



NEW BUSINESS APPLICATION FOR
 CYBER & PROFESSIONAL LIABILITY INSURANCE
 THIS APPLICATION IS FOR A
 "CLAIMS MADE AND REPORTED" INSURANCE POLICY

Please read the entire Application carefully before responding to questions and signing. The Application and any applicable supplemental Application must be signed and dated by a member of Management of the Named Insured. If more space is required to fully answer any question(s), please use the addendum at the end of this application. Please answer all questions and attach all requested materials including:

- Sample standard contracts, agreements, and Statement of Work (with customers and independent contractors).
- Most recent annual financial statements (if these are not publicly available).
- Organizational chart.
- Loss runs for the past five (5) years and information regarding any historical loss that would have exceeded the requested retention (if coverage has been previously purchased).

APPLICANT INFORMATION:

Named Insured(s): _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Website: _____ NAICS#: _____ Year Established: _____

OWNERSHIP STRUCTURE:

Publicly Traded

Privately Held

Subsidiary of Publicly Traded/Private Parent Company

If the Named Insured is a subsidiary then please provide the following:

Name and address of parent organization: _____

Approximate revenues of parent organization in USD: _____

COVERAGE SELECTIONS:

Privacy & Cyber Breach Liability (Complete Sections 1-8)

Breach Response (Complete Sections 1-8)

Business Interruption (Section 4 Required)

Cyber Crime (Section 2 Required)

Technology Errors & Omissions(Complete Sections 9-11)

Miscellaneous Professional Liability(Complete Sections 9-11)

Media Liability (Section 12 Required)

Requested Effective Date: _____

Limits:

- \$500,000
- \$1,000,000
- \$2,000,000
- \$3,000,000
- \$5,000,000
- \$10,000,000
- Other: _____

Retention:

- \$5,000
- \$10,000
- \$15,000
- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$250,000
- Other: _____

FINANCIAL INFORMATION FOR NAMED INSURED(S):

	Prior Year	Current Year	Projected Year
Total Revenue			
% of Revenue from Foreign Operations			

Has the Applicant(s) filed for bankruptcy or been issued a going concern opinion in the last 24 months?
Yes No

DESCRIPTION OF OPERATIONS:

Describe the nature of business operations, products offered and/or services rendered in layperson terms:

REVENUES GENERATED BY SERVICE/PRODUCT MIX:

Please provide the approximate percentage of revenues derived from the following services (total should equal 100%). **Complete only if Technology Errors & Omissions Coverage is requested:**

TECHNOLOGY SERVICES:	PERCENTAGE OF REVENUES:
Application Service Provider	
Bulletin Board System/Forum Sites	
Billing Services	
Computer-Aided Design	
Collocation Facilities	
Credit Card Processing	
CRM Consulting	
Data Entry/Timesharing	
Data Processing	
E-Commerce Consulting	
ERP Consulting	
Graphic Design	
Hardware Assembly	
Hardware Manufacturing	
Healthcare	
Infrastructure Equipment Manufacturing	
Infrastructure Software	
Internet Advertising	
Internet Service Provider	
Manufacturing	
Messaging Services	
Online Banking	

Online Brokerage	
Online Exchanges	
Portals	
Retail E-Commerce	
Security Consulting	
Security Software	
Software Development	
Software Installation – Custom	
Software Installation – Pre-packaged	
Specialty Programming	
Systems Analysis	
Systems Engineering	
Systems Integration	
Systems Maintenance	
Technical Research	
Technical Support	
Technical Training	
Telecommunication	
Value Added Reselling	
Video Conferencing Services	
Web Hosting	
Web Maintenance Services	
Other:	

Complete only if Miscellaneous Professional Liability Coverage is requested.

