

CYBER PROTECTION APPLICATION – SHORT FORM

☐ New ☐ Renewal

NOTICE: SECTION II.B. OF THIS APPLICATION APPLIES TO CLAIMS-MADE COVERAGE. IF SELECTED, THIS COVERAGE WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST YOU DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

I. GENERAL INFORMATION

Named Insured: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Type of Business Organization: ☐ Corporation ☐ LLC ☐ Partnership /Joint Venture ☐ Individual ☐ Other (specify) _____
 Description of Business: _____
 Web Address: _____

II. INSURANCE INFORMATION

Policy Period From: _____ To: _____

Annual gross sales from on-line sales or services: \$ _____

Total annual gross sales: \$ _____

A. Data Breach Expenses

Data Breach Expense Limit: \$ _____ Additional Expense Limit: \$ _____
 Deductible: \$ _____ Business Income Waiting Period: _____ Hours

B. Cyber Liability* (Claims-Made)

Privacy and Security Liability Limit: \$ _____ Cyber Media Liability Limit: \$ _____
 Deductible: \$ _____ Deductible: \$ _____

* optional coverage

C. Prior Data Breach and Cyber Liability Coverage*:

YEAR	INSURANCE CO. NAME	POLICY #	RETRO DATE	LIMITS	DEDUCTIBLE	PREMIUM
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Has any Data Breach or Cyber Liability coverage ever been cancelled, non-renewed or lapsed? ☐ YES ☐ NO
 If yes, please explain:

*If no prior coverage, indicate 'None'

III. UNDERWRITING QUESTIONS

A. Please indicate all of the following breach controls that apply to your operation:

- | | |
|---|---|
| <input type="checkbox"/> Up-to-date, active firewall technology | <input type="checkbox"/> Updated anti-virus software active on all computers and networks |
| <input type="checkbox"/> Patch management procedures | <input type="checkbox"/> Intrusion detection software |
| <input type="checkbox"/> Multi-factor login for privileged access | <input type="checkbox"/> Valuable/sensitive data backup procedures |
| <input type="checkbox"/> Remote access limited to VPN | <input type="checkbox"/> Procedure to test or audit network security controls |
| <input type="checkbox"/> Incident response plan | <input type="checkbox"/> Disaster recovery plan, business continuity plan, or equivalent |
| <input type="checkbox"/> Media and website content controls | <input type="checkbox"/> A person or department responsible for information security |
| <input type="checkbox"/> Require service providers to demonstrate adequate network security | |

B. Are you currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)?

☐ Yes ☐ No ☐ N/A

C. Are you HIPAA compliant?

☐ Yes ☐ No ☐ N/A

D. Do you encrypt private or sensitive data?

☐ At Rest ☐ In Transit ☐ On Laptops and Mobile Devices

VI. CLAIM HISTORY

Please attach currently valued loss runs for the past 5 years

A. Indicate whether or not you have had or presently have any claims, complaints, charges, grievances, arbitration, litigation, administration agency proceedings (whether from federal, state, or local agencies) or negotiated settlements concerning any of the following:

1. Data Breach Expenses
2. Cyber Liability

☐ YES ☐ NO

☐ YES ☐ NO

B. During the past five years, have you experienced ANY data breach incidents?
If yes, please explain:

☐ YES ☐ NO

C. During the past five years, have there been ANY Data Breach or Cyber Liability claims made (whether covered or not) or notice given against you?
If yes, please explain:

☐ YES ☐ NO

D. THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENTS FOR LOSSES IN CONNECTION WITH ANY CLAIM OR LAWSUIT MADE AGAINST ANY INSURED BASED UPON OR ARISING OUT OF OR IN ANY WAY INVOLVING ANY LAWSUIT, WRITTEN DEMAND, ADMINISTRATIVE PROCEEDING OR CIRCUMSTANCES SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THIS APPLICATION.

V. FRAUD NOTICES:

Please read the fraud warning statement applicable to your state. If your state is not shown below, refer to the **GENERAL FRAUD WARNING STATEMENT**:

GENERAL FRAUD WARNING STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

ALABAMA: 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.

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.

DISTRICT OF COLUMBIA: 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.

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.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal 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.

KENTUCKY: 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 subjects such person to criminal and civil penalties.

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 and denial of insurance benefits.

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

NEBRASKA: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 JERSEY: Any person who includes any false or misleading information on an application for an insurance policy 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 FINES AND CONFINEMENT IN PRISON

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 subjects such person to criminal and civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: 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 subjects such person to criminal and civil penalties.

OKLAHOMA: 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 the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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

RHODE ISLAND: 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.

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.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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 include imprisonment, fines, and 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.

VI. SIGNATURE SECTION

Notice to Insured (Applicant) – Please Read Carefully:

The authorized signer of this application attests to the best of his or her knowledge that statements set forth herein are true. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it is agreed this application is the basis of the contract should a policy be issued, and this application will become a part of the policy.

Authorized Representative Signature: _____

Printed Name: _____

Printed Title: _____

Date: _____

Agency Information:

Agency Name: _____

Agency Address: _____

Producer Signature: _____

Producer Printed Name: _____

State Producer License No.: _____

Date: _____