

***THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.***

**NETWORK SECURITY SUPPLEMENTAL APPLICATION**

**I. Basic Information**

Name of Applicant's Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1. Date Established: \_\_\_\_\_ Website address: \_\_\_\_\_

2. Please indicate type of Company: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

3. Is the Applicant owned, controlled, associated or affiliated with any other firm or business enterprise? ☐ Yes ☐ No

If yes, please explain, including noting whether Applicant shares any computer networks or IT staff with the related entities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Network Security and Privacy**

1. a) Please check the personal information records that you collect, store, maintain or transmit for your business or on behalf of your clients:

- ☐ Name/Address  
☐ Date of Birth  
☐ Social Security Number  
☐ Account Number  
☐ Credit Card Information  
☐ Financial Information  
☐ E-mail Address  
☐ Medical Records  
☐ Personal Information with a Credit Card  
☐ Zip Code  
☐ Online Storage/Destruction

b) Do you produce any products (e.g. software), or provide any professional services whose principal purpose is to aggregate or secure confidential information? ☐ Yes ☐ No

If YES, please provide details, including the type of personal records affected.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are Zip Codes requested in conjunction with the use of a credit card? ☐ Yes ☐ No
3. Are any personal information records stored electronically? ☐ Yes ☐ No

If YES, please proceed to the next question. If NO, please proceed to question #10.

4. Please check the computer hardware/software the company employs to prevent unauthorized access to electronically stored personal information records.

☐ Firewall  
☐ Virus Protection Software  
☐ Intrusion Detection System  
☐ Encryption System  
☐ Other  
☐ None

If OTHER, is checked, please provide details:

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5. A. Is the above computer hardware/software updated automatically? ☐ Yes ☐ No

B. If NO, how often is it updated? \_\_\_\_\_

6. A. Does the company maintain a wireless network? ☐ Yes ☐ No

B. If YES, is the network encrypted? ☐ Yes ☐ No

7. Does the company have a written policy or procedure for destroying hard drives no longer being used by the company? ☐ Yes ☐ No

8. Is the backup of records stored in a secure location? ☐ Yes ☐ No

9. Please check the security measures the company employs to prevent unauthorized access to paper/physical personal information records:

☐ Nightly Alarm System  
☐ Locking System on Doors  
☐ File Cabinet Locks  
☐ Other  
☐ None

If OTHER, is checked, please provide details.

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10. Is access to personal information records restricted to only those employees who need access to these records in the performance of their employment duties? ☐ Yes ☐ No

11. Does the company periodically test the security controls in place to prevent unauthorized access to personal information records? ☐ Yes ☐ No

12. Are personal information records, electronic or otherwise, allowed to be physically transported to any external location for any purpose other than an external backup of records? ☐ Yes ☐ No

If YES, please provide the following details:

- a) Does the company have a policy or process which monitors and identifies those transported records? ☐ Yes ☐ No

- b) Are any records stored at any time in a laptop computer? ☐ Yes ☐ No
- c) Are any records stored at any time in a computer located in personal residence of any employee? ☐ Yes ☐ No
- d) Are any records stored at any time in a computer owned by an outside vendor other than an external backup of records? ☐ Yes ☐ No
13. Does the company have a written Privacy Policy concerning any personal information records? ☐ Yes ☐ No
- If YES, please provide the following details:
- a) Did an outside legal firm develop or review the Privacy Policy? ☐ Yes ☐ No
- b) Is the Privacy Policy routinely reviewed and updated? ☐ Yes ☐ No
- c) Is the Privacy Policy compliant with the rules and regulations of all applicable privacy laws? ☐ Yes ☐ No
14. Please provide the approximate number of clients, customers and employees whose personal information records the company collected, stored, maintained or transmitted during the past 12 months:
- \_\_\_\_ 0 - 1,000  
\_\_\_\_ 1,001 - 5,000  
\_\_\_\_ 5,001 - 10,000  
\_\_\_\_ 10,001 - 25,000  
\_\_\_\_ 25,001 - 50,000  
\_\_\_\_ Above 50,000 Number above 50,000 \_\_\_\_\_
15. A. Do you allow remote access to your network? ☐ Yes ☐ No
- B. If YES, is remote access to your network authenticated and encrypted? ☐ Yes ☐ No
16. A. Do you actively manage employee access privileges? ☐ Yes ☐ No
- B. If YES, how quickly do you change or revoke these privileges? (e.g. within 24 hours, within a week)  
\_\_\_\_\_
17. A. Do you have trained information security employees on staff? ☐ Yes ☐ No
- B. If NO, have you outsourced your information security management to a qualified security company? ☐ Yes ☐ No
- C. IF YES, please provide the name of the firm.  
\_\_\_\_\_
18. Do you have a website? ☐ Yes ☐ No
- If YES, please answer the following?
- a) Is the login ID and password required to access secure areas of your website? ☐ Yes ☐ No
- b) Do you accept payment for goods or services through your website? ☐ Yes ☐ No
19. Do you produce any products (e.g. software), or provide any professional services whose principal purpose is to aggregate or secure confidential information? ☐ Yes ☐ No
- If YES, please provide the details.  
\_\_\_\_\_  
\_\_\_\_\_
20. Within the last 5 years has the company been subject to or suffered any losses or litigation or does any proposed Insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim from any:

- a) Breaches of Security? ☐ Yes ☐ No
- b) Unauthorized acquisition, access, use, identity theft, mysterious disappearance, or disclosure of personal information? ☐ Yes ☐ No
- c) Violation of any privacy law, rule or regulation? ☐ Yes ☐ No
- d) Technology or extortion threats? ☐ Yes ☐ No

### III. Historical Information

1. Has the Applicant been a party to any lawsuit or other legal proceeding regarding an actual or alleged data privacy breach or network compromise within the past five years? ☐ Yes ☐ No  
If yes, please attach a supplemental claims questionnaire or provide a detailed description which includes the parties involved, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.
2. After inquiry, have any data privacy breach or network compromise claims been made during the past five years against the Applicant or any past or present principals, partners, directors, officers or professional employees? If yes, please complete a supplemental claims questionnaire. ☐ Yes ☐ No
3. After inquiry, does the Applicant or any principal, partner, director, officer or professional employee have any knowledge or information of any data privacy breach or network compromise, fact or circumstance which may give rise to a claim being made against them? ☐ Yes ☐ No  
If yes, please complete a supplemental claims questionnaire.

#### **Please provide the following additional information:**

#### **Copy of most recent internal or third party network security audit (if applicable)**

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

#### ***Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, VA:***

*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 may also be subject to a civil penalty.*

***In Washington, Maine, Louisiana and Tennessee:*** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.

***In Colorado:*** 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.

***In 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.

Also provide: Agent Name: \_\_\_\_\_ Agent License #: \_\_\_\_\_

***In Iowa and New Hampshire:***

Provide: Producer Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

***In 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.

***In Washington, Maine, Louisiana and Tennessee:*** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.

**This Application must be signed by the Applicant.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker  
Name & Address: \_\_\_\_\_

**NOTE:** This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including appropriate documentation to:

Great American Insurance Group, Professional Liability Division