



Cloud Service Providers Supplemental Application

INSTRUCTIONS

Completion of this application may require input from your organization's risk management, legal, information technology or privacy departments. Additional space may be needed to provide complete answers.

- Please type or print answers clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead with reference to the application.
- Check Yes or No to answers prompting such a reply.
- Please submit a copy of the privacy policy currently in use.
- This form must be completed, dated and signed by an authorized officer of your company.
- **Underwriters will rely on all statements made in this application.**

Applicant Information

Applicant Name: _____

Business Address: _____

1. Do you use any of the following cloud services? *(please check each service being used)*

Infrastructure as a Service (IAAS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Private	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Platform as a Service (PAAS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Public	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Software as a Service (SAAS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hybrid	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Please complete the following platform information for all Cloud Service Providers (CSP):

Cloud Provider	Type (i.e. Public)	Use (i.e. IAAS)	Annual Contract Fee	Since
			\$	/ /
			\$	/ /
			\$	/ /

Please provide a copy of the current contract(s) with each cloud service provider.

Please attach a list if additional space is required.

3. Please complete the following information for all Cloud Service Providers (CSP) you process or store 3rd party personal or confidential corporate information:

Cloud Provider	Type (examples below*)	# of Records	Encrypted (Yes/No)

**PII = Personally Identifiable information; CCI = 3rd Party Confidential Corporate Information;
PHI = Personal Health Information; CCN = Credit Card Numbers; SSN = Social Security Numbers*

Please attach a list if additional space is required.

4. a. Who is responsible for the security of the data that resides on the cloud? Applicant CSP
 b. What additional security controls do you utilize above and beyond those provided by your cloud computing service provider? _____

5. Is your cloud provider compliant with the following standards applicable to your operations?

- | | |
|---|---|
| Gramm-Leach-Bliley Act of 1999: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Health Insurance Portability and Accountability Acts of 1996: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Health Information technology for Economic and Clinical Health Act: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Payment Card Industry Data Security Standard: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Sarbanes-Oxley Act: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Federal Information Security Management Act: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Federal Risk and Authorization Management Program: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| European Union Data Protection Directive: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

6. Does the organization perform regular testing or audits of your cloud service providers? If so, how frequently? _____
 When was the last review completed? ___ / ___ / ___

Please describe: _____

7. Has your organization performed a cloud security assessment of any of your cloud service providers? If yes: Yes No
- a. Who provided the assessment? _____
 b. When was the last assessment completed? ___ / ___ / ___
 c. Please provide a copy of the results.

8. Does the organization have a formal process for reviewing and approving contracts with cloud service providers? Yes No
 Please describe: _____

FRAUD WARNING STATEMENTS

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, 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.

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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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/she 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 and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

NOTICE TO ALL OTHER APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

This Supplemental Application shall be maintained on file by the company, shall be deemed attached as if physically attached to the proposed Policy and shall be considered as incorporated into and constituting a part of the Application and the proposed Policy.

Signed: _____

Title: _____

Date: _____

Broker: _____

Address: _____