



Network Security & Privacy Liability Supplemental Application

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

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

THIS APPLICATION IS NOT A BINDER.

1. GENERAL INFORMATION

Name of Firm		Date Established	
Street Address		Phone	
City, State, Zip		Contact Email	
Branch Office Cities		Website	

2. NETWORK SECURITY and PRIVACY LIABILITY

Complete this section only if your firm is applying for Network Security and Privacy Liability coverage.

How does your firm store personal information about your clients (including, but not limited to, social security numbers, credit card information, zip codes, etc.)?

Check all that apply

- ☐ Electronically
☐ Physically

Access to this personal information is controlled by?

Check all that apply

- ☐ Password
☐ Encryption
☐ Physical Security (e.g. locked doors and file cabinets, etc.)
☐ Other (specify):

Does your firm collect credit card information from your customers or vendors?

☐ Yes ☐ No

If Yes, how much of your firm's revenue is collected using credit cards?

- ☐ Less than 10%
☐ 10-25%
☐ 26-50%
☐ More than 50%

If Yes, is your firm PCI SSC Data Security Standards compliant?

☐ Yes ☐ No

Your firm's computer systems contain which of the following security measures?

Check all that apply

- ☐ Anti-Virus
☐ Firewall
☐ Intrusion Detection
☐ Automatic Updates
☐ Other (specify):

Within the last five years has your firm had any of the following:

Check all that apply

- ☐ A breach of security?
☐ Unauthorized acquisition, access, use or disclosure of personal information?
☐ Violation of any privacy law, rule or regulation?
☐ Transmission of any virus or malicious code?

If you checked any, explain in detail what happened and the steps taken to mitigate the problem and prevent a recurrence (use additional sheets as necessary)

3. NOTICE TO APPLICANT

APPLICABLE IN NEW YORK:

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.

APPLICABLE IN ALABAMA:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

APPLICABLE IN COLORADO:

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 of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA:

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.

APPLICABLE IN FLORIDA:

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.

APPLICABLE IN HAWAII:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS:

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.

APPLICABLE IN MARYLAND:

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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT:

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.

APPLICABLE IN MINNESOTA:

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO:

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 deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA:

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.

APPLICABLE IN WASHINGTON:

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.

APPLICABLE IN ALL OTHER STATES:

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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

4. CERTIFICATION AND SIGNATURE

The applicant has read the foregoing and understands that completion of this Supplemental Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Supplemental 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 Supplemental 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 Supplemental 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 this Supplemental Application, such information shall be revealed immediately in writing to the Underwriter.

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:

When the Applicant is in New Hampshire, must also be signed by the Producer:

Print or Type Producer's Name and Title:	Print or Type Agency's Name:
Signature of Producer:	Date Signed by Producer: