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AXISPRO[®] MEDIA LIABILITY DATA AND PRIVACY PROTECTION COVERAGE APPLICATION FOR INSURANCE

WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION:

DEFINITIONS –

The word **Applicant** in this application refers individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1. above.

RETENTION –

The coverage the **Applicant** is applying for includes a retention applying to each wrongful act and to any combination of damages and claim expense.

CLAIM EXPENSE WITHIN THE LIMIT –

The coverage for which the **Applicant** is applying contains a provision that reduces the policy limit stated in the policy by the amount of claim expense paid by the Company.

APPLICATION FORMS PART OF POLICY –

The submission of this application does not obligate the **Applicant** to buy insurance nor is the Company obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers, which may have affected the Company's decision to offer or bind coverage, could result in the offer being retracted or coverage being voided.

INSTRUCTIONS –

The purpose of this application is not only to provide the Company with underwriting and rating information, but more importantly, to help make certain the **Applicant** and the Company have a common understanding about what the policy, if issued, will cover and what it will not. Thank you for taking the time to provide complete and accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on the **Applicant's** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the **Applicant**.
4. Please also provide, if available, any recent IT Security and Privacy audits or reviews or outside assessments with information regarding corrective action taken.

I. APPLICANT(S):

- 1. A. Name of entity completing this application: Gibson Overseas, Inc.
Street Address: 2410 Yates Avenue
City, State, Zip Code: Commerce, CA 90040 Telephone Number
- 2. Names of parent, subsidiary or affiliated entities for which coverage is desired. Provide a brief description and operations of each, including percentage of common ownership. _____
- 3. Please provide the **Applicant's** website address(es): _____
- 4. Provide the year the **Applicant** began its activities: _____
- 5. Provide the number of:
the **Applicant's** principals, officers and partners: _____
the **Applicant's** employees: _____
the **Applicant's** independent contractors: _____
the **Applicant's** employees and/or independent contractors with access to view or modify personal information: _____

II. ACTIVITIES OR SERVICES & FINANCIAL RESULTS:

- 1. Describe the operations, activities or services the **Applicant** provides: _____
- 2. Please provide the following information regarding the **Applicant's** gross revenues from the operations referenced above:

A. DOMESTIC OPERATIONS

	Previous 12 months	Current 12 months	Estimate for coming year
Gross Revenue	\$ _____	\$ _____	\$ _____
Gross Expenses	\$ _____	\$ _____	\$ _____

B. FOREIGN OPERATIONS

	Previous 12 months	Current 12 months	Estimate for coming year
Gross Revenue	\$ _____	\$ _____	\$ _____
Gross Expenses	\$ _____	\$ _____	\$ _____
Cost of Products/Goods	\$ _____	\$ _____	\$ _____

C. TOTAL REVENUE (FROM ALL REVENUE SOURCES)

	Previous 12 months	Current 12 months	Estimate for coming year
Domestic Operations	\$ _____	\$ _____	\$ _____
Foreign Operations	\$ _____	\$ _____	\$ _____

III. NETWORK SECURITY AND PRIVACY MEASURES:

- 1. Does the **Applicant** employ security measures to prevent unauthorized access to the following:
 - A. The **Applicant's** websites: Yes No
If Yes, please explain: _____
 - B. The **Applicant's** premises and facilities: Yes No
If Yes, please explain: _____
 - C. The **Applicant's** computer systems/servers in the custody of others: Yes No Not Applicable
If Yes, please explain: _____
 - D. The **Applicant's** computer systems/services located on your premises: Yes No
If Yes, please explain: _____
 - E. The **Applicant's** employee, vendor and customer data: Yes No
If Yes, please explain: _____
- 2. Describe the **Applicant's** Anti-virus Software program. _____

3. Are security audits performed? Yes No
If Yes, please explain: _____
4. Does the **Applicant** have a formal documented security and/or privacy policy that has been read and is understood by all employees? Yes No
If No, please explain: _____
5. Does the **Applicant** have an employee assigned for maintaining network security? Yes No
6. Please indicate what types of electronic data records of third parties the **Applicant** stores on the **Applicant's** computer system? (Please check all that apply.)
- Medical data
 - Customer information
 - Credit card or bank account information
 - Trade secrets
 - Intellectual property assets
7. Does the **Applicant** transmit credit card, customer, employee, medical, monetary or financial information through wireless routers to banks for approval or to your central computer systems? Yes No
If No, does the **Applicant** utilize Wired Equivalent Privacy (WEP) security protocol? Yes No
If No to the above, please describe any additional measures that have been made to upgrade the **Applicant's** WEP security protocol: _____
If the **Applicant** does not utilize WEP security protocol, does the **Applicant** utilize Wi-Fi Protected Access (WPA) or Wi-Fi Protected Access 2 (WPA2) security protocol? Yes No
8. Does the **Applicant** store personal, vendor or customer information on portable computers or mobile devices? Yes No
If Yes, does the **Applicant** have policies and procedures regarding their use and safekeeping? Yes No
If Yes, does the **Applicant** have policies and procedures regarding the tracking of these assets? Yes No
9. Does the **Applicant** transact business utilizing debit, credit, pre-paid, e-purse, ATM and/or POS cards? Yes No
If Yes, is the **Applicant** compliant with the Payment Card Industry Security Standards? Yes No
If Yes, is the **Applicant** compliant with the Fair and Accurate Credit Transactions Act (FACTA)? Yes No
10. Does the **Applicant** collect personally identifiable material regarding visitors to the **Applicant's** websites? Yes No
If Yes, does the **Applicant** sell or otherwise distribute this material to third parties? Yes No
If Yes, does the **Applicant** disclose the privacy policy on your website(s)? Yes No
11. Does the **Applicant** perform regular computer system and data backups? Yes No
- A. How often are backups performed? _____
- B. Are backups stored off site? Yes No

