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## CYBER SECURITY LIABILITY APPLICATION

COVERAGES E., F., AND G. ARE CLAIMS MADE AND REPORTED COVERAGES.

CLAIM EXPENSES UNDER COVERAGES E., F., AND G. ARE INCLUDED WITHIN THE AVAILABLE LIMIT OF INSURANCE. ANY CLAIM EXPENSES PAID UNDER THIS COVERAGE FORM WILL REDUCE THE AVAILABLE LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

Certain terms have specific meaning as defined in the policy form and noted in **bold**. Throughout this Application the words "you" and "your" refer to the **Named Insured** shown in the Declarations, and any other person or organization qualifying as a **Named Insured** under the proposed policy.

### SECTION I – GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Website: www. \_\_\_\_\_

Predominant business activity and SIC code: \_\_\_\_\_

Please list all subsidiaries for which coverage is requested under this policy.

To enter more information, please use the Additional information page attached to this application.

	US / Canada	Other Countries	Total
Total number of employees			
Annual sales or revenue	\$	\$	\$
Estimated total number of records			

I don't know the estimated total number of records.

### SECTION II – CURRENT COVERAGE

CURRENT CARRIER	EXPIRATION DATE	ANNUAL PREMIUM	LIMITS	RETENTION / DEDUCTIBLE	RETROACTIVE DATE
		\$	\$	\$	
		\$	\$	\$	

### SECTION III - LOSS EXPERIENCE

(Explain any "Yes" responses, including corrective actions and damages incurred on the ADDITIONAL INFORMATION page below):

- During the past three (3) years whether insured or not, have you sustained any losses due to unauthorized access, unauthorized use, virus, denial of service attack, electronic media liability, data breach, data theft, fraud, electronic vandalism, sabotage or other similar electronic security events?

Yes  No

2. Within the past three (3) years, have you experienced any network related business interruption exceeding eight (8) hours other than planned maintenance?  Yes  No
3. During the last three (3) years, has anyone alleged that you were responsible for damage to their computer system(s) arising out of the operation of Applicant's computer system(s)?  Yes  No
4. During the last three (3) years, have you received a complaint or other proceeding (including an injunction or other request for non-monetary relief) arising out of intellectual property infringement, copyright infringement, media content, or advertising material?  Yes  No
5. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against you alleging invasion of, or interference with rights of privacy, or the inappropriate disclosure of personally identifiable information (PII)?  Yes  No
6. During the last three (3) years, have you been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations?  Yes  No
7. Are you aware of any circumstance that could reasonably be anticipated to result in a claim being made against you for the coverage being applied for?  Yes  No

**SECTION IV – RISK CONTROLS**

8. Do you have a firewall?  Yes  No
  - a. How often do you review the rules within the firewalls: \_\_\_\_\_
  - b. When was the last time a rule was removed / deactivated: \_\_\_\_\_
9. Do you collect zip codes or other personal information at point of sale?  Yes  No
10. Do you perform virus scans of email, downloads, and portable devices?  Yes  No
11. Do you have restrictions regarding access to sensitive information of a third party?  Yes  No
12. Do you have a process for managing computer accounts, including the removal of outdated access accounts in a timely fashion?  Yes  No
13. Do you have physical security controls in place to control access to your computer systems?  Yes  No
14. Do you have access control procedures that address access to critical and sensitive computer systems?  Yes  No
15. Do you have a written business continuity/disaster recovery plan that includes procedures to be followed in the event of a disruptive computer incident?  Yes  No
16. Are system back-up and recovery procedures tested for all mission critical systems and performed at least annually?  Yes  No
17. Types of Personally Identifiable Information held (check all that apply):
 

<input type="checkbox"/> Social Security Numbers	<input type="checkbox"/> Drivers Licenses
<input type="checkbox"/> Bank Account Details	<input type="checkbox"/> Personal Health Information
<input type="checkbox"/> Credit Card Numbers	<input type="checkbox"/> Other – Please specify: _____
18. Is all sensitive data
  - a. encrypted at rest?  Yes  No
  - b. encrypted in transit?  Yes  No
  - c. accessible via mobile devices?  Yes  No
 If yes, are the devices encrypted?  Yes  No
19. How long would it take to restore your operations after a computer attack or other loss/corruption of data?  0-12 Hours  12-24 Hours  24 Hours

20. Are mission critical transactions and security logs reviewed periodically for suspicious activity?  Yes  No  
 How frequently: \_\_\_\_\_
21. Have you undergone an information security or privacy compliance evaluation?  Yes  No  
 If yes, identify who performed the evaluation, the date it was performed, the type of evaluation, and attach a copy of it.

