



TechGuard® Cyber Liability Insurance Renewal Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for TechGuard® Cyber 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. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant.

1. GENERAL INFORMATION			
Name of Applicant			
Street Address		Phone	
City, State, Zip		Fax	
Website		Contact e-mail	
Applicant is a(an): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
Square footage for all locations owned or leased by the Applicant (If applying for General Liability Insurance)			
2. REQUIRED ADDITIONAL INFORMATION			
a. Has the name of the Applicant changed, or has any merger or consolidation taken place, in the past 12 months? If "Yes", please provide details on a separate page.			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have there been any material changes in the Applicant's security controls in the past 12 months? If "Yes", please provide details on a separate page.			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has the Applicant acquired any subsidiaries, affiliated companies or entities in the past 12 months? If "Yes", please attach a list with a description of (1) the nature of operations of each such subsidiary, affiliated company or entity, (2) its relationship to the Applicant and (3) the percentage of ownership by the Applicant.			<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the Applicant changed the nature of its professional services in the past 12 months? If "Yes", please provide details on a separate page.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. REVENUES			
	Current Fiscal Year ending / (current projected)	Last Fiscal Year ending /	
Total gross revenues:	\$	\$	
4. RECORDS			
a. Do you collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form? If "Yes" please provide the approximate number of unique records: Paper records: _____ Electronic records: _____ <small>*Private or sensitive information includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers' license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No

7. PHISHING CONTROLS	
<p>a. Do all employees with financial or accounting responsibilities at your company complete social engineering training? If “Yes”, does such training include phishing simulation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Does your organization send and/or receive wire transfers? If “Yes”, does your wire transfer authorization process include the following:</p> <p>(1) A wire request documentation form? (2) A protocol for obtaining proper written authorization for wire transfers? (3) A separation of authority protocol? (4) A protocol for confirming all payment or funds transfer instructions/requests from a new vendor, client or customer via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer <u>before</u> the payment or funds transfer instruction/request was received? (5) A protocol for confirming any vendor, client or customer account information change requests (including requests to change bank account numbers, contact information or mailing addresses) via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer <u>before</u> the change request was received?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. LOSS HISTORY	
<p>If the answer to any question in 8.a. through 8.c. below is “Yes”, please complete a Claim Supplemental Form for each claim, allegation or incident.</p>	
<p>a. In the past 12 months, has the Applicant or any other person or organization proposed for this insurance:</p> <p>(1) Received any complaints or written demands or been a subject in litigation involving matters of privacy injury, breach of private information, network security, defamation, content infringement, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the ability of third parties to rely on the Applicant’s network? (2) Been the subject of any government action, investigation or other proceedings regarding any alleged violation of privacy law or regulation? (3) Notified customers, clients or any third party of any security breach or privacy breach? (4) Received any cyber extortion demand or threat? (5) Sustained any unscheduled network outage or interruption for any reason? (6) Sustained any property damage or business interruption losses as a result of a cyber-attack? (7) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In the past 12 months, has any IT service provider that the Applicant relies on sustained an unscheduled network outage or interruption lasting longer than 4 hours? If “Yes”, did the Applicant experience an interruption in business due to such outage or interruption?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. In the past 12 months, has the Applicant or any other person or organization proposed for this insurance received any complaints or written demands or been a subject in litigation involving any wrongful act, error or omission in the performance of, or failure to perform, professional services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. Has the Applicant notified Tokio Marine HCC of all incidents or losses occurring, or claims, suits or demands received, in the past 12 months? If “No”, please forward complete details to Tokio Marine HCC immediately.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None to Report
9. GENERAL LIABILITY LOSS HISTORY	
<p>Please answer questions 9.a. & 9.b. below only if General Liability Coverage is desired. If the answer to question 9.a. or 9.b. below is “Yes”, please complete a Claim Supplemental Form for each claim, allegation or incident.</p>	
<p>a. In the past 12 months, did the Applicant or any other person or organization proposed for this insurance receive knowledge of any situation(s), circumstance(s) or allegation(s) of bodily injury, property damage, or personal and advertising injury, that may give rise to a claim?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In the past 12 months, has any claim for bodily injury, property damage or personal and advertising injury been made against the Applicant or any other person or organization proposed for this insurance?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Has the Applicant notified Tokio Marine HCC of all reports, allegations, claims, suits or demands involving or arising from bodily injury, property damage, or personal and advertising injury received in the past 12 months? If “No”, please forward complete details to Tokio Marine HCC immediately.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None to Report

NOTICE TO APPLICANT

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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.

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 the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a TechGuard® Cyber 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 any question of this application, such information shall be revealed immediately in writing to the Underwriter.

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

Must be signed by an officer of the company.

Print or Type Applicant's Name

Title of Applicant

Signature of Applicant

Date Signed by Applicant