



McGOWAN RISK SPECIALISTS
 145 Wyckoff Road, Suite 103
 Eatontown, NJ 07724
 P: 732.450.9730 • F: 440.333.3214
 mcgowanrisk.com

INFORMATION SECURITY & PRIVACY INSURANCE WITH ELECTRONIC MEDIA LIABILITY APPLICATION

NOTICE: COVERAGE UNDER THIS POLICY IS PROVIDED ON A CLAIMS MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD OR AS OTHERWISE PROVIDED IN CLAUSE X. OF THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

PLEASE READ THIS POLICY CAREFULLY.

Please fully answer all questions and submit all requested information. If the Applicant is a private company, please attach a copy of your most recent financial statement.

I. GENERAL INFORMATION			
Full Name:			
Mailing Address:		State of Incorporation:	
City:		State & Zip:	
# of Employees:		Date Established:	
Website URL's:			
Authorized Officer ¹ :		Telephone:	
		E-mail:	
Business Description:			

II. REVENUE INFORMATION:			
	Most Recent Twelve (12) months: (ending: ___/___)	Previous Year	Next Year (estimate)
US Revenue:			
Non-US Revenue:			
Total Revenue:			

Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes in the past twelve (12) months? Yes No

If yes, please explain:

Has the Applicant in the past twelve (12) months completed or agreed to, or does it contemplate within the next twelve (12) months, a merger, acquisition, consolidation, whether or not such transactions were or will be completed? Yes No

If yes, please explain:

III. MANAGEMENT OF PRIVACY EXPOSURES	
1. Has the Applicant designated a Chief Privacy Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ The officer of the Applicant that is designated to receive any and all notices from the Insurer or its authorized representative(s) concerning this insurance.

If no, please indicate what position (if any) is responsible for privacy issues:	
2. Does the Applicant have a written corporate-wide privacy policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a copy of the privacy policy to this application.	
3. Is the Applicant in compliance with its privacy policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide details regarding such non-compliance:	
4. Does the Applicant accept credit cards for goods sold or services rendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	
A. Please state the Applicant's approximate percentage of revenues from credit card transactions in the most recent twelve (12) months:	%
B. Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI standards)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion:	
5. Does the Applicant restrict employee access to personally identifiable on a business-need to know basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the Applicant require third parties with which it shares personally identifiable information or confidential information to indemnify the Applicant for legal liability arising out of the release of such information due to the fault or negligence of the third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the Applicant aware of any release, loss or disclosure of personally identifiable information in its care, custody or control, or anyone holding such information on behalf of the Applicant in the most recent three year time period from the date of this Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
8. Has the Applicant implemented an identity theft prevention program (aka FTC "Red Flags" program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. COMPUTER SYSTEMS CONTROLS

If the Applicant has completed a full IT-Security Assessment, please check here and skip this section.

1. Has the Applicant designated a Chief Security Officer as respects computer systems? Yes No

If no, please indicate what position is responsible for computer security:

2. Does the Applicant publish and distribute written computer and information systems policies and procedures to its employees? Yes No

3. Does the Applicant conduct training for every employee user of the information systems in security issues and procedures for its computer systems? Yes No

4. Does the Applicant have :

A. a disaster recovery plan? Yes No

B. a business continuity plan? Yes No

C. an incident response plan for network intrusions and virus incidents? Yes No

How often are such plans tested?

5. Does the Applicant have a program in place to test or audit security controls on an annual or more frequent basis? Yes No

If yes, please summarize the scope of such audits and/or tests:

6. Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company? Yes No

7. Is all valuable/sensitive data backed-up by the Applicant on a daily basis? Yes No

If no, please describe exceptions:

8. Is at least one complete back-up file generation stored and secured off-site separate from the Applicant's main operations in a restricted area? Yes No

If no, describe the procedure used by the Applicant, if any, to store or secure copies of valuable/sensitive data off-site?

9. Does the Applicant have and enforce policies concerning when internal and external communication should be encrypted? Yes No

A. Does the Applicant encrypt data stored on laptop computers and portable media? Yes No

B. Does the Applicant encrypt data stored on back-up tapes? Yes No

C. Does the Applicant encrypt data "at rest" within computer databases? Yes No

10. Does the Applicant enforce a software update process including installation of software "patches"? Yes No

If Yes, are critical patches installed within thirty (30) days of release? Yes No

11. Please describe your network infrastructure:

	Anti-virus	Firewall	ISP	Intrusion Detection	
Primary vendor:					
Other significant vendor:					

12. How often are virus signatures updated? Automatic Updates Weekly Monthly Other

13. Does the Applicant require computer service providers who may have access to confidential information or personally identifiable information to demonstrate adequate security policies and procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. Are computer service providers required by contract to indemnify the Applicant for harm arising from a breach of the provider's security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Has the Applicant suffered any known intrusions (i.e., unauthorized access or security breach) or denial of service attacks relating to its computer systems in the most recent three (3) year time period from the date of this Application? If yes, describe any such intrusions or attacks, including any damage caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage that occurred, and state value of any lost time, income and the costs of any repair or reconstruction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. CONTENT CONTROLS

1. Please describe content produced by the Applicant:		
2. Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libelous, infringing, or in violation of a third party's privacy rights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the Applicant have a qualified attorney review all content prior to posting on the Insured's Internet Site? If yes, does the review include screening the content for the following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. disparagement issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. copywriting infringement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. trademark infringement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. invasion of privacy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no to question 3., please describe procedures to avoid the posting of improper or infringing content:		
4. Has the Applicant screened all trademarks used by the Applicant for infringement with existing trademarks prior to first use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. Has the Applicant acquired any trademarks from others in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, were acquired trademarks screened for infringement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Within the last three (3) years, has the Applicant ever received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regard to any content published, displayed or distributed by or on behalf of the Applicant? If yes, please provide details regarding any such demands:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VI. PRIOR INSURANCE

1. Does the Applicant currently have insurance in place covering media, privacy or network security exposures?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the following:							
Insurer	Limits	Retention	Policy Period	Premium	Retroactive Date		

2. Has any professional liability, privacy, network security or media insurance ever been declined or cancelled? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

VII. PRIOR CLAIMS AND CIRCUMSTANCES		
1. Has the Applicant ever received any claims or complaints with respect to allegations of invasion of or injury to privacy, identity theft, theft of information, breach of information security, software copyright infringement or content infringement or been required to provide notification to individuals due to an actual or suspected disclosure of personal information? If yes, Provide details of each such claim, allegation or incident, including costs, losses or damages incurred or paid, and any amounts paid as a loss under any insurance policy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has the Applicant been subject to any government action, investigation or subpoena regarding any alleged violation of any law or regulation? If yes, please provide details of any such action, investigation or subpoena:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the Applicant ever experienced an extortion attempt or demand with respect to its computer systems? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the Applicant notified consumers of a data breach incident in accordance with a data breach notification law in the past three (3) years? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the Applicant notified consumers of a data breach incident in accordance with a data breach notification law in the past three (3) years? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the Applicant, or any director, officer, employee or other proposed insured have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim or privacy breach notification under the proposed insurance? If yes, provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER

MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurer to defraud or attempt to defraud the insurer. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurer or agent of an insurer who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance.

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.

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 in the third degree.

KANSAS: any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against the insurer, submits an application for the issuance or rating of an insurance policy, or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

LOUISIANA AND MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurer to defraud the insurer. Penalties may include imprisonment, fines or denial of insurance benefits.

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

OKLAHOMA: 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.

PENNSYLVANIA: 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.

NEW YORK AND KENTUCKY: Any person who knowingly and with intent to defraud an insurer or other person files an application for insurance or statement of claims 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. New York applicants are subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. Pennsylvania applicants are subject to criminal and civil penalties.

AUTHORIZED SIGNATURE OF APPLICANT
(Must be signed by corporate officer with authority to sign on
Applicant's behalf)

TITLE

Printed Name

Date

Effective Date Requested for this Insurance

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Name of Insurance Agent

License Identification No.

Authorized Representative