



BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC (THE "COMPANY")

NOTICE: INSURING CLAUSE 1 OF THE CYBERSECURITY BY CHUBB SM POLICY PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. INSURING CLAUSES 2 THROUGH 7 OF THE CYBERSECURITY BY CHUBB SM POLICY PROVIDE FIRST PARTY COVERAGE. THE LIMIT OF LIABILITY WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS

- 1. Whenever used in this Application, the term "Applicant" shall mean the Parent Organization and its subsidiaries.
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

I. NAME, ADDRESS AND CONTACT INFORMATION:

- 1. Name of Applicant:
2. Address of Applicant:
City: State: Zip Code: Telephone:
3. Web address:
4. Name of Primary Contact:
5. Address of Primary Contact:
City: State: Zip Code: Telephone:
6. e-Mail of Primary Contact

II. SPECIFIC INFORMATION:

- 1. Please attach a copy of the following for every Applicant seeking coverage:
• A list of all subsidiaries, showing date created or acquired, state of incorporation, percentage ownership, nature of business, and total revenues, assets, and net income for the most recent year end financials.



2. Coverages and Limits of Liability Requested:

Insuring Clause	Limit Requested	Retention Amount Requested
CyberLiability (Disclosure, Reputational, Content, Conduit, and Impaired Access Injury)		

Optional Coverages:

E-Business Interruption and Extra Expenses		
E-Threat Expenses		
E-Vandalism Expenses		
Privacy Notification Expenses		
Crisis Management Expenses		
Reward Expenses		

3. Policy Period Requested:

From _____ to _____ both days at 12:01 a.m. at the principal address of the Parent Organization.

4. Nature of **Applicant's** operations:

5. Date established: _____

6. Does the **Applicant** anticipate in the next twelve (12) months:

a. Establishing or entering into any related or unrelated ventures which are a material change in operations? Yes No

b. Providing any new e-commerce products or services? Yes No

If "Yes" to 6.a. or 6.b., please provide full details on a separate sheet.

7. Who is the contact person for a network security self-assessment:

Name: _____ Title: _____

Telephone: _____ E-Mail: _____

III. COMPANY STATISTICS AND NATURE OF APPLICANT'S INTERNET ACTIVITIES

1. Does the **Applicant** provide technology services or products to third parties? Yes No
 If "Yes", attach an explanation of these services and quantify the revenue associated with them.



2. Do third parties rely on the availability of the **Applicant's** web site(s) in order to transact business? Yes No

If "Yes", please indicate below whether business or consumer and how much of their revenue is dependent upon use of the **Applicant's** web site(s).

Business-to-Business _____
Business-to-Consumer _____

3. With respect to the **Applicant's** web site(s):
- a. Does it include copyrighted material owned by another party? Yes No
- If "Yes", has the **Applicant** received written permission to use the copyrighted material? Yes No
- b. Does the **Applicant** allow placement of another vendor's hypertext link on its web site? Yes No
- If "Yes", has the **Applicant** obtained written consent from the other web site's owner to link to their site? Yes No
- c. Does the **Applicant's** web site use the content of another web site and surround with frames? Yes No
- If "Yes", is any associated trademark or advertising included?; and Yes No
- If "Yes", is it made clear that the content does not belong to the **Applicant's** business? Yes No
- d. Does the **Applicant** use metatags to control its web site positioning and description in search engine results? Yes No
- If "Yes", do these metatags use competitor names, trademarks, or other identifiers that could be construed as infringing the intellectual property of another or create initial interest confusion? Yes No
- e. Does the **Applicant** own a federally registered trademark in the **Applicant's** domain name? Yes No
- If "No", has the **Applicant** conducted a trademark search to determine whether their domain name infringes a trademark held by a third party? Yes No
- f. Does General Counsel approve all licensing and/or consent agreements to use the Intellectual Property of another? Yes No
- g. Is there centralized control over web site(s) development? Yes No
- h. Is there a formal process in place for General Counsel approval of web site content, including banner advertising? Yes No
- i. Does the **Applicant's** web site(s) include a forum (such as bulletin board or comment posting area) that includes communications from third parties? Yes No
- If "Yes", does the **Applicant** have a process to screen postings by third parties? Yes No



IV. PRIVACY POLICIES AND PROCEDURES

1. Does the **Applicant** have procedures in place to ensure compliance with privacy legislation (such as the Health Insurance Portability and Accountability—HIPAA, the Gramm-Leach-Bliley Act or other applicable legislation) with respect to the protection of confidential information? Yes No
2. Does the Applicant collect, receive, transmit, or store confidential customer information (e.g. social security number, drivers' license number, bank account number, credit or debit card number, etc.)? Yes No
- If "Yes", does the **Applicant** sell, share or otherwise disclose this personal information to third parties? Yes No
3. Does the **Applicant** have a privacy policy posted on all of their web sites? Yes No
- If "Yes", has the privacy policy been reviewed and approved by General Counsel? Yes No

V. INFORMATION SECURITY POLICIES AND PROCEDURES

1. Does the **Applicant** maintain an information systems security policy? Yes No
2. Does the **Applicant** have a laptop security policy? Yes No
3. Does the **Applicant** store sensitive data on web servers? Yes No
4. Does the **Applicant** have a computer security breach Incident Response Plan (IRP)? Yes No
5. Are penetration tests conducted on the **Applicant's** network at least annually? Yes No

VI. THIRD PARTY SERVICE PROVIDERS

1. Is the infrastructure of the **Applicant's** web site hosted by a third party, or is the content of the **Applicant's** website managed by a third party? Yes No
2. Does the **Applicant** use the services of an ASP? Yes No
3. Does the **Applicant** outsource infrastructure operations? Yes No
4. Does the **Applicant** use the services of a third party for off-site backup and/or archiving of electronic data? Yes No
5. Does the **Applicant** require resolution of non-compliance issues within a stipulated time period? Yes No
- If "Yes" to any of the above in questions VI., 1 through 5, does the agreement require a level of security commensurate with the **Applicant's** information systems security policy? Yes No



VII. AUDITING PRACTICES

- 1. Has the Applicant had an external network security assessment conducted within the last 12 months?
If 'Yes', by whom?
If 'Yes', have all critical recommendations been complied with?

VIII. REPRESENTATION: PRIOR KNOWLEDGE OF ACTS/CIRCUMSTANCES/SITUATIONS:

- 1. Has the Applicant at any time during the past three (3) years put its insurance carrier on notice of any potential or actual losses under its prior insurance program...
If 'Yes', attach an explanation.
2. If the Applicant has had any computer security incidents during the past two (2) years...
a. Was the Applicant specifically targeted for such computer attacks?
b. What were the direct costs associated with all computer attacks?
c. Have any of the computer attacks resulted in unauthorized access to, or corruption or erasure of, data?
d. Has the Applicant experienced a security breach that required notification of customers or other third parties?
3. No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except: NONE or

Without prejudice to any other rights and remedies of the Company, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to question 1, 2, and 3 above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.



IX. 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.

X. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES

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.

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

Notice to Arkansas, Louisiana, Maryland, 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, Maine, Tennessee and Virginia 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 Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

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 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 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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Application must be signed by the chief executive officer and chief financial officer or the chief information officer of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

<u>Produced By:</u>		
Agent: _____	Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address _____		
City: _____	State: _____	Zip Code: _____
<u>Submitted By:</u>		
Agency: _____		
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address _____		
City: _____	State: _____	Zip Code: _____