



Fiercely Committed.  
Proudly Independent.

TEL 617 471 7171 / TF 800 972 5381  
FAX 617 471 7180 / TF 888 628 1906  
EMAIL info@xsbrokers.com

WEB  
xsbrokers.com

## APPLICATION FOR INFORMATION SECURITY, PRIVACY LIABILITY, FIRST PARTY DATA PROTECTION AND NETWORK BUSINESS INTERRUPTION INSURANCE

**NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THIS POLICY CAREFULLY.**

Please fully answer all questions and submit all requested information.

Name of Agent: \_\_\_\_\_

### I. GENERAL INFORMATION

#### 1. APPLICANT:

|            |  |                         |  |
|------------|--|-------------------------|--|
| Name:      |  |                         |  |
| Address:   |  | State of Incorporation: |  |
| Telephone: |  | Website URL's:          |  |
| Fax:       |  |                         |  |

2. The following officer of the Applicant is designated to receive any and all notices from the Insurer or its authorized representative(s) concerning this insurance: \_\_\_\_\_

3. The Applicant has continuously been in business since: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

4. Please describe the Applicant's operations: \_\_\_\_\_

#### 5. Applicant's Gross Revenues:

For the calendar year or fiscal year ending day: \_\_\_\_\_ / mo: \_\_\_\_\_: \$ \_\_\_\_\_

Previous year: \_\_\_\_\_ Next year (est.): \_\_\_\_\_

Estimated non-US/Canada revenues for latest year \$ \_\_\_\_\_

Current number of employees: \_\_\_\_\_

If the applicant is not publicly traded, please attach recent financial statements.

6. Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes in the past twelve (12) months?  Yes  No

If yes, please explain: \_\_\_\_\_

7. Has the Applicant in the past twelve (12) months completed or agreed to, or does it contemplate within the next twelve (12) months, a merger, acquisition, consolidation, whether or not such transactions were or will be completed?  Yes  No

If yes, provide details: \_\_\_\_\_

**II. MANAGEMENT OF PRIVACY EXPOSURES**

1. Does the Applicant have a written corporate-wide privacy policy?  Yes  No
2. Does the Applicant accept credit cards for goods sold or services rendered?  Yes  No  
 If yes:
  - A. Please state the Applicant's approximate percentage of revenues from credit card transactions in the most recent twelve (12) months: \_\_\_\_%.
  - B. If the Applicant accepts credit cards for payment of goods and services, is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI standards)?  Yes  No  
 If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion: \_\_\_\_\_

3. Does the Applicant employ a chief privacy officer?  Yes  No  
 If no, what position is responsible for management of, and compliance with the Applicant's privacy policies?  
 \_\_\_\_\_

4. Within the past two years, has the Applicant undertaken any internal or external privacy or received any privacy certification?  Yes  No  
 If yes, please describe: \_\_\_\_\_

5. Does the Applicant restrict employee access to personally identifiable on a business-need to know basis?  Yes  No

6. Does the Applicant require third parties with which it shares personally identifiable information or confidential information to indemnify the Applicant for legal liability arising out of the release of such information due to the fault or negligence of the third party?  Yes  No

7. Is the Applicant aware of any release, loss or disclosure of personally identifiable information in its care, custody or control, or anyone holding such information on behalf of the Applicant in the most recent three year time period from the date of this Application?  Yes  No

If yes, describe any such release, loss or disclosure: \_\_\_\_\_

### III. COMPUTER SYSTEMS CONTROLS

1. Does the Applicant publish and distribute written computer and information systems policies and procedures to its employees?  Yes  No
2. Does the Applicant require positive acknowledgement from each employee of their understanding and agreement with the above policies and procedures?  Yes  No
3. Does the Applicant conduct training for every employee user of the information systems in security issues and procedures for its computer systems?  Yes  No

If yes, indicate the frequency of such training : \_\_\_\_\_

4. Does the Applicant have :

- a. a disaster recovery plan?  Yes  No
  - b. a business continuity plan?  Yes  No
  - c. an incident response plan for network intrusions and virus incidents?  Yes  No
- How often are such plans tested? \_\_\_\_\_

5. Do the Applicant have a program in place to periodically test or audit security controls?
- Yes  No

If yes, please summarize the scope of such audits and/or tests: \_\_\_\_\_

- 6. Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company?  Yes  No
- 7. Does the Applicant use commercially available firewall protection systems to prevent unauthorized access to internal networks and computer systems?  Yes  No
- 8. Does the Applicant use intrusion detection software to detect unauthorized access to internal networks and computer systems?  Yes  No
- 9. Does the Applicant utilize Anti-Virus software?  Yes  No

If yes, is how often are virus signatures updated?  Automatic Updates  Weekly  Monthly  Other

10. Does the Applicant outsource any of its computer or network system operations or security?
- Yes  No

If yes:

- a. Please identify the operations outsourced and vendors: \_\_\_\_\_
- b. Does the Applicant require such vendors to demonstrate adequate security policies and procedures?  Yes  No

11. Is all valuable/sensitive data backed-up by the Applicant on a daily basis?
- Yes  No

If no, please describe exceptions: \_\_\_\_\_

12. Is at least one complete back-up file generation stored and secured off-site separate from the Applicant's main operations in a restricted area?
- Yes  No

If no, describe the procedure used by the Applicant, if any, to store or secure copies of valuable/sensitive data off-site? \_\_\_\_\_

13. Does the Applicant have and enforce policies concerning when internal and external communication should be encrypted?
- Yes  No

Are all laptop computers and portable media (e.g. "thumb drives" ) protected by encryption?  Yes  No

Does the Applicant encrypt data "at rest" within computer databases?  Yes  No

14. Does the Applicant enforce a software update process including installation of software "patches"?

Yes  No

If Yes, are critical patches installed within 30 days of release?  Yes  No

15. Has the Applicant suffered any known intrusions (i.e., unauthorized access or security breach) or denial of service attacks relating to its computer systems in the most recent three year time period from the date of this Application?  Yes  No

If Yes, describe any such intrusions or attacks, including any damage caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage that occurred, and state value of any lost time, income and the costs of any repair or reconstruction: \_\_\_\_\_

#### IV. Content Exposures

1. Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libelous, infringing, or in violation of a third party's privacy rights?  Yes  No
2. Does the Applicant have a qualified attorney review all content prior to posting on the Insured's Internet Site?  Yes  No

If yes, does the review include screening the content for the following:

- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| Copyright Infringement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trademark Infringement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Invasion of Privacy?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disparagement Issues?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, please describe procedures to avoid the posting of improper or infringing content: \_\_\_\_\_

3. Within the last 3 years, has the Applicant ever received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regard to any content published, displayed or distributed by or on behalf of the Applicant?  Yes  No

If yes, please provide details regarding any such demands: \_\_\_\_\_

#### V. Prior Claims and Circumstances

1. Has the Applicant ever received any claims or complaints with respect to allegations of invasion of or injury to privacy, identity theft, theft of information, breach of information security, software copyright infringement or content infringement or been required to provide notification to individuals due to an actual or suspected disclosure of personal information?  Yes  No

If yes, Provide details of each such claim, allegation or incident, including costs, losses or damages incurred or paid, and any amounts paid as a loss under any insurance policy: \_\_\_\_\_

2. Has the Applicant been subject to any government action or investigation regarding alleged violation of any privacy law or regulation?  Yes  No

If yes, please provide details of any such action or investigation: \_\_\_\_\_

3. Has the applicant ever experienced an extortion attempt or demand with respect to its computer systems?  Yes  No  
 If yes, please provide details: \_\_\_\_\_
4. Has the Applicant notified consumers of a data breach incident in accordance with a data breach notification law in the past three (3) years?  Yes  No
5. No Applicant, director, officer, employee or other proposed insured has knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed insurance except as follows: \_\_\_\_\_  
 If no such knowledge or information, check here: None

**VI. Prior Insurance**

1. Does the Applicant currently have insurance in place covering media, privacy or network security exposures?  Yes  No  
 If yes, please provide the following:

| Insurer | Limits   | Deductible | Policy Period | Premium  | Retroactive Date |
|---------|----------|------------|---------------|----------|------------------|
| _____   | \$ _____ | \$ _____   | _____         | \$ _____ | _____            |

2. Has any professional liability, privacy, network security or media insurance ever been declined or cancelled?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**VI. Insurance Requested**

**Aggregate Policy Limit: \$**

| Insuring Agreements   | Limit of Liability | Retention |
|---|--------------------|-----------|
| Insuring Agreement A: ELECTRONIC MEDIA LIABILITY                  | \$                 | \$        |
| Insuring Agreement B: COMPUTER AND INFORMATION SECURITY LIABILITY | \$                 | \$        |
| Insuring Agreement C: PRIVACY LIABILITY                           | \$                 | \$        |
| Insuring Agreement D: CYBER EXTORTION                             | \$                 | \$        |
| Insuring Agreement E: FIRST PARTY DATA PROTECTION                 | \$                 | \$        |
| Insuring Agreement F: FIRST PARTY NETWORK BUSINESS INTERRUPTION   | \$                 | \$        |
| Insuring Agreement G: CRISIS MANAGEMENT EXPENSES                  | \$                 | \$        |

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE INCLUDING ATTACHMENT 'A' AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**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 IN THE THIRD DEGREE."

**NOTICE TO MAINE, Tennessee, Virginia and Wisconsin APPLICANTS:** "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 OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO OKLAHOMA APPLICANTS:** “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.”

**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 NEW YORK and KENTUCKY APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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 NEW YORK 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.”

Signed:

\_\_\_\_\_  
Must be signed by corporate officer with authority to sign on Applicant's behalf

Date:

\_\_\_\_\_  
Day

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year