

Note: The liability insuring agreements of this policy provide claims-made coverage. Under the liability sections, if elected, "claims" must first be made against the "insured" during the "policy period" or during the applicable extended reporting period. "Insured" means any "named insured" and their "employees". "Defense expenses" are payable within, not in addition to, the limit of insurance. If issued, please read your policy carefully. The word "you" in this application refers to your organization and any entity for whom this insurance is intended.

Note: It is recommended that the person completing this Application consult with the person(s) within the company who is responsible for information/technology.

General Information

Name of Organization _____

Mailing Address _____

Type of Business (choose one): Corporation Limited Liability Partnership/Joint Venture
 Other (please describe) _____

Description of Business _____

Years in Business _____

Total Annual Revenue _____

Annual revenue generated from or attributable to activities conducted via your Website(s) _____

Website(s) address(es) _____

E-commerce activities conducted via your Website(s)

- Information about the company and its products and services
- Facility for users to make posting such as discussion board post, comments, feedback, and product or services reviews
- Facility to conduct text or voice chat with a representative
- Facility to order and pay for products and services online

Coverages Requested

Policy Period requested From _____ to _____

Retroactive Date requested (Insuring Agreements 1, 2, and 3 only) _____

Limits and Deductibles requested _____

INSURING AGREEMENT	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT
Policy Aggregate Limit of Insurance	\$	
1. Website Publishing Liability	\$	\$
2. Security Breach Liability Regulatory Proceeding Defense Expense And Fines Or Penalties (if insurable by law) In Connection With A Regulatory Proceeding Sublimit \$ _____	\$	
3. Programming Errors and Omission Liability	\$	\$
4. Replacement or Restoration of Electronic Data	\$	\$
5. Extortion Threats	\$	\$
6. Business Income and Extra Expense	\$	Monetary: \$ _____ Waiting period (hours): _____
7. Public Relations Expense	\$	\$
8. Security Breach Expense	\$	\$
Endorsements	\$	\$
EC 20 10 - Dishonest, Malicious or Fraudulent Acts Committed by Employees	YES <input type="checkbox"/> NO <input type="checkbox"/>	
EC 20 12 - Payment Card Industry (PCI) - Defense Expenses and Fines or Penalties	\$	

General Underwriting Questions

Do you collect and/or store any of the following types of electronic data of third parties (e.g. customers or business partners, etc.)? Check all that apply.

- Name, address, and phone numbers
- Intellectual property assets
- Unpublished financial statements
- Unpublished strategic plans
- Bank account details
- Credit, debit, or charge card
- Medical records
- Employee HR/Payroll information
- Social security number
- Money, securities, or both
- Trade secrets
- Sensitive production data

What is the estimated number of customer data that you keep electronic records of? _____

Is the customer data encrypted? YES NO

Are you subject to Health Insurance Portability and Accountability Act (HIPPA) and Health Information Technology for Economic and Clinical Health Act (HITECH) law? YES NO

If so, are you in compliance? YES NO

If your organization handles credit/debit card information and is subject to PCIDSS Payment Card Industry Data Security Standards, are you in compliance? YES NO

Employment Practices

Do you publish and distribute information technology security and privacy policies to all employees? YES NO

Do you provide training to your employees on information security awareness? YES NO

Do you conduct any of the following screening on new employees? Check all that apply

Drug Criminal Credit

Past Experience

Do you currently have a policy that provides coverage similar to the policy being sought? YES NO

Has any insurer ever cancelled or non-renewed a policy that provided coverages similar to the policy being sought? YES NO

In the past 2 years, have you been sued or threatened by a suit related to your website content, e-commerce activity, or computer data safety? _____

Is so, please describe the claimant, the circumstances, the legal claim and the status _____

Are any of the proposed insured aware of any act, error, or omission that may be reasonably expected to give rise to a claim against you? YES NO

Is so, please describe: _____

Questions for Insuring Agreement 1 Coverage Only

Is your Website(s) reviewed for potential legal liability issues by internal or external counsel? YES NO

Website contents:

Do you provide content targeted toward children on your website? YES NO

If so, do you ever collect any personal information from children? YES NO

Does any part of your website contain material not suitable for general audience? YES NO

Who provides the content for your Website(s)? Check all that apply.

Your employees Third parties Your website users

For Social Media Activities:

What social media activities is your business currently involved in? (Facebook, Twitter, LinkedIn, etc.) _____

Does your business have a social medial policy? YES NO

Do you have a designated administrator for your social media site? YES NO

For the content provided by third parties:

Do you always obtain copyright for all text, images, audio, video, or other material used on your website? YES NO

If the website is created or maintained by a contractor, do you always obtain a Hold Harmless Agreement from the service provider? YES NO

For the content on your website generated by your website visitors

Do you clearly disclaim liability for the visitor generated content? YES NO

Do you act solely as a distributor of the user generated content by refraining from editing or contributing to it? YES NO

Do you immediately remove user generated content upon receiving complaint about or upon suspecting infringement of other's copyrights? YES NO

Questions for Insuring Agreement 2 through 8 Coverages

Physical Security:

Do you control access to computer rooms using keys or keycards? YES NO

Do you have a functional intrusion alarm system? YES NO

Do you maintain a visitor's log? Do you escort the visitors at all times? YES NO

Do you enforce a policy to leave desks clear of all sensitive information? YES NO

Access Control:

Is there a process to determine and monitor appropriate physical and system access granted to all employees? YES NO

Is there a process to promptly remove physical and system access upon departure of any individual, either an employee or a contractor? YES NO

Record Disposal:

Are paper records shredded when no longer needed? YES NO

Is electronic data always erased from discarded computers or storage media? YES NO

Anti-Virus:

Do you subscribe to the latest anti-virus/malware/spyware products? YES NO

If yes, is this protection provided on all desktops and servers? YES NO

Is protection provided to remote users also? YES NO

Mobile Devices:

- Do you encrypt the data on the hard disk of laptops? YES NO
- Do you subscribe to any service that can remotely erase data on a stolen laptop? YES NO
- Is password protection enforced on smart phones (e.g. iPhone, Blackberry)? YES NO

Firewall:

- Do you have a network firewall? YES NO
- Does the firewall have "Deny all" as a default option? YES NO
- Unless specifically authorized, are all externally initiated connections blocked by default? YES NO
- Does the firewall keep a log of access granted/denied? YES NO
- How long are firewall logs retained? YES NO

Remote Connections:

- Do all remote users use a secure connection? YES NO
- Is any stronger authentication besides password utilized for remote connections (e.g. RSA key fob, additional password, etc.)? YES NO

Information Security Assessment:

- Do you have a person or group responsible for information security? YES NO
- Have your employees or a third party ever conducted an information security assessment on your organization? YES NO
- If yes, please describe who did the assessment, when and the results _____

Business Continuity Plan:

- How frequent is critical data backed up? _____
- Is the backup encrypted? YES NO
- How long are backups retained? _____
- Is at least one copy of a complete backup stored in a secure remote location? YES NO
- Do you have a business continuity plan? YES NO
- If yes, is the business continuity plan tested periodically for the expected recovery? YES NO
- How long does it take you to restore your most critical business activities? _____
- Do you have backup power options? Check all that apply.
 - Second independent power line
 - Backup generator
 - Battery backup
- Do you have two independent internet service providers with a failover plant? YES NO

Additional Required Application Materials

Please attach the following to this Application:

- Your latest 10k or Year End Financials (if they are not otherwise readily available)
- Results of a security audit (if available)
- Any other information that might be helpful in gaining a complete and accurate picture of your organization and its operating procedures

Notice To Applicant - Please Read Carefully

For the purpose of this Application, the undersigned authorized officer of the organization named in General Information of this Application declares that to the best of the organization's knowledge, the statements herein are true, accurate and complete. The insurer is authorized to make any inquiry in connection with this Application. Signing this Application does not bind the insurer to issue, or the applicant to purchase, any insurance policy issued in connection with this Application.

The information contained in and submitted with this Application is on file with the insurer. This Application will become a part of such policy if issued. The insurer will have relied upon this Application and its attachments in issuing this policy.

If the information in this Application materially changes prior to the effective date of the policy, the applicant will promptly notify the insurer who may modify or withdraw the quotation.

The undersigned declares that the individuals and entities proposed for this insurance have been notified that:

- This policy applies only to "claims" first made or deemed made against an "insured" during the "policy period" or during the applicable extended reporting period;
- The limit of liability is reduced by amounts incurred as "defense expenses" and such expenses will be subject to the deductible amount.

Words within quotation marks are defined in the insurance policy.

Misrepresentation of any material fact in this Application may be grounds for rescission of this policy.

Fraud Statement

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 Fraud Statement

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.

Colorado Fraud Statement

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 Fraud Statement

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.

Florida Fraud Statement

Any person who, knowingly and with intent to injure, defraud, or deceive an 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.

Hawaii Fraud Statement

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Kentucky Fraud Statement

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.

Louisiana Fraud Statement

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 Fraud Statement

It is a crime to knowingly provide false or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits. Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Jersey Fraud Statement

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

New Mexico Fraud Statement

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 civil fines and criminal penalties.

New York Fraud Statement

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.

Ohio Fraud Statement

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.

Oregon Fraud Statement

Any person 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.

Pennsylvania Fraud Statement

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.

Tennessee Fraud Statement

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.

Virginia Fraud Statement

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.

Insured (Applicant) _____ By _____

Name (Print) _____ Title _____

Signature _____ Date _____