

GENERAL INFORMATION

Entity name: _____

Address: _____

Contact name: _____

Website URL: _____ Total number of employees: _____

Date company established: _____

Business type: Individual Partnership LLC Corporation: Federal ID# _____

Is the company owned, controlled or affiliated with another company? Yes No

Description of operations: _____

RATING INFORMATION

Annual revenues: \$ _____ Last year: \$ _____ Next 12 months: \$ _____

Does the application collect, receive process, transmit, store or maintain any of the following Personally Identifiable Information (PII) and/or Protected Health Information (PHI)?

Credit/debit card data: Yes No

Bank account info: Yes No

Medical records: Yes No

Customer info: Yes No

Intellectual property of others: Yes No

Social Security numbers: Yes No

Driver license numbers: Yes No

Employee/HR info: Yes No

Corporate confidential info: Yes No

Other info: Yes No

Provide an estimate of the following stored records:

Electronic records containing PII or PHI: _____

Paper or other records containing PII or PHI: _____

RISK MANAGEMENT POLICIES AND PROCEDURES

Does the applicant employ a Chief Information Officer (CIO)? Yes No

Does the applicant employ a Chief Security Officer/IT security person? Yes No

Do you have any of the following written policies/procedures?

Privacy policy (if yes, please attach a copy): Yes No

Network security policy (if yes, please attach a copy): Yes No

Identity theft prevention program: Yes No

Breach incident response plan: Yes No

Business continuity/disaster recovery plan: Yes No

Laptop/computer use policy: Yes No

Employee training regarding confidential information: Yes No

NETWORK SECURITY AND DATA MANAGEMENT

Do you:

- Use firewall protection? Yes No
- Use intrusion detection software? Yes No
- Use username/password management? Yes No
- Encrypt sensitive data in transit? Yes No
- Pre-test software patches? Yes No
- Use third-party privacy compliance audits? Yes No
- Use antivirus protection? Yes No
- Perform system/information backup? Yes No
- Use secure Wireless Access Points? Yes No
- Encrypt data at rest on servers? Yes No
- Use third-party network intrusion tests? Yes No

Does the applicant encrypt confidential information stored on portable devices, such as laptops, flash drives, backup tapes, smart phones, tablets, etc.? Yes No

Does the applicant store any confidential information in the cloud? Yes No

Does the applicant use any third-party or outsourced vendors to service or store their customer and/or employee data? Yes No

REGULATORY AND COMPLIANCE MANAGEMENT

Do you have procedures in place to comply with the following laws governing confidential information?

- HIPAA: Yes No
- State notification laws: Yes No
- Graham-Leach-Bliley Act: Yes No
- FACTA/Red Flags rules: Yes No
- HITECH Act: Yes No
- State/federal privacy laws: Yes No
- Sarbanes-Oxley: Yes No
- Payment Card Industry (PCI): Yes No

WEBSITE MEDIA EXPOSURE

Do you have a procedure to monitor material displayed on your website for copyright, trademark, libel, slander or Invasion of privacy?

Yes No

Do you have a procedure to remove or delete offensive/controversial material? Yes No

Do you publish a bulletin board, chat room, or social networking on your site? Yes No

PAST CIRCUMSTANCES / CLAIMS / BREACHES

Have you ever had a regulatory proceeding or investigation? Yes No

If yes, describe:

During the past 5 years, have you had any privacy breach incident or complaint? Yes No

During the past 5 years, have you had any complaints or litigation pertaining to a network security or privacy breach? Yes No

Is the applicant or any director, officer or employee aware of any circumstance that could give rise to a claim under the proposed coverage?

Yes No

PRIOR COVERAGE

Do you currently carry insurance coverage for network security, privacy or cyber? Yes No

If yes, provide the following information:

Insurer Name	Effective Date	Limits	Deductible	Retro Date	Premium

In the last 3 years, have you had any similar insurance declined, canceled or non-renewed? Yes No

REPRESENTATIONS

The applicant declares that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. The applicant understands that any untrue or incorrect statements contained within this application may result in no coverage being available as the result of a loss or the cancellation of coverage back to its inception. All written statements and materials furnished to the company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the applicant to buy, or the company to issue, the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declare that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of Producing Agent

Date

Signature of Insured

Date