AGENCY CUSTOMER ID: _____

CYBER AND PRIVACY COVERAGE SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	NAMED INSURED
	DBA:

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGE REQUESTED

COVERAGE	LIMIT	RETENTION	ANNUAL PREMIUM
CYBER LIABILITY (Disclosure, Reputational, Content, Conduit, and Impaired Access Injury)	$	$	$
OPTIONAL COVERAGES			
E-BUSINESS INTERRUPTION AND EXTRA EXPENSES	$	$	$
ELECTRONIC DATA RESTORATION EXPENSE	$	$	$
E-THREAT EXPENSES	$	$	$
E-VANDALISM EXPENSES	$	$	$
PRIVACY NOTIFICATION EXPENSES	$	$	$
CRISIS MANAGEMENT EXPENSES	$	$	$
REWARD EXPENSES	$	$	$
	$	$	$
	$	$	$

* EFFECTIVE DATE	* EXPIRATION DATE	REQUESTED RETROACTIVE DATE	SEPARATE DEFENSE COSTS LIMIT	
			$	INSIDE
* (12:01 AM at the Principal Address of the Applicant)				OUTSIDE

CONTACT PERSON FOR THE NETWORK SECURITY SELF ASSESSMENT

NAME	TITLE

TELEPHONE NUMBER EXTENSION:	E-MAIL ADDRESS

IS NETWORK SECURITY CONTACT EMPLOYED BY APPLICANT? (If "NO", specify company name)	Y / N
COMPANY NAME:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	Y / N
1. DOES THE APPLICANT ANTICIPATE ESTABLISHING OR ENTERING INTO ANY RELATED OR UNRELATED VENTURES WHICH ARE A MATERIAL CHANGE IN OPERATIONS IN THE NEXT TWELVE (12) MONTHS?	
2. DOES THE APPLICANT ANTICIPATE PROVIDING ANY NEW E-COMMERCE PRODUCTS OR SERVICES IN THE NEXT TWELVE (12) MONTHS?	

TECHNOLOGY SERVICES AND PRODUCTS

DOES THE APPLICANT PROVIDE TECHNOLOGY SERVICES OR PRODUCTS TO THIRD PARTIES? (If "YES", provide an explanation of these services and quantify the revenue associated with them)	Y / N

SERVICE OR PRODUCT	DESCRIPTION	PROJECTED REVENUE
		$
		$
		$
		$
		$
		$
		$

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AGENCY CUSTOMER ID: _____

THIRD PARTY BUSINESS TRANSACTIONS

	Y / N
DO THIRD PARTIES RELY ON THE AVAILABILTY OF THE APPLICANT'S WEB SITE(S) IN ORDER TO TRANSACT BUSINESS? (If "YES", indicate below whether business or consumer and how much of their revenue is dependent upon the use of the Applicant's website(s))	

BUSINESS-TO-BUSINESS DEPENDENT REVENUE: $	BUSINESS-TO-CONSUMER DEPENDENT REVENUE: $

COMPANY STATISTICS AND NATURE OF APPLICANT'S INTERNET ACTIVITIES

ANSWER ALL QUESTIONS	Y / N
1. DOES THE APPLICANT'S WEB SITE(S) INCLUDE COPYRIGHTED MATERIAL OWNED BY ANOTHER PARTY?	
a) IF "YES", HAS THE APPLICANT RECEIVED WRITTEN PERMISSION TO USE THE COPYRIGHTED MATERIAL?	
2. DOES THE APPLICANT ALLOW PLACEMENT OF ANOTHER VENDOR'S HYPERTEXT LINK ON ITS WEB SITE?	
a) IF "YES", HAS THE APPLICANT OBTAINED WRITTEN CONSENT FROM THE OTHER WEB SITE'S OWNER TO LINK TO THEIR SITE?	
3. DOES THE APPLICANT'S WEB SITE USE THE CONTENT OF ANOTHER WEB SITE AND SURROUND WITH FRAMES?	
a) IF "YES", IS ANY ASSOCIATED TRADEMARK OR ADVERTISING INCLUDED?	
b) IF "YES", IS IT MADE CLEAR THAT THE CONTENT DOES NOT BELONG TO THE APPLICANT'S BUSINESS?	
4. DOES THE APPLICANT USE METATAGS TO CONTROL ITS WEB SITE POSITIONING AND DESCRIPTION IN SEARCH ENGINE RESULTS?	
a) IF "YES", DO THESE METATAGS USE COMPETITOR NAMES, TRADEMARKS, OR OTHER IDENTIFIERS THAT COULD BE CONSTRUED AS INFRINGING THE INTELLECTUAL PROPERTY OF ANOTHER OR CREATE INITIAL INTEREST CONFUSION?	
5. DOES THE APPLICANT OWN A FEDERALLY REGISTERED TRADEMARK IN THE APPLICANT'S DOMAIN NAME?	
a) IF "NO", HAS THE APPLICANT CONDUCTED A TRADEMARK SEARCH TO DETERMINE WHETHER THEIR DOMAIN NAME INFRINGES A TRADEMARK HELD BY A THIRD PARTY?	
6. DOES GENERAL COUNSEL APPROVE ALL LICENSING AND/OR CONSENT AGREEMENTS TO USE THE INTELLECTUAL PROPERTY OF ANOTHER?	
7. IS THERE CENTRALIZED CONTROL OVER WEB SITE(S) DEVELOPMENT?	
8. IS THERE A FORMAL PROCESS IN PLACE FOR GENERAL COUNSEL APPROVAL OF WEB SITE CONTENT, INCLUDING BANNER ADVERTISING?	
9. DOES THE APPLICANT'S WEB SITE(S) INCLUDE A FORUM (SUCH AS BULLETIN BOARD OR COMMENT POSTING AREA) THAT INCLUDES COMMUNICATIONS FROM THIRD PARTIES?	
a) IF "YES", DOES THE APPLICANT HAVE A PROCESS TO SCREEN POSTINGS BY THIRD PARTIES?	

PRIVACY POLICIES AND PROCEDURES

ANSWER ALL QUESTIONS	Y / N
1. DOES THE APPLICANT HAVE PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH PRIVACY LEGISLATION (SUCH AS THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY - HIPAA, THE GRAMM-LEACH-BLILEY ACT OR OTHER APPLICABLE LEGISLATION) WITH RESPECT TO THE PROTECTION OF CONFIDENTIAL INFORMATION?	
2. DOES THE APPLICANT COLLECT, RECEIVE, TRANSMIT, OR STORE CONFIDENTIAL CUSTOMER INFORMATION (e.g., SOCIAL SECURITY NUMBER, DRIVERS' LICENSE NUMBER, BANK ACCOUNT NUMBER, CREDIT OR DEBIT CARD NUMBER, etc.)?	
a) IF "YES", DOES THE APPLICANT SELL, SHARE OR OTHERWISE DISCLOSE THIS PERSONAL INFORMATION TO THIRD PARTIES?	
3. DOES THE APPLICANT HAVE A PRIVACY POLICY POSTED ON ALL OF THEIR WEB SITES?	
a) IF "YES", HAS THE PRIVACY POLICY BEEN REVIEWED AND APPROVED BY GENERAL COUNSEL?	
4. IS CLIENT SENSITIVE INFORMATION ON MOBILE DEVICES ENCRYPTED WHILE IN TRANSIT AND AT REST?	
5. IS APPLICANT PCI COMPLIANT?	

INFORMATION SECURITY POLICIES AND PROCEDURES

ANSWER ALL QUESTIONS	Y / N
1. DOES THE APPLICANT MAINTAIN AN INFORMATION SYSTEMS SECURITY POLICY?	
2. DOES THE APPLICANT HAVE A LAPTOP SECURITY POLICY?	
3. DOES THE APPLICANT STORE SENSITIVE DATA ON WEB SERVERS?	
4. DOES THE APPLICANT HAVE A COMPUTER SECURITY BREACH INCIDENT RESPONSE PLAN (IRP)?	
5. ARE PENETRATION TESTS CONDUCTED ON THE APPLICANT'S NETWORK AT LEAST ANNUALLY?	
6. DOES THE APPLICANT UTILIZE FIREWALLS, ANTI-INTRUSION AND ANTI-VIRUS SOFTWARE / PROGRAMS?	

THIRD PARTY SERVICE PROVIDERS

ANSWER ALL QUESTIONS	Y / N
1. IS THE INFRASTRUCTURE OF THE APPLICANT'S WEB SITE HOSTED BY A THIRD PARTY, OR IS THE CONTENT OF THE APPLICANT'S WEBSITE MANAGED BY A THIRD PARTY? (If "YES", attach copy of Third Party Agreement)	
2. DOES THE APPLICANT USE THE SERVICES OF AN APPLICATION SERVICE PROVIDER (ASP)?	
3. DOES THE APPLICANT OUTSOURCE INFRASTRUCTURE OPERATIONS?	
4. DOES THE APPLICANT USE THE SERVICES OF A THIRD PARTY FOR OFF-SITE BACKUP AND/OR ARCHIVING OF ELECTRONIC DATA?	
5. DOES THE APPLICANT REQUIRE RESOLUTION OF NON-COMPLIANCE ISSUES WITHIN A STIPULATED TIME PERIOD?	
6. IF YOU RESPONDED "YES" TO ANY OF THE ABOVE QUESTIONS 1 THROUGH 5: DOES THE AGREEMENT REQUIRE A LEVEL OF SECURITY COMMENSURATE WITH THE APPLICANT'S INFORMATION SYSTEMS SECURITY POLICY?	

AUDITING PRACTICES

ANSWER ALL QUESTIONS	Y / N
1. HAS THE APPLICANT HAD AN EXTERNAL NETWORK SECURITY ASSESSMENT CONDUCTED WITHIN THE LAST TWELVE (12) MONTHS?	
a) IF "YES", WHO CONDUCTED THE ASSESSMENT?:	
b) IF "YES", HAVE ALL CRITICAL RECOMMENDATIONS BEEN COMPLIED WITH?	
c) IF "YES", ATTACH COPY OF THE ASSESSMENT	

AGENCY CUSTOMER ID: _____

REPRESENTATION: PRIOR KNOWLEDGE OF ACTS / CIRCUMSTANCES / SITUATIONS

EXPLAIN ALL "YES" RESPONSES IF INDICATED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	Y / N
1. HAS THE APPLICANT AT ANY TIME DURING THE PAST THREE (3) YEARS PUT ITS INSURANCE CARRIER ON NOTICE OF ANY POTENTIAL OR ACTUAL LOSSES UNDER ITS PRIOR INSURANCE PROGRAM THAT MAY HAVE FALLEN UNDER THE SCOPE OF THE PROPOSED COVERAGE? (If "YES", provide an attached explanation)	
2. IF THE APPLICANT HAS HAD ANY COMPUTER SECURITY INCIDENTS DURING THE PAST TWO (2) YEARS (INCIDENT REFERS TO ANY UNAUTHORIZED ACCESS, INTRUSION, BREACH, COMPROMISE OR USE OF THE APPLICANT'S COMPUTER SYSTEMS, INCLUDING THEFT OF MONEY, PROPRIETARY INFORMATION, OR CONFIDENTIAL CUSTOMER INFORMATION, DENIAL OF SERVICE, ELECTRONIC VANDALISM OR SABOTAGE, COMPUTER VIRUS OR OTHER COMPUTER INCIDENTS); COMPLETE THE FOLLOWING:	
a) WAS THE APPLICANT SPECIFICALLY TARGETED FOR SUCH COMPUTER ATTACKS?	
b) IF THERE WERE TARGETED ATTACKS, WERE THE REASONS DISCLOSED FOR THESE TARGETED ATTACKS?	
c) WHAT WERE THE DIRECT COSTS ASSOCIATED WITH ALL COMPUTER ATTACKS?: $	
d) HAVE ANY OF THE COMPUTER ATTACKS RESULTED IN UNAUTHORIZED ACCESS TO, OR CORRUPTION OR ERASURE OF DATA?	
e) HAS THE APPLICANT EXPERIENCED A SECURITY BREACH THAT REQUIRED NOTIFICATION OF CUSTOMERS OR OTHER THIRD PARTIES?	
3. DOES ANY PERSON OR ENTITY PROPOSED FOR COVERAGE HAVE ANY PRIOR KNOWLEDGE OF FACTS, CIRCUMSTANCES OR SITUATIONS WHICH HE OR SHE HAS REASON TO BELIEVE MAY GIVE RISE TO ANY CLAIM THAT MAY FALL WITHIN THE SCOPE OF THE PROPOSED COVERAGE? (If "YES", provide an attached explanation)	

WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE COMPANY, THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION EXISTS, WHETHER OR NOT DISCLOSED ABOVE IN RESPONSE TO QUESTION 1, 2 AND 3 ABOVE, ANY CLAIM OR ACTION ARISING FROM SUCH FACT, CIRCUMSTANCE, OR SITUATION IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED POLICY, IF ISSUED BY THE COMPANY.

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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 statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial 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.

Applicable in KY, NY, OH and PA: 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)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: 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.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

IF THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION BEFORE THE POLICY INCEPTION DATE, THE APPLICANT MUST IMMEDIATELY NOTIFY THE COMPANY IN WRITING, AND ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENTS OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS OR INFORMATION SUBMITTED WITH THIS APPLICATION, ARE TRUE AND COMPLETE.

THE UNDERSIGNED AGREE THAT THIS APPLICATION AND ITS ATTACHMENTS SHALL BE THE BASIS OF A CONTRACT SHOULD A POLICY PROVIDING THE REQUESTED COVERAGE BE ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, ITS ATTACHMENTS, AND SUCH OTHER INFORMATION SUBMITTED THEREWITH IN ISSUING SUCH A POLICY. (Not applicable in North Carolina)

THE INFORMATION PROVIDED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY UNDER ANY POLICY OF A CLAIM OR POTENTIAL CLAIM.

THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OR THE CHIEF INFORMATION OFFICER OF THE PARENT ORGANIZATION ACTING AS THE AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

NAME	SIGNATURE	AUTHORIZED REPRESENTATIVE TITLE		DATE
PRODUCER'S NAME	**PRODUCER'S SIGNATURE**	**NATIONAL PRODUCER NUMBER**	**STATE PRODUCER LICENSE NO (Required in FL and NE)**	**DATE**