PROFESSIONAL SERVICES:	PERCENTAGE OF REVENUES:
Appraisers	
Arbitrators/Mediators	
Auctioneers/Auction Houses	
Background Screening Firms	

Benefit Plan Administrators/TPAs	
Bookkeepers	
Claims Adjusters/Public Claims Adjusters	
Concierge/Reservations Services	
Construction Managers	

Consultants	
Court Reporters	
Custom Brokers/Freight Forwarders	
Document Asset Managers	
Escrow Agents	
Event Planners	
Franchisors	
Fulfillment Firms	
Fundraisers	
Grant writer	
Graphic Design Firms	
Forensic Accountants	
Inspection Services	
Interior Design Firms	
Interpreters & Translators	
Landscape Architects	
Lobbyists & Legislative Advocates	
Marketing Services	
Marine Surveyors	
Medical Billers	
Mortgage Brokers	

Notary Publics	
Payroll Processors	
Photographers	
Polygraph Operators	
Premium Finance Companies	
Printers	
Private Investigators	
Process Servers	
Product Design Services	
Property Managers	
Property Preservation Field Services	
Public Relations Firms	
Research Firms	
Staffing Firms/PEO	
Tax Consultants	
Tax Preparers	
Telemarketing Firms/Call Centers	
Testing Labs	
Title Agents	
Transcription Firms	
TOTAL:	

SECTION 1 - DATA EXPOSURE:

Please provide an approximation of the amount of unique digital/hard copy Personally Identifiable Information, Personal Health Information, and Financial Account/Payment Card records under the applicant's care, custody, and control (including PII stored with a 3rd party for whom the Applicant is legally liable):

0 – 25,000

25,000 – 100,000

100,000 – 1,000,000

Unable to approximate

1,000,000 – 3,000,000

3,000,000 – 5,000,000

Over 5,000,000

If over 5,000,000, please estimate how many: _____

Is this information encrypted:

While at rest? Yes No

While in transit? Yes No

On portable devices? Yes No N/A

Is there a data retention and destruction policy in place? Yes No

Does the applicant have a data asset inventory program in place? Yes No

Does the insured collect Biometric Data? Yes No

If "Yes", does the insured document permission before capturing such data? Yes No

SECTION 2 - CYBER CRIME:

With regard to transfer of funds, please indicate the following:

	Total
Monthly average number of transfers	
Average amount transferred per transfer in USD	

Does the applicant implement a method of authenticating the validity of payment requests via a method other than the original means of request? Yes No

Does the Applicant train all employees on developing exposures via a security training program, inclusive of social engineering? Yes No If "Yes", are employees tested to measure success? Yes No

Does the Applicant utilize a spam identification/filtering solution? Yes No

SECTION 3 - PAYMENT CARD TRANSACTIONS:

Does the Applicant currently handle, accept, process, store, or transmit any payment by credit, debit or ATM cards (whether directly or through a third party service provider)? Yes No

Is the Applicant compliant with the most recent Payment Card Industry – Data Security Standards (PCI-DSS)? Yes No

If "Yes," what is the highest merchant level the Applicant is required to adhere to for any card brand?
1 2 3 4

Are payments point-to-point encrypted and tokenized by the Applicant or third party processor?
Yes No

SECTION 4 - BUSINESS CONTINUITY AND DISASTER RECOVERY:

Does the Applicant have the following in place:

Business Continuity Plan? Yes No Check box if tested in past 12 months

Disaster Recovery Plan? Yes No Check box if tested in past 12 months

Incident Response Plan? Yes No Check box if tested in past 12 months

If "Yes", is senior management involved in the testing of these plans? Yes No

If the Applicant suffers a network disruption, how long would it take to become fully operational?
Under 4 Hours 4-8 Hours 8-12 Hours 12-18 Hours 24+ Hours

SECTION 5 - DATA BACK-UP AND RECOVERY:

Is data backed up daily or more frequent? Yes No

Does the Applicant store back-ups off-line, completely disconnected from the network? Yes No

Does the Applicant test the effectiveness of restoring from backups? Yes No

If "Yes", can the Applicant maintain temporary acceptable business operations from backups?
Yes No

SECTION 7 - INFORMATION SECURITY ORGANIZATION AND CONTROLS:

Does the Applicant have an individual responsible for information security and privacy? Yes No

Is your IT infrastructure primarily operated and managed in-house () or outsourced ()?

If outsourced, who is the provider? _____

Does the applicant have the following in place (*check all that apply*):

- Cyber security program
- Intrusion detection solution
- Next Gen Firewall and virus protection
- Remote access multi-factor authentication
- Access control policy for critical information
- Patch management program
- Vulnerability assessment program
- Annual penetration testing

Does the Applicant use any retired or "end-of-life" software or hardware? Yes No

If "Yes", will there be completed migration in the next 12 months? Yes No

Are critical patches released within 30 days or less? Yes No

SECTION 8 - OUTSOURCED PROVIDERS:

Does the Applicant perform assessments or audits to ensure third party technology providers meet the Applicant's security requirements? Yes No

Does the Applicant have a formal process for reviewing and approving contracts with third party technology service providers? Yes No

INFORMATION TECHNOLOGY PROVIDERS:

Please list the most critical IT Vendors the Applicant depends on to conduct day-to-day operations and generate income:

Vendor Name:	Service Provided:
1.	
2.	
3.	

4.	
5.	

SUPPLY CHAIN VENDORS (NON-IT PROVIDERS):

Please list the most critical supply chain vendors (Non-IT) the Applicant depends on to conduct day-to-day operations and generate income:

Vendor Name:	Service Provided:
1.	
2.	
3.	
4.	
5.	

SECTION 9 – CLIENTS & CONTRACT PROVISIONS:

Indicate the Applicant’s three (3) largest customers and the approximate size and duration of each agreement/contract?

Customer	Duration	Value
1.		
2.		
3.		

What is the Applicant’s average contract *value*? _____

What is the Applicant’s average contract *length* in months? _____

From what percentage of customers does the Applicant obtain written agreements?

- 0% - 50%
- 50% - 75%
- 75%-100%

Does legal counsel review all of the Applicant’s critical contracts? Yes No

Please indicate if the following provisions are included in the Applicant’s commonly used agreements (*check all that apply*):

Specific descriptions of the professional services being provided?

Limitation of liabilities?
Warranty disclaimers?
Hold harmless or indemnity agreements that favor the applicant?
Change order processes requiring signoff by both parties?
Conditions of customer acceptance of products/services?
Acceptance of consequential damages?
Provisions for the ownership of intellectual property?

SECTION 10 - INDEPENDENT CONTRACTORS:

If applicable, please provide the type of services that are subcontracted out to others:

What percentage of the Applicant's services are subcontracted to others? _____

Does the applicant always use a written contract upon engagement of contractor? Yes No

Does the Applicant require that subcontractors carry professional liability or Technology E&O insurance?
Yes No

Does the Applicant obtain written contracts from subcontractors containing indemnification or hold harmless agreements, including software and code, in favor of the Applicant? Yes No

Do all contracts with independent contractors clearly identify work product, including software and code development, as 'work made for hire', or include other provisions for the ownership of intellectual property? Yes No

SECTION 11 - QUALITY CONTROL:

Please indicate if any of the following risk management practices are followed by the Applicant(s) to ensure the quality of their work (*check all that apply*):

Client complaint process? Yes No

Written and formalized quality control program? Yes No

Vendor certification process? Yes No

Procedures in place to avoid software copyright infringement? Yes No

Procedures in place to respond to software copyright infringement allegations? Yes No

Sells software bound by an open source or third party license? Yes No

SECTION 12 - MEDIA LIABILITY:

What procedures are followed by the Applicant prior to the dissemination of material?

Written

Ad Hoc

Please indicate the percentage of disseminated or created content which is cleared by:

In-house counsel 100% 75% <75% 0%

Outside counsel 100% 75% <75% 0%

Trained employees (non-attorneys) 100% 75% <75% 0%

If outside counsel is used to clear content then please disclose name of firm:

Does the Applicant screen material for the following offenses prior to any dissemination, publication, broadcast, utterance, or distribution? (check all that apply)

Copyright Infringement

Trademark Infringement

Domain Name Infringement

Libel or Slander

Privacy Violations

Violation of Rights of Publicity (including commercial appropriation of a celebrity's name, image or likeness)? Yes No

Does the Applicant have procedures to remove infringing, libellous, or otherwise controversial material?

Yes No

Does the Applicant disseminate, stream or transmit music or songs?

Yes No

Does the Applicant comply with the safe harbor provisions of Section 512 of the Digital Millenium Copyright Act (DMCA) or equivalent?

Yes No

Do the Applicant's website(s) include chatrooms, bulletin boards, web 2.0, or otherwise allow users or employees to post or upload content?

Yes No

Are content providers who supply the Applicant with material, including advertising content, by agreement required to:

Assign or license the Applicant their rights to the use of the material?

Yes No

Warrant that their work does not violate another party's IP rights?

Yes No

Indemnify the Applicant when an IP infringement Claim is made against them based on the material provided?

Yes No

Does the Applicant maintain commercial general liability insurance coverage including personal and advertising injury liability coverage?

Yes No

SECTION 13 - CLAIM/INCIDENT HISTORY:

In the past five years, has the applicant been declined for Technology E&O, Professional E&O, Security/Privacy (Cyber), Media or similar insurance, or had an existing policy cancelled? (Missouri applicants, do not answer this question) Yes No

Within the last three years has a customer claimed that they had a financial loss as a result of an error or omission on the part of the Applicant? Yes No

Has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any members of Management ever been the subject of a disciplinary action as a result of professional activities?

Yes No

Does the applicant, its members of Management or other person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy?

Yes No

Has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for violations arising out of Applicant's advertising or sales activities? Yes No

Has the Applicant sustained a loss of revenue due to a systems intrusion, denial-of-service, tampering, malicious code attack or other type of cyber-attack? Yes No

Has the Applicant had to notify customers or offer credit monitoring that their personal information was or may have been compromised as a result of the Applicant's activities? Yes No

Has the Applicant received a complaint concerning the content of the Applicant's website(s) or other online services related to intellectual property infringement, content offenses, or advertising offenses?

Yes No

Has the Applicant sustained an unscheduled network outage that lasted over 24 hours? Yes No

(Optional) Additional information regarding Current Loss Information:

NOTICE: It is agreed by all concerned that if any of the proposed Insured Persons is responsible for or has knowledge of any Wrongful Act, fact, circumstance, or situation which s(he) has reason to suppose might result in a future Claim, whether or not described above, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

NOTICE: The undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct. Signing of this application does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

The member of Management below declares and represents that he / she has the authority to sign this letter on behalf of all Insureds.

Print Name: _____

Signature: _____

Date: _____ **Title:** _____

FRAUD WARNINGS

GENERAL: 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.

The fraud warnings listed below are applicable in the following states: AL, AK, AZ, AR, CA, CO, DE, DC, FL, HI, ID, IN, KY, LA, ME, MD, MA, MN, NE, NH, NJ, NM, NY, OH, OK, OR, PA, TN, TX, VT, VA, WA or WV. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your claim.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ALASKA: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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.

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.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

LOUISIANA: 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.

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.

MARYLAND: Any person who knowingly and wilfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and wilfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MASSACHUSETTS: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NEBRASKA: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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.

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.

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.

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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE: 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.

TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

VIRGINIA: 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.

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 denial of insurance benefits.

WEST VIRGINIA: 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.



Addendum

Please use this section to provide clarity or additional information. Refer to the section name above.

Comment 1:

Comment 2:

Comment 3:

Comment 4:

Comment 5: