

Cyber Liability Program Renewal Application

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE. READ THE ENTIRE APPLICATION CAREFULLY.

I. APPLICANT INFORMATION

Name of Applicant: _____
(Include names of all subsidiary or affiliated companies to be insured, or attach separate sheet, if necessary)

Principal Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email: _____ Corporate Website Address: _____

1. Total Annual Revenues (indicate complete number, e.g., \$1,000,000): _____
2. Estimate total number of customer and/or employee records stored by you or by third parties on your behalf, either electronically or in physical files.
 0-100,000
 100,001-250,000
 250,001-500,000
 Over 500,000
 I don't know
3. Have there been any material changes in the Applicant's nature of operations or data security/media controls in the last twelve (12) months? Yes No
If "Yes", please explain: _____

For Question 4, if the answer is "No", PCI DSS Liability coverage will not be available.

4. Are you (or your credit card point of sale vendor, if applicable) PCI DSS Compliant? Yes No

II. LOSS HISTORY

5. In the last twelve (12) months, has the Applicant or any other person or organization proposed for this insurance:
 - a) Received any complaints or demand letters, or been the subject of any litigation, government action or investigation, or other regulatory or legal proceedings involving matters of privacy injury, breach of private information, violation of privacy law, network security, identity theft, denial of service attacks, computer virus infections, theft or loss of confidential information, damage to third party networks, or the ability of third parties to rely on the Applicant's network? Yes No
 - b) Notified customers, clients, or any third party of any security breach or privacy breach? Yes No
 - c) Received any cyber extortion demand or threat? Yes No
 - d) Sustained any unscheduled network outage or interruption for any reason? Yes No
 - e) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud? Yes No

If the answer to question 5 is “Yes”, have all such claims, lawsuits, proceedings, actions, complaints, demand letters, investigations/inquiries, incidents, events, or losses been reported to [insert name of carrier]? Yes No

Please provide full details on a separate page of each claim, lawsuit, proceeding, action, complaint, demand letter, investigation/inquiry, incident, event, or loss received or experienced by the Applicant or any other person or organization proposed for this insurance within the last twelve (12) months, but not yet reported to [insert name of carrier].

III. ACKNOWLEDGEMENTS AND REPRESENTATIONS

1. The undersigned represents that the statements, representations and information contained herein, or attached to this Application, are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application.
2. The undersigned acknowledges that the signing of this Application does not bind the undersigned to complete the insurance. The undersigned further acknowledges that the statements, representations, and information contained herein, or submitted with this Application (which shall be retained on file by the Underwriters and shall be deemed attached hereto, as if physically attached hereto), are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this Application and all written statements and materials furnished to the Insurer in conjunction with this Application shall be deemed incorporated into and made a part of the policy, should a policy be issued.
3. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
4. The undersigned acknowledges and agrees that if the information supplied on this Application, or in any attachments, changes between the date of the Application and the effective date of the policy period, the Applicant will immediately notify the Underwriters of such change, and the Underwriters may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
5. For purposes of creating a binding contract of insurance by this Application, or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature, and that the original and any such copies shall be deemed one and the same document.

Signed: _____ Print Name: _____
Must be signed by an authorized officer, partner or principal of the Applicant

Title: _____ Date (Mo/Day/Yr): _____

Applicant Organization: _____