



- Navigators Insurance Company
- Navigators Specialty Insurance Company

Tech/Media Errors & Omissions Insurance Application

THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY.

I. Professional Liability

1. Name of Applicant:

Address: _____

City: _____

State: _____

Zip: _____

2. Date Established: _____ Website address: _____

3. Please indicate type of Company: Individual Partnership Corporation Other

4. Is the Applicant owned, controlled, associated or affiliated with any other firm or business enterprise?

Yes No (If yes, please explain including noting whether Applicant shares any computer networks or IT staff with the related entities): _____

5. Please describe in detail the Technology & Telecommunications products and professional services performed by the applicant (please attach an additional sheet if necessary): _____

6. Does the Applicant provide any technology services using cloud or grid network servers which it does not directly control? Yes No If so, please identify the provider, the nature of the data processed or stored on the network and the methods used to secure the data. _____

7. In the past 12 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question? Yes No (If yes, please explain): _____

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

If yes, please explain: _____

9. What percentage of the Applicant's business involves subcontracting work to others _____%

Does the Applicant require evidence of errors and omissions insurance from subcontractors?

Yes No

If no, please explain how the Applicant protects itself from acts or omissions arising out of services performed by its subcontractors. _____

10. Financial Information:

- Fiscal year end date: / /
- Projected gross revenues for next year: _____
- Gross revenues for current year: _____
- Gross revenues for last year: _____

11. Please indicate the percentage of Applicant's revenue derived from the following activities and, for software, please also indicate the total percentage of revenues derived from software hosted by the Applicant as an ASP/SaaS provider:

Software	Consulting	Hardware
Total % ASP/SaaS _____		
Accounting/Financial Records (no transaction)	ERM/ERP Software Implementation	Computers
Financial Transactions/e-Commerce	Hardware/Software Selection	Programmable Components
Insurance Claims Evaluation	Web Marketing/SEO	Data Storage
Insurance/Loan Underwriting	Network Security	Network Management/Security

CAD/CAM/BIM	Other Services	
Computer Games	IT Staffing (Supervised By Client)	
Gambling	IT Staffing (Including Project/Staff Mgt)	Other (Please describe)
Medical Records/HER	Training	
Medical Management (Non-Diagnostic)	Imaging	
Medical Management (Diagnostic)	Phone/Data/ ISP	
Process Control/PLC	FTP	
Scientific/Technical	Managed Security Services	
Custom Software	Co-Location (No Managed Services)	
Pre-Packaged Software Not Describe Above	Web Site/Cloud Hosting	
	Domain Name Registration & Brokering	
	Web Auction	
	e-Commerce for Others	

12. Please indicate the Applicant's five largest jobs/projects during the past fiscal year:

Client	Services provided	Revenues from service
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13a. Does the Applicant use a written contract with clients? Yes No

If no, please explain how the Applicant limits its liability with clients: _____

b. Please identify the provisions contained in the Applicant's standard contract and whether they are in favor of Applicant (A), in favor of Client (C), mutually beneficial (MB) or not applicable (NA):

1. Hold harmless
2. Limitation of Liability
3. Disclaimer of warranties
4. Duty to protect confidential information
5. Ownership of intellectual property

c. Who can approve contract modifications or use of client language that amends any of the standard provisions noted in item b above: _____

14. Software and Product quality – does the applicant design, manufacture or publish any software, web sites for clients, telecommunications products or computer/data storage products: Yes No

If yes, please briefly describe the methods used to ensure product/software quality and to identify and address security vulnerabilities: _____

15. Project Administration - does the Applicant provide any custom consulting, product or services?: Yes No

If yes, for those custom offerings, does the Applicant:

- | | |
|--|--|
| a) Provide client with a written definition of the job? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Obtain client sign off on specifications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Create and maintain written documentation for all software code | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Establish clearly defined & measurable deliverables? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Obtain client sign off at pre-determined milestones? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Confirm in writing client requested changes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Obtain client sign off on final delivery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

16. Customer support – does the Applicant:

- a) Provide customer support during normal business hours _____ or 24x7 _____ ?