IV. CLAIMS EXPERIENCE:

1. Has the **Applicant** experienced a theft or unintended release of private or personal information in the past 3 years? Yes No
If Yes, please describe the event and subsequent corrective action taken: _____
2. Have any claims, suits or proceedings been made during the past five years against the Applicant or any of the Applicant's predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, sales persons or employees arising out of the activities described in this application? Yes No

If Yes, complete a Supplemental Claim Information Form for each.

*THE COVERAGE FOR WHICH THE **APPLICANT** IS APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS, SUITS OR PROCEEDINGS MADE AGAINST THE **APPLICANT** BEFORE THE INCEPTION DATE OF COVERAGE OR ANY SUBSEQUENT CLAIMS, SUITS OR PROCEEDINGS ARISING THEREFROM.*

- 3. Is the **Applicant** aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against the **Applicant** or any of the persons or entities described in **Section IV.2.** above?
 Yes No

If Yes, please explain: _____

*THE COVERAGE FOR WHICH THE **APPLICANT** IS APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS THAT CAN REASONABLY BE EXPECTED TO ARISE FROM ANY ACTUAL OR ALLEGED FACT, CIRCUMSTANCE, SITUATION, ERROR OR OMISSION KNOWN TO THE APPLICANT BEFORE THE INCEPTION DATE OF THE POLICY.*

- 4. Has the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? Yes No

If Yes, please explain: _____

V. PRIOR OR CURRENT COVERAGE:

- 1. A. Provide the following information for similar insurance, if any, carried during the last five years:

<u>COMPANY</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u>POLICY TERM</u>
_____	_____	_____	_____	_____

- B. Advise current retroactive date: _____
(Please provide current declarations page.)

VI. LIMIT/RETENTION:

- 1. Advise Limit and Retention options for which the **Applicant** desire proposals:

<u>POLICY LIMIT</u>	<u>RETENTION</u>
_____	_____

VII. REPRESENTATIONS:

By signing this application, the applicant agrees that:

- 1. The statements and answers furnished to the Company in this application and any attachments to it are accurate and complete;
 - 2. The statements and answers furnished to the Company are representations the applicant makes to the Company on behalf of all persons and entities proposed for coverage;
 - 3. Those representations are a material inducement to the Company to provide a proposal for insurance;
 - 4. Any policy the Company issues will be issued in reliance upon those representations;
 - 5. The applicant will report to the Company immediately, in writing, any material change to the applicant's operations, conditions or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
 - 6. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.
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WARNING

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

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER: Producer Name: City, State: Telephone No.:		WHOLESALE PRODUCER: Producer Name: City, State: Telephone No.:	
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BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): _____

NOTICE TO ALABAMA APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY 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 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 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.

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 KANSAS APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT 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 THE PERSON TO CRIMINAL PENALTIES.

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 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.

NOTICE TO MAINE 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 OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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 NEW MEXICO APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

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.

NOTICE TO OHIO APPLICANTS:

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

NOTICE TO OKLAHOMA APPLICANTS:

WARNING: 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 OREGON APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

IN ORDER FOR US TO DENY A CLAIM ON THE BASIS OF MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART, WE MUST SHOW THAT:

- A. THE MISINFORMATION IS MATERIAL TO THE CONTENT OF THE POLICY;
- B. WE RELIED UPON THE MISINFORMATION; AND
- C. THE INFORMATION WAS EITHER:
 - 1. MATERIAL TO THE RISK ASSUMED BY US; OR
 - 2. PROVIDED FRAUDULENTLY.

FOR REMEDIES OTHER THAN THE DENIAL OF A CLAIM, MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART MUST EITHER BE FRAUDULENT OR MATERIAL TO OUR INTERESTS.

WITH REGARD TO FIRE INSURANCE, IN ORDER TO TRIGGER THE RIGHT TO REMEDY, MATERIAL MISREPRESENTATIONS MUST BE WILLFUL OR INTENTIONAL.

MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART ARE NOT FRAUDULENT UNLESS THEY ARE MADE WITH THE INTENT TO KNOWINGLY DEFRAUD.

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 DOLLARS (\$5,000) AND NOT MORE THAN TEN THOUSAND DOLLARS (\$10,000), OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE 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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.