



## Privacy and Information Security:

5. Please answer the following:

- a. Please provide us with the email address of your risk manager, compliance officer, chief information security officer or similar role:
- b. How do you manage your software patches / updates?
- Outside Service Provider (i.e. Managed Services Provider)  Internally  Other
- c. Do you enable automated updates for anti-virus and firewalls? Yes  No
- d. Do you enable automated updates for servers and workstations/desktops/laptops? Yes  No
- e. Do you apply all patches within 30 days? Yes  No
- f. In addition to a password, what else is required to access your email system (e.g. Two-factor or Multifactor Authentication)? Check all that apply:
- One time token (Google/Microsoft Authenticator)  Text/email me a code  Biometric
- g. Do all of your company-owned workstations, desktops, and laptops, run on Windows 10 or Apple's Macintosh Operating Systems? Yes  No

6. The following questions (6a through 6g) are **optional**:

- a. Are there publicly accessible vulnerabilities which can grant an attacker access to your systems? Yes  No
- b. Do you implement outbound email verification? Yes  No
- c. Are your web sites and application protected by a Web Application Firewall (WAF)? Yes  No
- d. Which public cloud services do your revenue generating services depend on (check all that apply)?
- Google Cloud  Rackspace Cloud  IBM Cloud  Amazon Web Services  Microsoft Azure  Other:  Cloud Not Used
- e. Do you use a content distribution network (CDN)? Yes  No
- f. Do you use an email security product? Yes  No
- g. How many individual employees' credentials have been compromised in data breaches? Total: Last 3 Months:

## Ransomware Resiliency and Disaster Recovery Plan:

For purposes of this section, critical data is the data you will need restored after an attack.

7. Are you using cloud services (e.g. Dropbox, Microsoft OneDrive, Google Gdrive, Amazon RDS, Azure SQL, or functional equivalent to such cloud services) to backup or store all of your critical data? Yes  No
8. Do you use an offline back-up system to store critical data (i.e. tape drive), update it at least every 7 days and keep stored either off-site or disconnected from your workstations, desktops and laptops? Yes  No

## Cyber Crime:

9. What procedures do you require for money transfers over \$10,000 (check all that apply)?
- At least 2 people need to review and authorize
- Contact recipient with second method prior to transfer

## Insurance History:

10. Do you currently have cyber liability insurance coverage? Yes  No
- If Yes, please answer the following:
- a. Name of insurer: b. Limit of liability: \$
- c. Retention: \$ d. Premium: \$
11. Has any insurer declined, canceled, or nonrenewed any similar insurance issued to you? (Missouri applicants need not reply) Yes  No

Please complete the Technology Errors and Omission Information section below if you are seeking to add Technology Professional Liability coverage to your policy. If not, please proceed to the Claims Details section below.

**Technology Errors and Omissions Information:**

1. Please check the box of the contract information that applies to you:
- a. Do you use written contracts 100% of the time when performing your technology services for a client? Yes  No
- If No to question 1a above, what percentage of the time are written contracts used? %
- b. Do you cap your limit of liability? Yes  No

**Insurance History:**

2. Do you currently have technology liability insurance coverage? Yes  No
- If Yes, please answer the following:
- Name of insurer: \_\_\_\_\_ Limit of liability: \$ \_\_\_\_\_
- Retention: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_
3. Has any insurer declined, canceled, or nonrenewed any similar insurance issued to you? (Missouri applicants need not reply) Yes  No

**Claims Details:**

1. Do you, including your executives, employees, or contractors, have knowledge or information of any act, error, omission, breach of duty, cease and desist letter, alleged breach of intellectual property rights, or any other circumstance which might reasonably be expected to give rise to:
- a. a claim made against you? Yes  No
- b. a first party loss, including but not limited to a data breach, extortion threat, or other incident? Yes  No
- c. a loss of money, securities, or property due to social engineering, fraud, or other criminal acts? Yes  No
- d. If Yes to any of the above, please specify details (attach additional information).
2. Are you aware of any release, loss, or disclosure of Personally Identifiable Information in your care, custody, or control during the preceding three calendar years? Yes  No
- If Yes, please specify details (attach additional information).
3. Are you aware of any known network intrusion or denial of service attack during the preceding three calendar years? Yes  No
- If Yes, please specify details (attach additional information).
4. Have you or any of your predecessors in business, subsidiaries, affiliates, or any of your principals, directors, officers, partners, professional employees, or independent contractors ever been the subject of a regulatory action as a result of the handling of sensitive data, including a civil investigative demand, consent order, or investigation by an Attorney General or other industry or regulatory body? Yes  No
- If Yes, please specify details (attach additional information).
5. During the preceding five calendar years, have any claims been made or legal action brought against you or your executives, employees, or contractors, or any related entities for which coverage is desired or any predecessors in business, subsidiaries, affiliates or any principal, director, officer, or employee? Yes  No
- If Yes, please specify details (attach additional information).
6. Have you reported any of the matters listed in Claims Details Questions 1 through 5 above to your current or former insurance carrier? Yes  No
- If Yes, please specify details (attach additional information).
7. In the preceding five calendar years, have any notices, claims, correspondences or legal actions been received by or brought against you relating to trademark infringement, copyright infringement, false advertising, unfair competition, deceptive trade practices, misappropriation of trade secrets or intellectual property generally? Yes  No

- a. Have you had less than 3 incidents and \$0 in total overall losses? Yes  No
- b. Have you had less than 3 incidents and \$25,000 in total overall losses? Yes  No
- c. Have you had greater than or equal to 3 incidents and more than \$25,000 in overall losses? Yes  No

**It is understood and agreed that if any claim or action arises from a misrepresentation in the Claims Details section above, such claim or action may be excluded, at our sole discretion, from this proposed coverage.**

**APPLICATION DISCLOSURES:**

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application. You also consent to us sharing the information you provided in this application with our third party risk engineering firm for risk assessment and underwriting purposes. You must notify us in writing, within three (3) business days of submitting this application, if you do not consent to sharing your information.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

**Please read the following statement carefully and sign where indicated in the Applicant Information section below:**

The undersigned Applicant (or their representative authorized to sign on their behalf) hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned Applicant (or their representative authorized to sign on their behalf) hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

**You may choose to sign this form electronically by inserting your typed name or a digital or imaged signature in the space below. If you elect to do so, you hereby consent and agree that such action constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Once completed, please forward the form to your agent or broker via email. If you choose to otherwise sign the form, please print the completed form and then sign and forward the document to your broker by email or mail.**

**NOTICE TO APPLICANTS:** 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 INSURANCE 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO COMMITS A FRAUDULENT INSURANCE ACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES AND CONFINEMENT IN PRISON. A FRAUDULENT INSURANCE ACT MEANS AN ACT COMMITTED BY 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 OR INSURANCE AGENT OR BROKER, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR INSURANCE, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT UNDER AN INSURANCE POLICY, WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY MATERIAL FACT THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**Applicant Information:**

Applicant Name:

By (Authorized Signature):

Name/Title:

Date:

**Producer Information:**

Producer Name:

\* Producer Signature:

Date:

Address of Producer:

Street:		
City:	State:	Zip:
E-Mail Address:		

\*\* Producer License Number:

\* required only in the following State(s): Iowa  
\*\* required only in the following State(s): Florida  
desired or any