

APPLICATION for: **TechGuard™ Liability Insurance**

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

**SECTION I. GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_  
(as it should appear on the policy)

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website(s): \_\_\_\_\_  
(Include all subsidiaries' website addresses)

Firm is:  Corporation  Partnership  Individual  LLC  Other \_\_\_\_\_

2. Date Applicant firm was established (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Has the name of the firm ever changed, or has any merger or consolidation ever taken place?.....  Yes  No  
If "YES", please provide details, including dates and any liabilities assumed:

\_\_\_\_\_

4. Is the Applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company?.....  Yes  No  
If "YES", please list all affiliations:

\_\_\_\_\_

5. Provide details of professional services for which coverage is desired: \_\_\_\_\_

\_\_\_\_\_

6. Does any member of the above entities provide professional services other than those mentioned in Question 5?...  Yes  No  
If "YES", please provide full details:

\_\_\_\_\_

7. List the total gross revenues for the past two policy periods derived from the activities/services stated in Question 5. In addition, please list projected revenues for the current policy period.

YEAR	DOMESTIC	FOREIGN	TOTAL AMOUNT	YEAR
Estimate Upcoming	\$ _____	\$ _____	\$ _____	20_____
Current Policy Period	\$ _____	\$ _____	\$ _____	20_____
Past Fiscal Year	\$ _____	\$ _____	\$ _____	20_____

8. Please estimate total number of customer and employee records you store either electronically or in physical files.  
Current number: \_\_\_\_\_ For the next 12 months: \_\_\_\_\_

9. Please estimate the total number of credit card transactions for the next 12 months: \_\_\_\_\_

10. Has any one client accounted for 25% or more of your gross revenues during the past 12 months?  Yes  No

If "YES", please provide the name(s) of the client(s), services performed, and percentage of revenues:

\_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

(Please attach additional names and percentages, as required.)

11. Describe the types of services the Applicant firm performs for others, as a percentage of the total revenue:

Computer / Telecommunications Systems Consulting / Design	%	Facilities Outsourcing, Server Farm, Data Storage	%
Sale of, Installation of and Training on Hardware / Software / System of Others	%	Data Recovery, Disaster Planning Services	%
Development, Publishing or Reproducing Prepackaged Software	%	Website Consulting, Development	%
Development of, Installation of and Training on Custom Software	%	Internet Time Leasing, Web Server Farming, Website Hosting	%
Hardware / Firmware Development or Assembly (including Robotics)	%	Internet Access Provider / Service Provider	%
Personnel Outsourcing / Contract Services	%	Application Service Provider	%
		<b>TOTAL</b>	<b>100 %</b>

12. Indicate by percentage the clients for whom the Applicant firm provides services:

Aeronautics	%	Manufacturing	%
Communications	%	Military	%
Consumer / Home use	%	Non-Military / Government	%
Engineering	%	Office	%
Healthcare / Medical	%	Retail / Wholesale	%
Internet	%	Other (state):	%
		<b>TOTAL</b>	<b>100 %</b>

13. Indicate the application(s) of the services:

- |  |   |
|--|---|
| <input type="checkbox"/> Banking / Financial Data Management | <input type="checkbox"/> Education / Training               |
| <input type="checkbox"/> Communications                      | <input type="checkbox"/> Office Automation / Administration |
| <input type="checkbox"/> Funds Transfer                      | <input type="checkbox"/> Publishing / Imaging               |
| <input type="checkbox"/> Games / Gaming Industry             | <input type="checkbox"/> Security                           |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Transportation                     |
| <input type="checkbox"/> Data/Inventory/Mgmt                 | <input type="checkbox"/> Other(s): _____                    |
| <input type="checkbox"/> Real-time Systems                   | <input type="checkbox"/> Monitoring                         |

14. Staff: Please provide numbers for the Applicant firm:

Principals, partners, owners \_\_\_\_\_  
 Service providers \_\_\_\_\_  
 Administrative, clerical \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

15. Contractual Information: **Please attach a copy of the Representative Contract used between the Applicant and the client.**

- a) Does the Applicant firm use a written contract with clients describing the services provided?  
 Always                       Most of the time                       Some of the time                       Never
- b) Do the Applicant's contracts contain indemnification or hold-harmless clauses inuring to the Applicant's benefit?  
 Always                       Most of the time                       Some of the time                       Never
- c) Do the Applicant's contracts contain limitation of liability clauses inuring to the Applicant's benefit?  
 Always                       Most of the time                       Some of the time                       Never
- d) Do the Applicant's contracts contain an exclusion of consequential damages inuring to the Applicant's benefit?  
 Always                       Most of the time                       Some of the time                       Never
- e) Do the Applicant's contracts contain guarantees or warranties?  
 Always                       Most of the time                       Some of the time                       Never
- f) Do the contracts contain disclaimers inuring to the benefit of the Applicant?  
 Always                       Most of the time                       Some of the time                       Never
- g) Does the Applicant ever enter into contracts where the fees for services are contingent upon the client achieving cost reductions or improved operating results?.....  Yes    No

16. Does the Applicant firm utilize the services of Independent Contractors?.....  Yes    No
- a) Please provide the approximate percentage of billings attributable to Subcontractors: \_\_\_\_\_%
  - b) Does the Applicant require Subcontractors to carry their own E&O policies?.....  Yes    No

17. Please list professional associations to which the Applicant belongs:

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18. Please list the Applicant's five largest jobs or projects during the past three (3) years.

Project / Client Name	Services Performed for Client	Revenue from the Services	Date Services Began	% of Gross Revenue

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**SECTION II. MEDIA**

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19. Does the Applicant use material provided by others, such as content, music, graphics or video stream?.....  Yes    No
- a) If "YES", does the Applicant always obtain the necessary rights, licenses, releases & consents for the use of the materials provided by others?.....  Yes    No
- If "YES", please describe the process? \_\_\_\_\_

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20. Please describe the Applicant's procedures for removing potentially defamatory or infringing material.

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**SECTION III. NETWORK SECURITY & PRIVACY**

21. Do you enforce a security policy that must be followed by all employees, contractors, or any other person with access to your network?.....  Yes  No
22. Does your security and privacy policy include mandatory training for all employees?.....  Yes  No
23. Are you HIPAA compliant?.....  Yes  No
24. Do you process, store, or handle credit card transactions?.....  Yes  No  
If "YES" Are you PCI-DSS compliant?.....  Yes  No
25. Do you collect zip codes from customers at point of sale?.....  Yes  No  
If "YES", are you compliant with the Song-Beverly Credit Card Act of 1971?.....  Yes  No
26. Does the Applicant utilize a cloud provider to store data?  Yes  No  
If "YES", please list the name of the cloud provider: \_\_\_\_\_ If more than one provider is utilized, please list the provider that stores the most confidential information for the Applicant.
27. Does your virus or malicious code control program address the following: anti-virus on all systems, filtering of all content for malicious code, controls on shared drives and folders, CERT or similar vendor neutral threat notification services, removal of spyware and similar parasitic code?.....  Yes  No
28. Do you have a firewall in place?.....  Yes  No  
If "YES", are your firewalls, information systems and security mechanisms securely configured?.....  Yes  No  
**Check "NO" if your systems are configured using factory default settings.**
29. Do you enforce a software update process that includes monitoring of vendors or automatically receiving notices from them for availability of security patches, upgrades, testing and installing critical security patches?.....  Yes  No  
If "YES", how frequently is this done?  Weekly  Within 30 days  More than 30 days
30. Do you test your security at least yearly to ensure effectiveness of your technical controls as well as your procedures for responding to security incidents (e.g., hacking, viruses, and denial of service attacks)?.....  Yes  No  
If "YES", does this include a network penetration test?.....  Yes  No
31. Is all remote access to your network authenticated and encrypted?.....  Yes  No
32. a) Do you require all third parties to whom you entrust sensitive or non-public personal information to contractually agree to protect such information using safeguards at least equivalent to your own?.....  Yes  No  
b) Do you require that these third parties indemnify you in the event that they suffer a security/privacy breach?.....  Yes  No
33. Do you retain non-public personal information and others' sensitive information only for as long as needed and when no longer needed irreversibly erase or destroy them using a technique that leaves no residual information?.....  Yes  No
34. Do you employ physical security controls to prevent unauthorized access to computer, networks and data?.....  Yes  No
35. Do you control and track all changes to your network to ensure that it remains secure?.....  Yes  No
36. How long does it take to restore the Applicant's operations after a computer attack or other loss/corruption of data?  12 hrs or less  12-24 hrs  More than 24 hrs
37. Is all sensitive and confidential information that is transmitted within and from your organization encrypted using industry-grade mechanisms?.....  Yes  No
38. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted?.....  Yes  No

39. If encryption is not in place for databases, servers and data files, are the following compensating controls in place:
- a) Segregation of servers that store confidential information.....  Yes  No
- b) Access control with role based assignments.....  Yes  No
40. If your organization stores personal information on portable devices, including laptops, cell phones, PDA's, back-up tapes, USB thumb drives and external hard drives, is such data encrypted to industry standards?.....  Yes  No

**If you do not store personal information on portable devices, check here**

41. Within the past two years, have you passed an outside privacy audit or have you received a privacy certification?.....  Yes  No
- If "YES", have all recommendations been resolved?.....  Yes  No
42. Within the last two years, have you completed an internal audit or assessment to determine compliance with regulations or laws concerning the protection of privacy rights?.....  Yes  No
- If "YES", have all recommendations been resolved?.....  Yes  No
43. For employees that have access to personal, confidential information, please indicate if the Applicant performs the following checks prior to retaining such individual:
- a) background checks.....  Yes  No
- b) drug testing.....  Yes  No
- c) credit checks.....  Yes  No
- d) reference checks.....  Yes  No

44. Insurance History

- a) Please list the Applicant's Professional Liability Insurance coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Retention	Premium

- b) Does the current policy have a Prior Acts limitation or Retroactive Date?.....  Yes  No
- If "YES", please indicate date: \_\_\_\_\_
- c) Does the Applicant currently carry Commercial General Liability Insurance?.....  Yes  No
- Limits of Liability: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

45. Claims History

- a) Have any claims, suits, or demands been made against the Applicant, a predecessor firm, any past or present principals, partners, officers or employees within the past five (5) years?.....  Yes  No
- If "YES", please provide a claim summary for each claim, consisting of:
- Name of claimant
  - Type of service provided
  - Date of claim
  - Demand amount
  - Indemnity and expenses paid/reserved
  - Final disposition of claim

b) After inquiry with all principals, partners and officers, is the Applicant aware of any dispute, error, omission, act or circumstance that is, or could reasonably be expected to become, a claim under the policy for which this Application is submitted to the Underwriters?.....  Yes  No

46. Has any employee ever been disciplined for mishandling data or otherwise tampering with your computer network?  Yes  No

47. Has the company sustained any unscheduled network outage or interruption within the past 24 months?.....  Yes  No

48. Limits of Liability requested: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Deductible (each Claim): \$ \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

**TO COMPLETE THE SUBMISSION, PLEASE INCLUDE THE FOLLOWING:**

- Any brochures or promotional materials
- Resumes of the Applicant's principals or key employees
- A copy of the Applicant's standard client contract
- Claim Supplement(s)

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**SECTION IV. OTHER INFORMATION**

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The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

\_\_\_\_\_  
Print name of Insured, Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A1856TG-0512