



NetGuard® SELECT Insurance Application

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

This application for NetGuard SELECT 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.

1. GENERAL INFORMATION	
Name of Applicant	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
Applicant's Industry	
Proposed Effective Date:	
2. DECLARATION OF NO KNOWN CLAIMS OR POTENTIAL CLAIMS	
<p>As a condition of the Insurer's agreement to authorize the binding of insurance, the undersigned declares that :</p> <p>a. within the last five (5) years, no person proposed for this coverage has received any claim, suit or complaint, or experienced any loss resulting from a privacy breach, security breach, identity theft, denial of service attack, cyber extortion threat, computer virus infection (including malware or ransomware), phishing attack, cyber bullying or damage to third party networks;</p> <p>b. no person proposed for this coverage has knowledge of any privacy breach, security breach, identity theft, denial of service attack, cyber extortion threat, computer virus infection (including malware or ransomware), phishing attack, cyber bullying or damage to third party networks which may give rise to a claim or loss; and</p> <p>c. within the last five (5) years, no person proposed for this coverage has experienced a financial loss resulting from wire transfer fraud, credit card fraud, forgery, theft of money from a bank account by electronic means, or theft of cryptocurrency as a result of a security breach or computer virus infection.</p> <p><input type="checkbox"/> Check this box if <u>all</u> of the statements in Section 2.a. through Section 2.c. above are true.</p> <p>If any statement in Section 2.a. through Section 2.c above is not true, please provide full claim or loss details (use additional sheets if necessary):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

NOTICE TO APPLICANT

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy, nor will coverage apply to any claim or circumstance identified, or that should have been identified, in Section 2.a. through Section 2.c of this application.

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 defense costs and, in such event, the Insurer shall not be liable for defense costs or any other amounts, including judgments and settlements, 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 Insurer.

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 NetGuard SELECT 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.

Print or Type Applicant's Name

Signature of Applicant

Date Signed by Applicant

California Fraud Warning

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.