



## Technology Services, Media Services, Network Security & Privacy, Breach Response Application

### THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

### THIS APPLICATION IS NOT A BINDER

### Section 1: General Information

1. INSURED INFORMATION			
Name of Applicant		Date established	
Street address		Phone	
City, State, Zip		Contact e-mail	
Branch office cities		Website	

2. REQUIRED ADDITIONAL INFORMATION			
Indicate the Coverage Type, Limit of Liability and Retention the Applicant would like quoted			
Coverage	Sub Limits/ Limits	Retention	
Technology Service			
Network Security and Privacy			
Media			
Regulatory Action			
PCI Fines, Penalties, Investigations			
Breach Response			
Non-Physical Business Interruption		Time Retention	8 12 24 36
Digital Asset Protection			
Cyber Extortion			
Computer Crime/Electronic Funds Transfer Fraud			
Policy Aggregate Limit			

\*For retention requests of \$25,000 or more, enclose a copy of your most recent annual financial statements.

3. GROSS REVENUES – List the total gross revenues derived from the services in Question 5 for the following fiscal years.			
	Current Fiscal Year ending / (current projected)	Last Fiscal Year ending /	Two Fiscal Years ago ending /
Total gross revenue*	\$	\$	\$

\*If revenues are over \$10,000,000, please attach a copy of your most recent financial statements.

4. INSURANCE HISTORY	
a. Has any similar insurance ever been declined or cancelled?	Yes      No
If Yes, please explain:	
b. Is similar insurance currently in force?	Yes      No
Name of Insurer	
Expiration Date	
Limit of Liability	
Deductible	
Premium	
Retroactive Date(s)	
c. Give the following information for General Liability coverage in force:	
Carrier	
Limit of Liability	
Expiration Date	

## Section 2: Technology Services

5. IN THE APPLICANT'S OWN WORDS, DESCRIBE THE SERVICES OR ACTIVITIES FOR WHICH COVERAGE IS SOUGHT

6. QUALITY CONTROLS			
Does the Applicant have a formal product or system development methodology?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is client's written acceptance obtained prior to production or implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are written contracts used in all cases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have contracts been reviewed by an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, how are business relationships arranged with customers?			
Are project milestones or project timeline interval client reviews used?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do Applicant's products and services comply with typical industry standards (I.E. ISO/ANSI)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant maintain a formal disaster recovery plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. ARE PHYSICAL OR MECHANICAL PROCESSES DEPENDENT UPON THE OPERATIONAL FUNCTIONALITY OF THE APPLICANT'S TECHNOLOGY SERVICES OR PRODUCTS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please provide the percentage of total Applicant services these activities represent then describe the nature of products and/or services and which industry sector these services are provided to below.	%

<b>8. WHAT PERCENTAGE OF SERVICES ARE PROVIDED BY INDEPENDENT CONTRACTORS?</b>	%
a. Does Applicant require proof of errors and omissions insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

<b>9. PLEASE PROVIDE THE REQUESTED INFORMATION BELOW REGARDING THE RELATIONSHIP WITH YOUR LARGEST CUSTOMERS:</b>			
Client Name	Industry	Services Provided	Percentage of entire services
1			
2			
3			
4			
5			

<b>10. PLEASE COMPLETE THE APPROPRIATE SECTIONS INDICATING THE APPROXIMATE PERCENTAGES OF YOUR TOTAL SOFTWARE APPLICATIONS.</b>			
Payment Processing or Merchant Service Provider		Financial Record Management	
Funds Transfer		Financial Trading Platforms	
Accounting/Financial (non-fund transfers)		Administrative	
Medical/Dental/Healthcare Diagnosis, Monitoring or Treatment		Medical Record/EMR Management or Formatting	
Energy/Power Plant monitoring/SCADA System/Utility Monitoring		911 or other emergency response dispatch	
Air Traffic Control or Flight Control		Government Mission Critical Applications	
Robotics/A.I.		Manufacturing	
Social Media/Viral Marketing		Pay-per-click and user data monetization	
E-Commerce/On-Line Retail		Autonomous Mechanism Operation	
Engineering/CAD/CAM		IoT UPnP applications	

<b>11. DOES THE APPLICANT PROVIDE SERVICES OR HAVE STAFF LOCATED OUTSIDE OF THE UNITED STATES?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of Services:	%	
Foreign Office/Personnel Location(s):		

**Section 3: Media Coverage** requested? ☐ Yes ☐ No (If no, do not answer questions 12-14)

<b>12. PLEASE DESCRIBE MEDIA ACTIVITIES AND SERVICES PERFORMED BY THE APPLICANT.</b>

<b>13. ADVERTISING PERFORMED BY APPLICANT OR ON BEHALF OF APPLICANT AND FOR OTHERS</b>			
In-house advertising agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trademark clearance procedures if trademarks are created	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client sign off required on material	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical, Pharmaceutical, Neutraceutical content	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Printing for others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cosmetic product content	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform comparative advertising	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tobacco, Alcohol or Firearm related content	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written releases obtained for creative services and talent (including but not limited to employees, models, photographers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Political campaign or commentary	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>14. AUTHORSHIP, BOOK PUBLISHING, JOURNALISM</b>	
Does Applicant author books, essays, manuals or magazines in any format?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant provide publication services in any format?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform any form of investigative journalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 4: Network Security & Privacy Coverage** requested? ☐ Yes ☐ No (If no, then do not answer questions 15-20)

<b>15. WHAT IS THE TOTAL NUMBER OF UNIQUE SERVICE OFFERINGS PROVIDED BY THE APPLICANT?</b>			
<b>16. WHAT IS THE TOTAL NUMBER OF NODES (PHYSICAL &amp; MAC ADDRESSES) PROVIDED BY, OR ALLOWING ACCESS TO, THE APPLICANT?</b>			
<b>17. DOES THE APPLICANT OUTSOURCE RESPONSIBILITY FOR INFORMATION SECURITY?</b>	<div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="margin-top: 10px;">If yes, who is responsible for information security?</div>		
<b>18. WHAT IS THE TOTAL NUMBER OF EMPLOYEES OR CONTRACTORS WITH ACCESS TO THE APPLICANT'S SYSTEM?</b>			
<b>19. DOES THE APPLICANT MAINTAIN REDUNDANT SYSTEMS OR SERVERS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>20. DOES THE APPLICANT MAINTAIN A WRITTEN, FORMALIZED, COMPANYWIDE INFORMATION SECURITY PROCDURAL MANUAL?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New hires provide signed acknowledgement of review?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has an individual been assigned responsibility for information security?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so who?		
<b>21. PLEASE CHECK THE COMPUTER HARDWARE/SOFTWARE THE APPLICANT EMPLOYS TO PREVENT UNAUTHORIZED ACCESS TO ELECTRONICALLY STORED PERSONAL INFORMATION RECORDS, PROPRIETARY INFORMATION AND INTELLECTUAL PROPERTY.</b>			
Firewall	<input type="checkbox"/> Yes <input type="checkbox"/> No	PII behind the firewall	<input type="checkbox"/> Yes <input type="checkbox"/> No
AntiVirus Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patch Management Program Updates at least daily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Encryption Protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No	Includes all portable devices including thumb drives and cell phones	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Includes Information at rest	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Includes Information at in transit	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Point-to-Point (P2PE) or End-to-End (E2EE)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 5: Breach Response** Coverage requested? ☐ Yes ☐ No (If no, do not answer questions 19-25)

<b>22. DOES THE APPLICANT HAVE A FORMAL BREACH RESPONSE PLAN?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>23. IS PHYSICAL ACCESS RESTRICTED TO SERVERS AND AREAS WHERE CRITICAL OR SENSITIVE DATA IS HOUSED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>24. DOES THE APPLICANT HAVE A FORMALIZED PROCESS FOR THE DISPOSAL OR DESTRUCTION OF CONFIDENTIAL INFORMATION?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	<input type="checkbox"/> Yes <input type="checkbox"/> No Inclusive of hard drives and other storage devices												
	<input type="checkbox"/> Yes <input type="checkbox"/> No Hard files, paper files, paper documents												
	<input type="checkbox"/> Yes <input type="checkbox"/> No Information stored on the cloud												
<b>25. DOES THE APPLICANT MAINTAIN A NEED TO KNOW POLICY REGARDING ACCESS TO INFORMATION HELD BY THE INSURED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>26. DOES THE APPLICANT MAINTAIN A POLICY OR PROCEDURE FOR THE REVOCATION OF FORMER EMPLOYEE OR CONTRACTOR CREDENTIALS, ACCESS AND PROFILE FROM INSURED SYSTEMS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>27. DOES THE APPLICANT ACCEPT CLIENT PAYMENTS ONLINE OR VIA WIRELESS POINT OF SALE?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	If yes, indicate which methods are utilized:												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Credit/Debit Card</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Wire Transfer</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>PayPal or related Service</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>BitCoin or related currency and service</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Near-field communication device</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Square or Related Service</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Credit/Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wire Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PayPal or related Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	BitCoin or related currency and service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Near-field communication device	<input type="checkbox"/> Yes <input type="checkbox"/> No	Square or Related Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit/Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No												
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BitCoin or related currency and service	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Near-field communication device	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Square or Related Service	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>28. IS THE APPLICANT PCI COMPLIANT?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center;"> <b>Level I</b>  <b>Level II</b>  <b>Level III</b>  <b>Level IV</b> </div>												

<b>29. DOES THE APPLICANT MAINTAIN MEDICAL, FINANCIAL, PERSONAL AND CONFIDENTIAL RECORDS IN ANY FORMAT?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, held behind the fire wall, encrypted and in restricted access area or secure location?  <input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of records  Type of Personally Identifiable, Medical or Financial Information held:

<b>30. DOES THE APPLICANT USE AN OPEN SOURCE DATABASE FOR ANY PRODUCT, PROCESS, SERVICE OR FUNCTION?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>31. DOES THE APPLICANT USE CLOUD SERVICES FOR ANY OF THE FOLLOWING?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
SAAS ( Software as a Service)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public or Hybrid	<input type="checkbox"/> Yes <input type="checkbox"/> No
PAAS( Platform as a Service)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public or Hybrid	<input type="checkbox"/> Yes <input type="checkbox"/> No
IAAS (Infrastructure as a Service)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public or Hybrid	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>32. IS THE APPLICANT, WITH THE USE OF NECESSARY THIRD PARTY SERVICE PROVIDERS, COMPLIANT WITH APPLICABLE REGULATORY REQUIREMENTS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>33. IS THE REQUIREMENT FOR REGULATORY COMPLIANCE CITED IN REGULARLY USED CONTRACTS WITH THIRD PARTY SERVICE PROVIDERS AND VERIFIED BY THE APPLICANT?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>34. HAS THE APPLICANT CONFIRMED THAT THE CLOUD PROVIDER(S) ARE COMPLIANT, OR ENABLE COMPLIANCE, WITH THE FOLLOWING?</b>			
HITECH Act	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sarbanes Oxley Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIPAA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gramm-Leach Bliley Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
SEC, FINRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Information Security Management Act/ Cyber Threat Sharing Act of 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Risk and Authorization Management Program (FedRAMP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	European Union Data Protection Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No
NIST Framework	<input type="checkbox"/> Yes <input type="checkbox"/> No	FTC, FCC, OCR	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 6: Claims/Incident History

**35. Within the last 5 years has the Applicant been subject to or suffered any losses or litigation or does any proposed Insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim:** ☐ Yes ☐ No

**(If yes to any of the below, please provide details in a separate attachment)**

Breaches of network security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claims or notice of legal action resulting from professional services rendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unauthorized acquisition, use, access, identity theft, mysterious disappearance, or disclosure of personal information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notice of copyright infringement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violation of any privacy law, rule or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claims from dissemination or development of media content?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Threat of extortion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intellectual property theft or infringement allegations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business interruption resulting from malicious act or professional services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please explain):	

### CERTIFICATION AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of Applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the Applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to the questions in section 26., or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

The Application shall be deemed attached to and form a part of the Policy should coverage be bound.

**Must be signed by a Principal, Partner, Officer or Director**

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant

TEO 05.2016