Were all recommendations implemented?  Yes  No

22. Do you outsource (or plan to outsource) a critical part of your internal network/ computer system or internet access/presence to others?  Yes  No  
**If yes, check all that apply and name the service provider for each category.**

TECH-RELATED SERVICE			
ISP	Backup, co-location and data recovery	Financial Services and Payment Processing	Other: "cloud", ASP, SAAS, Etc.
<input type="checkbox"/> Bellsouth	<input type="checkbox"/> ATT	<input type="checkbox"/> Corillion	<input type="checkbox"/> Amazon
<input type="checkbox"/> Cablevision	<input type="checkbox"/> EMC	<input type="checkbox"/> Datavantage	<input type="checkbox"/> Microsoft
<input type="checkbox"/> Charter	<input type="checkbox"/> HP	<input type="checkbox"/> Digital	<input type="checkbox"/> Google
<input type="checkbox"/> Comcast	<input type="checkbox"/> IBM	<input type="checkbox"/> Insight	<input type="checkbox"/> Go Daddy
<input type="checkbox"/> Cox	<input type="checkbox"/> Iron Mountain Storage	<input type="checkbox"/> DSS	<input type="checkbox"/> IBM
<input type="checkbox"/> Earthlink	<input type="checkbox"/> Tek	<input type="checkbox"/> ECHO	<input type="checkbox"/> HP
<input type="checkbox"/> Insight BB	<input type="checkbox"/> Sunguard	<input type="checkbox"/> First Data	<input type="checkbox"/> AT&T
<input type="checkbox"/> Mediacom	<input type="checkbox"/> In-House	<input type="checkbox"/> FI Serve	<input type="checkbox"/> Rackspace
<input type="checkbox"/> Qwest	<input type="checkbox"/> None	<input type="checkbox"/> Global Payments	<input type="checkbox"/> Savvis
<input type="checkbox"/> Road Runner	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Jack Henry	<input type="checkbox"/> Terremark
<input type="checkbox"/> SBC(AT&T, Yahoo, Sprint)	<input type="checkbox"/> _____	<input type="checkbox"/> Lawson	<input type="checkbox"/> Fujitsu
<input type="checkbox"/> United Online	<input type="checkbox"/> _____	<input type="checkbox"/> Metavente	<input type="checkbox"/> Nirvanix
<input type="checkbox"/> Verizon		<input type="checkbox"/> Paymentech	<input type="checkbox"/> VMWare/EMC
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Paypal	<input type="checkbox"/> Salesforce
<input type="checkbox"/> _____		<input type="checkbox"/> S-1	<input type="checkbox"/> Other: _____
<input type="checkbox"/> _____		<input type="checkbox"/> Verisign	<input type="checkbox"/> _____
		<input type="checkbox"/> In-House	<input type="checkbox"/> _____
		<input type="checkbox"/> Other: _____	
		<input type="checkbox"/> _____	
		<input type="checkbox"/> _____	

Other Services(explain):

23. Do you have a program in place to periodically test your data security controls?  Yes  No
24. Do you have written contracts in place to enforce your information security policy and procedures with third party service providers?  Yes  No
25. Do such contracts contain hold harmless or indemnification clauses in your favor?  Yes  No
26. Do you perform audit checks on your vendors and service providers who handle your privacy sensitive data and require them to have adequate security protocols?  Yes  No
27. Do you have a document destruction and retention policy?  Yes  No
28. Do you monitor your network in real time to detect possible intrusions or abnormalities in the performance of the system?  Yes  No

**SECTION V – PRIVACY CONTROLS**

29. Have you achieved compliance with the following: (check all that apply)
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> PCIDSS (Payment Card Industry Data Security Standard )      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> GLBA (Gramm-Leach-Bliley Act)                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> HIPAA (Health Insurance Portability and Accountability Act) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
30. Does your hiring process include the following for all employees and independent contractors (check all that apply):
- |   |   |
|---|---|
| <input type="checkbox"/> Drug testing               | <input type="checkbox"/> Work history checks    |
| <input type="checkbox"/> Criminal background checks | <input type="checkbox"/> Credit history checks  |
| <input type="checkbox"/> Educational background     | <input type="checkbox"/> Other (specify): _____ |
31. Do you have a current enterprise-wide computer network and information security policy that applies to employees, independent contractors, and third-party vendors?  Yes  No  
If yes, is the information published within the company (e.g. corporate intranet, employee handbook, etc.)?  Yes  No
32. Are all employees periodically instructed on their specific job responsibilities with respect to information security, such as the proper reporting of suspected security incidents?  Yes  No
33. Do you have a formal privacy policy that has been approved by legal counsel?  Yes  No
34. Are your information systems and supporting business procedures prepared to honor customer preferences concerning the opt-out of sharing of non-public, personal information to non-affiliated third parties?  Yes  No
35. Do you require the transmission of personal customer information such as credit card numbers, contact information, etc., as part of your internet-based web services?  Yes  No

**SECTION VI – MEDIA LIABILITY CONTROLS**

36. Do you have a process to review content or materials (including meta tags) before they are published, broadcasted, distributed, or displayed on your website for the following:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Defamation (Slander or Libel)?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Right to privacy or publicity?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copyright, trademark or domain name: _____ |                              |                             |
37. Have your products or services been the subject of copyright, patent or trademark infringement allegations?  Yes  No
38. Does your organization use social media?  Yes  No
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Do you monitor postings?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are there formal procedures for complaints? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does legal review content?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**FRAUD NOTICE STATEMENTS**

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** 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 FLORIDA AND OKLAHOMA:** 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** 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 MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** 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.

**The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.**

**The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.**

**\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

\_\_\_\_\_  
NAME (PLEASE PRINT/TYPE)

\_\_\_\_\_  
TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Produced By: (Section to be completed by Producer/Broker)

\_\_\_\_\_  
PRODUCER

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
PRODUCER LICENSE NUMBER

\_\_\_\_\_  
AGENCY TAXPAYER ID OR SS NUMBER

\_\_\_\_\_  
ADDRESS (STREET, CITY, STATE, ZIP)

## ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

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Signature

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Date