

General Applicant Information

1. Name of Applicant: _____

2. Principal Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Website Address: _____ Risk Manager or equivalent name: _____

Phone Number: _____

Email Address: _____

5. Date Applicant was established: _____ / _____ / _____
MM DD YY

6. Business Description: _____

7. Are you owned by, associated with or controlled by any other entity or own another entity? Yes No

If "Yes", please provide full details. _____

8. Number of Locations: _____

9. Provide total number of your Staff: _____

10. List the gross annual revenues for the past two years and projected gross annual revenues for the current year.

Year	Gross Revenue	Cost of Goods Sold	Net Revenue
a. Estimate Upcoming	\$ _____	\$ _____	\$ _____
b. Current Policy Period	\$ _____	\$ _____	\$ _____
c. Past Fiscal Year	\$ _____	\$ _____	\$ _____

11. How many customer records are in your care, custody, or control? _____

12. Types of data stored, collected, received, transmitted or stored:

	# of records stored		# of records stored
<input type="checkbox"/> Credit/Debit Card	_____	<input type="checkbox"/> Social Security Numbers	_____
<input type="checkbox"/> Driver's License Numbers	_____	<input type="checkbox"/> Financial Account Numbers	_____
<input type="checkbox"/> Health Records	_____	<input type="checkbox"/> Intellectual Property of Others	_____

Network Security and Privacy

13. Are Anti-Virus programs installed on all PC's and networks? Yes No

How often are virus definitions updated and disseminated? _____

14. Do all external communications pass through a firewall? Yes No

15. Are all firewalls updated regularly and when patches become available? Yes No

16. Is network based intrusion detection software installed? Yes No

How often are logs reviewed? _____

17. Is confidential data stored on webservers? Yes No

If so, for how long? _____

18. Is there an individual in the organization whose sole job is IT security? Yes No

19. Are employees of the organization trained on privacy laws and their responsibility to keep information confidential? Yes No

20. Does the organization have a written information security policy? Yes No

a. Does it provide special handling of confidential information? Yes No

b. How often is it reviewed/updated? _____

21. Does the organization have an Incident Response Plan that addresses data breaches? Yes No

If Yes, how often is it tested? _____

22. Is all valuable/confidential information backed up on a daily basis? Yes No

If Yes, is that information stored off site? _____

23. Has the insured had a third party penetration assessment in the past two (2) years? Yes No

If Yes, were all recommendations complied with? Yes No

24. Does the organization have a Business Continuity or Disaster Recovery Plan? Yes No

a. Does it address Denial of Service attacks? Yes No

b. How often is it tested? _____

c. How long would it take to get the organization back to full operating capacity? _____

25. Does the organization sell data it collects about customers to third parties? Yes No

a. Is this disclosed in the privacy policy? Yes No

b. Is there an opt-out option? Yes No

26. Is the organization subject to any of the following:

Gramm Leach Bliley Act Red Flag Rules

1 2 3 4

HIPAA / HITECH Payment Card Industry Data Security Standards Level

For those regulations that you are subject to, are you in compliance? Yes No

If not, please explain. _____

27. Do the following hold, store or transmit confidential information? And is the data encrypted?

	Confidential Information		In Transit Encryption		At Rest Encryption	
Servers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laptops	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PDA's, Smart Phones, tablets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Backup tapes/hard drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

28. Does your organization accept Credit/Debit cards? Yes No

a. How many are processed annually? _____

b. What percentage of revenues is derived from online transactions? _____

29. Vendor Relationships. Please check all that apply.

Back up, Co-Location and Data Recovery	Payment Processing	Cloud, ASP, SaaS, etc.
<u>Vendors:</u> <input type="checkbox"/> AT&T <input type="checkbox"/> EMC <input type="checkbox"/> IBM <input type="checkbox"/> Amazon <input type="checkbox"/> Iron Mountain Other: _____	<u>Vendors:</u> <input type="checkbox"/> ACH Direct <input type="checkbox"/> Advance Payment Systems <input type="checkbox"/> Datavantage <input type="checkbox"/> First Data <input type="checkbox"/> FI Serve <input type="checkbox"/> Global Payments <input type="checkbox"/> Jack Henry <input type="checkbox"/> Paymentech <input type="checkbox"/> PayPal <input type="checkbox"/> Verisign Other: _____	<u>Vendors:</u> <input type="checkbox"/> ADP <input type="checkbox"/> Amazon <input type="checkbox"/> Microsoft <input type="checkbox"/> Google <input type="checkbox"/> Go Daddy <input type="checkbox"/> IBM <input type="checkbox"/> HP <input type="checkbox"/> Rach Space <input type="checkbox"/> Peak 10 <input type="checkbox"/> Oracle <input type="checkbox"/> SalesForce <input type="checkbox"/> SAP <input type="checkbox"/> WMWare/EMC Other: _____

30. Does the organization require contracts with technology service providers? Yes No

a. Does the service provider have contractual liability for losses associated with any failure to safeguard the organization's data? Yes No

b. Does the organization review the service provider's most recent security audit? Yes No

31. What physical security is in place to protect mainframes, servers, switches, routers, etc.? Yes No

Locks Keycard or other loggable devices Other: _____

Alarm System BioMetrics

Is access to these machines limited to specific job descriptions? Yes No

Technology Services (If Applicable)

32. Indicate the principal industries in which your clients specialize:

- Aeronautics Communications Consumer / Retail Sales Engineering / Scientific
 Governmental (military) Governmental (non-military) Technology Medical / Healthcare
 911 Dispatch / Emergency Call Center Other: _____

33. If you purchase Technology Services Coverage for the revenue listed in Question 7., please indicate the approximate percentage of your total operations involving:

- | | |
|---|---|
| _____ % Consulting / Design (Systems/Processes) | _____ % Web Design |
| _____ % Software Development | _____ % Web Site Hosting |
| <input type="checkbox"/> Hosted <input type="checkbox"/> Not Hosted | _____ % Payment Processing |
| _____ % Business Process Outsourcing | _____ % PaaS or IaaS |
| _____ % Support Services/IT helpdesk | _____ % Hardware / Firmware Development |
| _____ % Internet Access Provider | _____ % Data Center/Co-Location |
| _____ % Managed Security Services | _____ % Other: _____ |
- (Total 100%)

34. 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) and percentage. _____

35. What is the average revenue and duration of contract? _____

36. a. Is all system design work documented and tested? Yes No
 b. Is a test plan followed for all programs/programming changes? Yes No
 c. Is documentation retained for the life of the system? Yes No

37. Is the client required to determine the accuracy of products and services and provide a written sign-off? Yes No

38. What percentage of receivables are over 90 days past due? _____

Miscellaneous Professional Liability (If Applicable)

39. Does any member of the Applicant provide professional services other than those mentioned in Question 8.? Yes No
 If "Yes", please provide full details. _____

40. To what professional association(s) does the applicant belong? _____

41. Please include a list of Applicant's three (3) largest jobs or projects during the past three (3) years.

Project / Client Name	Service Performed for Client	Revenue from those Services	Pct. of Gross Revenue

42. What percentage of receivables are over 90 days past due? _____

43. Please describe in detail the professional activities for which coverage is desired:

44. 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) and percentage. _____

45. What is the average revenue and duration of contract? _____

Media Activities and Intellectual Property

46. Provide description of standard procedures for checking accuracy and originality of content.

47. Do you have an established procedure to safeguard against infringing on copyrights/trademarks of others? Yes No

48. Do you obtain licensing agreements prior to using content provided by others? Yes No

49. Does legal counsel review the content of your Website or On-Line Service for Media-type offenses? Yes No

Insurance History

50. In the past five (5) years, has any professional liability, media liability or cyber liability claim or suit ever been made against you or any of your predecessors' firms? Yes No
If yes, how many? **Please complete the Claim Supplement** and provide currently valued company loss runs for the past **5 years**.

51. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the Applicant or any predecessor firms? Yes No
If yes, how many? **Please complete the Claim Supplement** and provide currently valued company loss runs for the past **5 years**.

52. Have all matters in Questions 50 and 51 been reported to your former or current insurer(s) or to the former insurer of a current member of the Firm? Yes No

53. Please list your Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

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

54. Does the current policy have a retroactive date? (This date should be the date which the Applicant first purchased claims made coverage that has been continuously renewed.) Yes No

If yes, please indicate date: ____ / ____ / ____
MM DD YY

55. Have you ever purchased an extended reporting endorsement? Yes No

56. In the past five (5) years, have you or any of your members ever had professional liability insurance or similar insurance declined, cancelled or nonrenewed? Yes No

If yes, please provide full details. _____

Limits Desired: _____ Deductible Desired: _____

Desired Effective Date: ____ / ____ / ____
MM DD YY

Please Include:

- A. Any brochures or promotional materials.
- B. Resumes of the Applicant's principals or key employees.
- C. A copy of the Applicant's standard client contract or agreement.

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of the Insured, Owner, Partner or Principal

Title

Date