	Website Design	%
Online Exchanges/Auctions	%	Other:	%
Online Content Sites	%	Other:	%

8. End Clients (Must Equal 100%)

End Client Industry	% Tot Rev	End Client Industry	% Tot Rev
Manufacturing	%	Government	%
Aerospace	%	Utilities	%
Banking/Investment	%	Internet	%
Insurance	%	Medical & Pharmaceutical	%
Telecommunications	%	Medical: Life Support	%
Software Development	%	Entertainment	%
Transportation	%	Construction	%
Education	%	Advertising	%
Retail	%	Other:	%

9. Contract Management

- a. Do you require a written contract or agreement for services with your customers?
 Always Sometimes Never
- b. Is the contracting process standardized and formalized? Yes No
- c. Are all contracts reviewed by your legal department or a third party law firm? Yes No
- d. Do such contracts or agreements contain (*check all that apply*):

<input type="checkbox"/> Specific descriptions of professional services you are to provide?	<input type="checkbox"/> Formalized change order processes requiring signoff by both parties?
<input type="checkbox"/> A limitation of liabilities?	<input type="checkbox"/> Conditions of customer acceptance of products/services?
<input type="checkbox"/> Guarantees or warranties?	<input type="checkbox"/> Acceptance of consequential damages?
<input type="checkbox"/> Hold harmless or indemnity agreements inuring to your benefit?	<input type="checkbox"/> Provisions for liquidated damages?
<input type="checkbox"/> Hold harmless or indemnity agreements inuring to your client's benefit?	<input type="checkbox"/> Provisions for the ownership of intellectual property?

- e. Do you have procedures to ensure compliance with Federal, State and local statutes? Yes No
- f. Do you have a process in place to handle and resolve client complaints? Yes No
- g. Do you charge for your network-based services? Yes No
- h. Do you guarantee systems or website availability? Yes No
If yes, please describe in an attachment.
- i. Do your customers and/or business partners have written contracts or agreements in place to use your network, website or services? Yes No

10. Vendors, Independent Contractors, Subcontractors

- a. Do you require written contracts or agreements with all vendors? Always Sometimes Never
- b. What percentage of professional services rendered are contracted out? _____ %
- c. Do you always use a written contract upon engagement of independent contractors? Yes No
- d. Do you require independent contractors to carry professional liability insurance? Yes No
- e. Do all contracts with independent contractors clearly identify work product as 'work made for hire', or include other provisions for the ownership of intellectual property? Yes No

11. Quality Control

- a. Are formal customer acceptance procedures in place? Yes No
- b. When interim changes in the contract or statement of work are required, are these documented with signoffs by both you and the customer? Yes No
- c. Are final acceptance letters or signoffs required from each customer? Yes No

12. Electronic/ Internet Media

- a. Please check all activities performed over your company's Internet sites:
 - General Corporate Information (advertising your products or services, company information, etc.)
 - Advertising the products or services of other companies for a fee
 - Electronic publishing, marketing, dissemination, or distribution of original works
 - Buying or selling of goods, products or services
 - Collection or transmission of sensitive financial information
 - Legal, financial, medical or health advice
 - Travel tips or other travel advice
 - Website services or products to international customers/subscribers
 - Auction, exchange, or hub services
 - Files for download
 - Gambling or adult entertainment services
 - Operation of intranets
 - Operation of extranets or virtual private networks
- b. Does your company use material provided by others, such as content, music, graphics or video stream, in your software or on your web site? Yes No
If yes, do you always obtain written licenses and consent agreements for the use of these materials? Yes No
- 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 web site? 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

13. Privacy/Network Security

- a. Approximate number of servers on your network: _____
- b. Average number of average daily hits to your website: _____
- c. Please check all network activities performed by third party vendors/service providers:
 - Internet Service/Access
 - Website Hosting
 - Collocation Services
 - Managed Security Services
 - Broadband/ASP Services
 - Outsourcing Services
 - Human Resources
 - Point-Of-Service
- d.
 - 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
- e. Has a network security assessment or audit been conducted within the past 12 months? Yes No
- f. Is firewall technology used at all Internet points-of-presence to prevent unauthorized access to internal networks? Yes No
- g. Does your company use antivirus software on all desktops, portable computers and mission critical servers? Yes No
- h. Are your systems backed up on a daily (or more regular) basis? Yes No
- i. Do you actively maintain system logs on all mission-critical servers and appliances? 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. Does the Applicant 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

14. Loss and Claims Activity

- a. Has the Applicant ever sustained a significant systems intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar? Yes No
- b. Does any proposed Applicant have knowledge or information of any act, error, omission, fact, circumstance, inquiry or formal or in-formal 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. Has the Applicant sustained an unscheduled network outage over the past 24 months? Yes No

Provide details of each claim on a separate page.

- 15. 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. Yes No

16. Current Insurance Company: _____

Policy Period: From: _____ To: _____

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

17. 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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: _____

(Must be signed by Officer of the Applicant)

Title: _____

Date: _____