- b) Have a standard dispute escalation and resolution process with clients? Yes No
- c) Have a standard process to notify clients of known bugs or defects? Yes No
- d) Provide patches and fixes free of charge? Yes No

II. Media Liability

1. Does the Applicant develop or publish software? Yes No If yes, briefly describe the policies, procedures and technical measures taken to ensure that code does not infringe or violate any third party license agreements (including open source agreements if applicable)? _____
2. Briefly describe steps taken to ensure that the Applicant's published or broadcast content – including domain names, web sites, blogs, and promotional material posted on social media sites – is not infringing or defamatory: _____
3. Do the Applicant's employees or independent contractor make any blog or social media post in the course and scope of their work on behalf of the Applicant? Yes No If yes, does the Applicant have a written social media policy that:
 - a) Prohibits use of competitor names or trademarks? Yes No
 - b) Prohibits disclosure of confidential client data? Yes No
 - c) Prohibits defamatory Comments? Yes No
 - d) Prohibits or restricts use of company assets for personal posts? Yes No
 - e) Requires compliance with FTC transparency rules on endorsements? Yes No
 - f) Governs employee posts related to the company's business or industry? Yes No
4. Does the Applicant host any Web content on behalf of or posted by third parties? Yes No
If yes, is there a documented DMCA take down compliance process? Yes No
5. Does the Applicant aggregate any content created by others (e.g., news headlines, article synopses, etc.)
 Yes No _____
If yes, does the Applicant license this content from its owners? Yes No

III. Network Security and Privacy

A. Security and Privacy exposure - Is the Applicant's network used:

1. To access, collect, process, transmit or store credit, debit, bank or brokerage account numbers?

Yes No

If yes, what is the maximum number stored at any one time? _____

2. Are credit/debit card numbers stored for one time use or repeat use/subscription billing?

One Time Use Repeat use or subscription billing N/A – No Card Data Stored

3. To access, collect, process or store social security numbers, medical records or other personal data for non-employees?

Yes No

If yes, what is the maximum number stored at any one time? _____

4. By third parties who rely on it to access data or process transactions?

Yes No

5. To access client networks remotely?

Yes No

6. To provide any web based services including Software as a Service?

Yes No

7. To generate any revenue from web advertising?

Yes No

8. To collect information from from site visitors, customers or patients that is sold to, or shared with, third parties for marketing purposes?

Yes No

If yes, please identify methods used to disclose and gain consent:

Terms of Use Opt-Out provision Opt-In required

9. To collect any information from site visitors via beacons, HTML cookies, flash cookies, or other tracking software?

Yes No

If yes, does the Applicant disclose the method(s) used in their terms of use? Yes No,

If answers to questions A.1 – A.9 are all “No”, proceed to section IV. Otherwise, please complete the risk control questions in section III.B below.

B. Network and Privacy risk controls - does the Applicant:

1. Have company policy:

- a) Defining acceptable use of computer assets? Yes No
 - b) Limiting web browsing, installation of software? Yes No
 - c) Requiring unique ID's and passwords for all users? Yes No
 - d) Requiring use of strong passwords changed regularly? Yes No
2. Have a contractor or trained staff member responsible for information security?
 Yes No
3. Have an employee responsible for privacy compliance & training? Yes No
4. Have a written privacy policy for third party data collected and stored on web-site (if applicable), back office systems & paper? Yes No
5. Require pre-employment background checks on employees with access to sensitive data?
 Yes No
6. Have a written identity theft prevention program (e.g. to comply with Red Flag rule or similar provisions)?
 Yes No N/A
7. Conduct annual or more frequent training on security & privacy? Yes No
8. Change default passwords on firewalls, routers & other security appliances?
 Yes No
9. Use Anti-Virus software with automatic update? Yes No
10. Annually re-assess security practices? Yes No
11. Use automatic security patch updates when available from software vendors and install critical security patches within 120 days? Yes No
12. Filter web and email content for executable files, prohibited sites, spam, etc? Yes No
13. Employ change control to ensure that systems modifications do not compromise network security?
 Yes No

14. Set access privileges that grant the least level of privilege necessary for users and programs to complete assigned functions? Yes No
15. Restrict network administrative privileges for most users? Yes No
16. Delete access within 48 hours of termination? Yes No
17. Conduct audits of authorized user access to sensitive data? Yes No
18. Encrypt:
- a) Databases? Yes No
 - b) Sensitive data on laptops/mobile devices Yes No N/A
 - c) Sensitive data stored in cloud environments (any servers not in the Applicant's direct control)?
 Yes No N/A
 - d) Back-up tapes, flash drives, and other portable storage media? Yes No
 - e) In transit within the network? Yes No
 - f) In transit over public networks Yes No
19. Employ physical security for premises, computer rooms, etc.? Yes No
20. Conduct annual or more frequent vulnerability scans? Yes No
21. Use intrusion prevention and detection systems? Yes No
22. Monitor event logs for network, remote connections and databases housing sensitive data?
 Yes No
23. Use egress filtering and/or other Data Loss Prevention systems? Yes No
24. Ensure permanent destruction of sensitive data before files or devices are disposed of? Yes No
25. Limit remote access only via VPN or other secure means? Yes No N/A
26. Require two-factor authentication for remote access? Yes No N/A

27. Employ WPA/WPA2 or more recent standard (i.e., not WEP) for all wireless access?

Yes No N/A

28. Masked, encrypt and purge credit/debit card numbers in compliance with PCI standards?

Yes No N/A

29. Prevent storage of card security code (CSC/CVV) values?

Yes No N/A

30. Verify PCI and/or HIPAA Compliance by audit?

Yes No N/A

31. Limit collection and viewing of sensitive information on web site to secure web pages?

Yes No N/A

32. Require web applications – whether developed by insured or vendors – are hardened against know web attacks (e.g., SQL injection, cross Scripting, etc.)?

Yes No N/A

33. Contractually require vendors to whom sensitive data is entrusted or which have access to insured are network contractually required to protect data?

Yes No N/A

34. Contractually require vendors to whom sensitive data is entrusted or which have access to insured's network contractually required to indemnify insured?

Yes No N/A

35. Have a disaster recovery plan?

Yes No

36. Have an Incident response plan for privacy breaches that is test annually? Yes No

37. Shred paper records with sensitive information prior to disposal? Yes No

38. Ensure that sensitive data is permanently removed from computers and other electronic storage media prior to recycling, donation, re-sale, or disposal? Yes No

IV Historical Information

1. Prior Tech/Media Errors and Omissions Insurance:

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence Policy Form	Policy Period	Retroactive Date (if any)
Current Year							
Previous Year 1							

Previous Year 2							
Previous Year 3							
Previous Year 4							

2. Is any Extended Reporting Period (ERP) currently in place? Yes No (If yes, please attach a copy of the endorsement including effective and expiration date).

3. Has any errors and omissions or professional liability insurance ever been declined or cancelled?

If yes, explain: _____

4. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?

Yes No

If yes, please attach a supplemental claims questionnaire or provide a detailed description which includes the parties involved, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

5. After inquiry, have any errors or omissions, media, data privacy breach or network compromise claims been made during the past five years against the Applicant or any past or present principals, partners, directors, officers or professional employees?

Yes No (If yes, please complete a supplemental claims questionnaire)

6. After inquiry, does the Applicant or any principal, partner, director, officer or professional employee have any knowledge or information of any act, error, omission, data privacy breach, network compromise fact, or circumstance which may give rise to a claim being made against them?

Yes No (If yes, please complete a supplemental claims questionnaire).

Please provide the following additional information:

1. **Latest financial statements and company literature (if there is no company website).**
2. **A copy of standard contracts utilized with clients.**
3. **Copy of most recent internal or third party network security audit**

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as



practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

NOTICE: IN CERTAIN STATES, 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 FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant:

Title:

Applicant's
Signature:

Date:

Agent/Broker Name: