# Cyber And Privacy Insurance

New Business Application Form

## NOTICE

***NOTICE*: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD FOR ANY INCIDENT TAKING PLACE AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD.**

**AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.**

## INSTRUCTIONS

Please respond to answers clearly. Underwriters will rely on all statements made in this **application**. This form must be dated and signed by the CEO, CFO, President, Risk Manager or General Counsel.

Please note that you may be asked to provide the following information as part of the underwriting process:

- Additional Data Security/Information Governance Details, based on combination of controls and revenue or record counts (over $500mm in annual revenues or 2mm Privacy Information records)
- Most recent annual report, 10K or audited financials
- List of all material litigation threatened or pending (detailing plaintiff's name, cause(s) of action/allegations, and potential damages) which could potentially affect the coverage for which Applicant is applying
- Descriptions of any acts, errors or omissions which might give rise to a claim(s) under the proposed policy
- Loss runs for the last five years
- Copy of Applicant's in-house corporate privacy policy(ies) currently in use by your organization.

### Need Help

If you have any questions about the items asked in this form, please contact your broker or agent. A Chubb underwriter can also be made available to discuss the application.

## 1. Applicant Information

**Desired Effective Date**

**Applicant Name**

**Applicant Address (City, State, Zip)**

**Officer Name** **Title**

**Email Address** **Phone Number**

**Please list all Subsidiaries for which coverage is desired:**

**Applicant Type** **Primary Industry**

**Year Established** **Total Number of Employees**

**Global Revenue (Prior Fiscal Year)** **% Online Revenue (Prior Fiscal Year)**

**Global Revenue (Current Fiscal Year)** **% Online Revenue (Current Fiscal Year)**

**Primary Company Website(s)** **Operates outside of the United States**

## 2. Information Privacy and Governance

Which of the following types of Privacy Information (Personal Information or Third Party Corporate Information) does the Applicant store, process, transmit or otherwise have responsibility for securing? Please indicate total number of records (if known) inclusive of both internal or third parties:

a. Government issued identification numbers (e.g. Social Security numbers) ☐Yes ☐No _____

b. Credit card numbers, debit card numbers or other financial account numbers ☐Yes ☐No _____

c. Healthcare or medical records ☐Yes ☐No _____

d. Intellectual property (e.g. third party intellectual property trade secrets, M&A information) ☐Yes ☐No _____

e. User names and passwords ☐Yes ☐No _____

f. Does the Applicant maintain a data classification and data governance policy? ☐Yes ☐No

g. Does the Applicant maintain documentation that clearly identifies the storage and transmission of all Privacy Information? ☐Yes ☐No

h. When was the Applicant's privacy policy last reviewed? _____

i. Do you provide adequate notice to individuals (e.g. customers, consumers) of any private/personal information that is being collected and/or shared? ☐Yes ☐No

j. (Optional) Additional comments regarding Information Privacy and Governance

Which of the following statements are valid as it relates to Privacy Information governance? (Use the comments section for clarification as needed).

k. Does the Applicant encrypt Privacy Information when:
   i. Transmitted over public networks (e.g. the Internet) ☐Yes ☐No
   ii. Stored on mobile assets (e.g. laptops, phones, tablets, flash drives) ☐Yes ☐No
   iii. Stored on enterprise assets (e.g. databases, file shares, backups) ☐Yes ☐No
   iv. Stored with third party services (e.g. cloud provider) ☐Yes ☐No

l. Does the Applicant store Privacy Information on a secure network zone that is segmented from the internal network? ☐Yes ☐No

m. (Optional) What other technologies are used to secure Privacy Information (e.g. tokenization)?

n. (Optional) Additional comments regarding Information Privacy and Governance:

## 3. Information Security Organization

a. Does the Applicant have an individual designated for overseeing information *security*? ☐Yes ☐No
If so, enter name and title: _____

b. Does the Applicant have an individual designated for overseeing information *privacy*? ☐Yes ☐No
If so, enter name and title: _____

c. Is the Applicant compliant with any of the following regulatory or compliance frameworks (please check all that apply and indicate most recent date of compliance):

| | | |
|---|---|---|
| ☐ISO1799 | ☐HITECH | ☐SSAE-16 |
| ☐SOX | ☐HIPAA | ☐FISMA |
| ☐PCI-DSS | ☐GLBA | ☐Other |

d. Does the Applicant leverage any industry security frameworks for confidentiality, integrity and availability (e.g. NIST, COBIT)?

e. Is the Applicant an active member in outside security or privacy groups (e.g. ISAC, IAPP, ISACA)?
☐Yes ☐No

f. (Optional) What percentage of the overall IT budget is allocated for security?

g. (Optional) Additional comments regarding the Information Security Organization:

## 4. Information Security

| | | |
|---|---|---|
| a. | Does the Applicant have a formal risk assessment process that identifies critical assets, threats and vulnerabilities? | ☐Yes ☐No |
| b. | Does the Applicant have a disaster recovery and business continuity plan? | ☐Yes ☐No |
| c. | Does the Applicant have an incident response plan for determining the severity of a potential data security breach and providing prompt notification to all individuals who may be adversely affected by such exposure? | ☐Yes ☐No |
| d. | Does the Applicant have an intrusion detection solution that detects and alerts an individual or group responsible for reviewing malicious activity on the Applicant's network? | ☐Yes ☐No |
| e. | Does the Applicant configure firewalls to restrict inbound and outbound network traffic to prevent unauthorized access to internal networks? | ☐Yes ☐No |
| f. | Does the Applicant perform reviews at least annually of the Applicant's third party service providers to ensure they adhere to the Applicant's requirements for data protection? | ☐Yes ☐No |
| g. | Does the Applicant use multi-factor authentication for remote network access originating from outside the Applicant's network by employees and third parties (e.g. VPN, remote desktop)? | ☐Yes ☐No |
| h. | Does the Applicant conduct security vulnerability assessments to identify and remediate critical security vulnerabilities on the internal network and Applicant's public website(s) on the Internet? | ☐Yes ☐No |
| i. | Does the Applicant install and update an anti-malware solution on all systems commonly affected by malicious software (particularly personal computers and servers)? | ☐Yes ☐No |
| j. | Does the Applicant use any software or hardware that has been officially retired (i.e. considered "end-of-life") by the manufacturer (e.g. Windows XP)? | ☐Yes ☐No |
| k. | Does the Applicant update (e.g. patch, upgrade) commercial software for known security vulnerabilities per the manufacturer's advice? | ☐Yes ☐No |
| l. | Does the Applicant update open source software (e.g. Java, Linux, PHP, Python, OpenSSL) that is not commercially supported for known security vulnerabilities? | ☐Yes ☐No |
| m. | Does the Applicant have processes established that ensure the proper addition, deletion, and modification of user accounts and associated access rights? | ☐Yes ☐No |
| n. | Does the Applicant enforce passwords that are at least seven characters and contain both numeric and alphabetic characters? | ☐Yes ☐No |
| o. | Does the Applicant require annual security awareness training for all personnel so they are aware of their responsibilities for protecting company information and systems? | ☐Yes ☐No |

p. Does the Applicant screen potential personnel prior to hire (e.g. background checks including previous employment history, drug screen, criminal record, credit history and reference checks)? ☐Yes ☐No

q. Does the Applicant have a solution to protect mobile devices (e.g. laptops, smartphones, tablets) to prevent unauthorized access in the event the device is lost or stolen? ☐Yes ☐No

r. Does the Applicant have entry controls that limit and monitor physical access to company facilities (e.g. offices, data centers)? ☐Yes ☐No

## 5. Third Party Technology Services (e.g. cloud, web hosting, co-location, managed services)

a. Is there an individual responsible for the security of the Applicant's information that resides at third party technology service providers? ☐Yes ☐No

b. Do the Applicant's third party technology service providers meet required regulatory requirements that are required by the Applicant (e.g. PCI-DSS, HIPAA, SOX)? ☐Yes ☐No

c. Does the Applicant perform assessments or audits to ensure third party technology providers meet the Applicant's security requirements? ☐Yes ☐No
If Yes, when was the last audit completed?

d. Does the Applicant have a formal process for reviewing and approving contracts with third party technology service providers? ☐Yes ☐No

e. (Optional) Additional comments regarding Third Party Technology Services:

## 6. Current Network and Technology Providers (if applicable; required at the time of binding)

| | |
|---|---|
| Internet Communication Services | Credit Card Processor(s) |
| Website Hosting | Other Providers (e.g. Human Resource, Point of Sale) |
| Collocation Services | Anti-Virus Software |
| Managed Security Services | Firewall Technology |
| Broadband ASP Services | Intrusion Detection Software |
| Outsourcing Services | Cloud Services (e.g. Amazon, Salesforce, Office365) |

Please complete the following information for cloud providers who process or store Privacy Information for Applicant. Use the optional comments if more space is required.

| Cloud Provider | Type | Service | # of Records | Encrypted Storage |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(Optional) Additional comments regarding Cloud Services:

## 7. Internet Media Information (only required if Internet Media Coverage is being requested)

a. Please list the domain names for which coverage is requested:

b. Has legal counsel screened the use of all trademarks and service marks, including Applicant's use of domain names and metatags, to ensure they do not infringe on the intellectual property rights of others? ☐Yes ☐No

c. Does Applicant obtain written permissions or releases from third party content providers and contributors, including freelancers, independent contractors, and other talent? ☐Yes ☐No

d. Does Applicant require indemnification or hold harmless agreements from third parties (including outside advertising or marketing agencies) when Applicant contracts with them to create or manage content on Applicant's behalf? ☐Yes ☐No

e. If Applicant sells advertising space on any of its websites, are providers of advertisements required to execute indemnification and hold harmless agreements in Applicant's favor? ☐Yes ☐No

f. Have Applicant's privacy policy, terms of use, terms of service and other customer policies been reviewed by counsel? ☐Yes ☐No

g. Does Applicant involve legal counsel in reviewing content prior to publication or in evaluating whether it should be removed when notified that content is defamatory, infringing, in violation of a third party's privacy rights, or otherwise improper? ☐Yes ☐No

h. Does Applicant's website(s) include content directed at children under the age of 18? ☐Yes ☐No

i. Does Applicant collect data about children who use its website(s)? Does Applicant obtain parental consent regarding collection of data about children who use its website(s)? ☐Yes ☐No

j. Please describe the Applicant's process to review content prior to publication to avoid the posting, publishing or dissemination of content that is defamatory, infringing, in violation of a third party's privacy rights or otherwise improper:

k. Please describe the Applicant's review and takedown procedure when notified that content is defamatory, infringing, in violation of a third party's privacy rights or otherwise improper:

l. (Optional) Additional comments regarding the Internet Media Information:

## 8. Current Loss Information

In the past *five years*, has the Applicant ever experienced any of the following events or incidents? Please check all that apply. Please use the comments section below to describe any current losses.

a. Applicant was declined for Privacy, Cyber, Network or similar insurance, or had an existing policy cancelled (*Missouri applicants, do not answer this question*). ☐Yes ☐No

b. Applicant, its directors, officers, employees or any other person or entity proposed for insurance has knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy. ☐Yes ☐No

c. Applicant has been the subject of an investigation or action by any regulatory or administrative agency for violations arising out of Applicant's advertising or sales activities. ☐Yes ☐No

d. Applicant sustained a loss of revenue due to a systems intrusion, denial-of-service, tampering, malicious code attack or other type of cyber attack. ☐Yes ☐No

e. Applicant had portable media (e.g. laptop, backup tapes) that was lost or stolen and was not encrypted. ☐Yes ☐No

f. Applicant had to notify customers or offer credit monitoring that their personal information was or may have been compromised as a result of the Applicant's activities ☐Yes ☐No

g. Applicant received a complaint concerning the content of the Applicant's website(s) or other online services related to intellectual property infringement, content offenses, or advertising offenses ☐Yes ☐No

h. Applicant sustained an unscheduled network outage that lasted over 24 hours ☐Yes ☐No

i. (Optional) Additional information regarding Current Loss Information:

## 9. Current Coverage

Which of the following policies does the Applicant currently have in force:

☐General Liability Policy ☐Cyber/Privacy Liability Policy

☐D&O Policy ☐Crime

☐Professional Liability ☐Other Related Policy _____

(Optional) Additional comments regarding Current Coverage:

# FRAUD WARNING STATEMENTS

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

**Notice to Arkansas, Minnesota, New Mexico and 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, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 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 Louisiana and Rhode Island 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 Maine, 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 may include imprisonment, fines or a denial of insurance benefits.

**Notice to Alabama and 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 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 and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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 (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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 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.

## MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

## DECLARATION AND SIGNATURE

For the purposes of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the risk manager or a senior officer of the Parent Organization, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

| Date | Signature | Title |
| --- | --- | --- |
| _____ | _____ | _____ |

## SIGNATURE - FOR ARKANSAS, MISSOURI, NEW MEXICO, NORTH DAKOTA AND WYOMING APPLICANTS ONLY

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE POLICY FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE MY LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature (Arkansas, Missouri, New Mexico, North Dakota & Wyoming Applicants, In Addition To Application Signature Above):

Signed: _____ (must be Officer of Applicant)

Print Name & Title: _____

Date (MM/DD/YY): _____

Email/Phone: _____

## SIGNATURE - FOR KANSAS AND ALASKA APPLICANTS ONLY

ELECTRONIC DELIVERY SUPPLEMENT:

You are required by law to obtain consent from insureds prior to engaging in any electronic delivery of insurance policies and/or other supporting documents in connection with the policy. You have the right to:

Select electronic delivery - check here _____

Reject electronic delivery – check here _____

Applicant's Signature (Kansas and Alaska Applicants, In Addition To Application Signature Above):

## FOR FLORIDA APPLICANTS ONLY:

Agent Name:

Agent License ID Number:

## FOR IOWA APPLICANTS ONLY:

Broker:

Address: