



**BY COMPLETING THIS NEW BUSINESS APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")**

**NOTICE: INSURING CLAUSE "A" OF THE CYBERSECURITY BY CHUBB<sup>SM</sup> POLICY PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. INSURING CLAUSES "B" THROUGH "H" OF THE CYBERSECURITY BY CHUBB<sup>SM</sup> POLICY PROVIDE FIRST PARTY COVERAGE. THE LIMIT OF LIABILITY WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE NEW BUSINESS APPLICATION CAREFULLY BEFORE SIGNING.**

**NEW BUSINESS APPLICATION INSTRUCTIONS:**

- Whenever used in this New Business Application, the term "**Applicant**" shall mean the Parent Organization and all other organizations applying for coverage.
- Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

**I. GENERAL INFORMATION:**

- Name of Parent Organization: \_\_\_\_\_
- Address of Parent Organization: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Web address: \_\_\_\_\_
- Name and Title of Primary Contact: \_\_\_\_\_
- Address of Primary Contact: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
e-Mail: \_\_\_\_\_
- Nature of **Applicant's** Principal Operations: \_\_\_\_\_

**II. SPECIFIC INFORMATION:**

- The following should be, for each category, the sum of the applicable information for the Parent Organization plus the applicable information for all other organizations applying on this application for this insurance.

	<u>Prior Year</u>	<u>Current Year</u>	<u>Projected Year</u>
1. Number of Employees	_____	_____	_____
2. Number of Online Customers	_____	_____	_____



3. Total Number of IP Addresses Assigned	_____	_____	_____
4. Number of Active IP Addresses	_____	_____	_____
5. Total Assets	_____	_____	_____
6. Gross Revenues	_____	_____	_____
7. Gross Revenue from on-line sales or services	_____	_____	_____

2. Coverages and Limits of Liability Requested:

Insuring Clause	Limit Requested	Retention Amount Requested
<b>CyberLiability</b> (Disclosure, Reputational, Content, Conduit, and Impaired Access Injury)	_____	_____
<b>Optional Coverages:</b>		
Privacy Notification Expenses	_____	_____
Crisis Management Expenses	_____	_____
E-Business Interruption and Extra Expenses	_____	_____
E-Theft Loss	_____	_____
E-Communication Loss	_____	_____
E-Threat Expenses	_____	_____
E-Vandalism Expenses	_____	_____
Reward Expenses	_____	_____

3. Policy Period Requested:

From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the Parent Organization.

4. Date **Applicant** was founded or established: \_\_\_\_\_.

5. Does the **Applicant** anticipate in the next twelve (12) months establishing or entering into any related or unrelated ventures which are a material change in operations?  Yes  No

If "Yes", please provide full details on a separate sheet.

6. Has the **Applicant** implemented a formal, written information security policy that has been reviewed with and approved by the **Applicant's** Board of Directors (or persons with substantially similar responsibilities)?  Yes  No



If the answer to Question "6" is "Yes":

- A. Does the security policy identify and stipulate the types and levels of protection for all of the **Applicant's** information assets, whether electronic or otherwise and whether held by the **Applicant** or by a person or organization providing services to the **Applicant**?  Yes  No
- B. Does the **Applicant** test the security required by the security policy at least annually?  Yes  No
- C. Does the **Applicant** regularly identify and assess new threats and adjust the security policy (and protection procedures) to address the new threats?  Yes  No

7. Does the **Applicant** have a formal, written incident response plan that addresses:

- A. unauthorized access to the **Applicant's** computers, system, network or any of the **Applicant's** information assets;  Yes  No
- B. denial of service attacks and other forms of network or system outages;  Yes  No
- C. extortion demands;  Yes  No
- D. corruption of, or damage to, data?  Yes  No

If the answer to "A", "B", "C" or "D" in Question "7" is "Yes":

- A. Has the plan been reviewed and approved by the **Applicant's** Board of Directors (or persons with substantially similar responsibilities)?  Yes  No
- B. Does the security incident response plan include a review by the **Applicant's** legal counsel of any state or Federal laws or regulations that may affect the **Applicant's** response or other standards with which the **Applicant** may have to comply?  Yes  No
- C. Does the **Applicant** conduct a full test of the security incident response plan at least annually and address or correct any issues or problems identified in the tests?  Yes  No

**III. SECURITY INCIDENT AND LOSS HISTORY:**

Has the **Applicant** had any computer or network security incidents during the past two (2) years? "Incident" includes any unauthorized access or exceeding authorized access to any computer, system, data base or data; intrusion or attack; the denial of use of any computer or system; intentional disruption, corruption or destruction of electronic data, programs or applications; or any other incidents similar to the foregoing?  Yes  No

*Note: if the answer to Question III is "Yes", please attach a complete description of the incident(s), including whether you reported the incident(s) to law enforcement and/or your insurance carrier.*

**IV. ATTACHMENTS AND OTHER DOCUMENTS:**

Please identify what additional documents are attached to, and/or submitted in conjunction with, this New Business Application. All such documents are considered part of this New Business Application.

- List of all organizations, in addition to the Parent Organization named in Section I, to be covered by this insurance.



*(Note: If a policy is issued, only those organizations listed on this attachment will be Insureds, unless it is subject to the Newly Acquired Or Formed Organization condition.)*

- CyberSecurity By Chubb<sup>SM</sup> Risk Matrix
- Supplementary questionnaires
- Application from another insurance company for coverage that is similar to CyberSecurity By Chubb<sup>SM</sup>
- Risk assessment of **Applicant** performed by an organization other than the **Applicant**
- Other information

**V. REPRESENTATION: PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES/SITUATIONS:**

No person who would be an Insured Person under the proposed coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except: NONE  or

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Without prejudice to any other rights and remedies of the Company, the signer(s) of this Application, on his or her own behalf and on behalf of any organization or person that would qualify as an Insured under the proposed coverage, understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in response to this question V., then any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

**VI. MATERIAL CHANGE:**

If there is any material change in the answers to the questions in this New Business Application before the policy inception date, the **Applicants** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

**VII. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:**

The **Applicant's** submission of this New Business Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the New Business Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this New Business Application.

The undersigned authorized agents of the **Applicant** proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this New Business Application and in any attachments or other documents submitted with this New Business Application are true and complete. The undersigned agree that this New Business Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to materials in issuing any such policy.

The information requested in this New Business Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.



**Notice to Arkansas, Louisiana, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**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 Kentucky Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**Notice to Maine, 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 company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Notice to Maryland Applicants:** 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.

**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 Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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 Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial Officer</u>

\*This New Business Application must be signed by the chief executive officer and chief financial officer of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

<u>Produced By:</u>		
Agent: _____		
Agency: _____		
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____
<u>Submitted By:</u>		
Agency: _____		
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____