



# ENTERPRISE PROFESSIONAL SOLUTIONS

TECHNOLOGY • PROFESSIONAL • MEDIA • NETWORK SECURITY & PRIVACY

**I. GENERAL INFORMATION**

Name of Applicant (as it should appear on Policy)				
Address Street Address: City, Province, Postal Code: Web Site Address:				
Business Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> LLC
Ownership Structure:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Not-for-profit	
Year Established:				
Number of Employees:				

**II. COVERAGES**

1.	Select each Coverage and indicate the Limit of Liability and Retention for which the Applicant is applying:		
	<b>Coverage</b>	<b>Limit of Liability</b>	<b>Retention</b>
	<input type="checkbox"/> Technology Liability		
	<input type="checkbox"/> Professional Services Liability		
	<input type="checkbox"/> Media Liability		
	<input type="checkbox"/> Network Security & Privacy Injury Liability		
	<input type="checkbox"/> Privacy Regulation Proceeding		
	<input type="checkbox"/> Privacy Event Expenses		
	<input type="checkbox"/> Privacy Regulation Fines		
2.	What is the proposed effective date of coverage?	(mm/dd/yyyy):	

**III. PRIOR/SIMILAR INSURANCE**

1.	Does the Applicant currently have a policy in-force providing any of the above coverages?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	If the response to question #1 above is yes, please provide the following:					
	<b>Coverage</b>	<b>Technology E&amp;O</b>	<b>Professional Services Liability</b>	<b>Media Liability</b>	<b>Network Security/ Privacy Injury</b>	
	Carrier					
	Policy Period					
	Limit of Liability					
	Retention					
	Claims Made or Occurrence					
	Retroactive Date					
	Premium					
3.	Does the Applicant currently carry Commercial General Liability Insurance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does this policy include coverage for Personal Injury/Advertising Injury or Products Liability?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

**IV. REVENUE**

1.	Indicate on what date the Applicant's fiscal year ends:	
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2.	Indicate the percentage of the Applicant's revenue which generated inside Canada and the percentage generated outside of Canada:	<b>Canada %</b>	<b>US %</b>	<b>Int'l %</b>
3.	Indicate the Applicant's Gross Annual Revenue for the following twelve (12) month fiscal time periods:			
	<b>Prior Fiscal Period</b>	<b>Current Fiscal Period (Forecasted)</b>	<b>Next Fiscal Period (Forecasted)</b>	
4.	Indicate the percentage of total gross revenue generated by each of the Applicant's following business activities:			
	<b>Business Activity</b>	<b>Current Year %</b>	<b>Next Year %</b>	
	Technology Services			
	Technology Products			
	Telecommunication Services			
	Misc. Professional Services			
	Media Activity			
	E-Commerce			

**V. SERVICE/PRODUCTS ALLOCATION**

1.	Estimate the total percentage of revenue the following Technology & Telecommunication activities:			
	<b>Tech - Software &amp; Services</b>	<b>%</b>	<b>Tech - Hardware &amp; Equipment</b>	<b>%</b>
	Application Service Provider		Technology Equipment Manufacturing	
	Custom Software Development		Computer Hardware Manufacturing	
	Data Processing & Outsourced Services		Computer Storage & Peripherals	
	Domain Name Registration		Electronic Equipment Manufacturing	
	Information Management		Electronic Manufacturing Services	
	Internet Service Provider		Office Electronics Manufacturer	
	IT Consulting		Semiconductors	
	Network Security Software and Services		Technology Distributors	
	Pre-Packaged Software Development/Sales		Other ( <i>describe</i> )	
	System Design and Integration			
	Technical Support/Repair & Maintenance		<b>Telecommunication</b>	<b>%</b>
	Web Portal		Alternative Carrier Provider	
	Website Construction and Design		Integrated Telecommunication Services	
	Other ( <i>describe</i> )		Wireless Telecommunications Services	
	2.	Estimate the total percentage of revenue for the following Miscellaneous Professional Services:		
<b>Miscellaneous Professional Service</b>		<b>%</b>	<b>Miscellaneous Professional Service</b>	<b>%</b>
Advertising Services			Logistic/Freight Forwarding	
Appraisal Services			Marketing Services	
Auctioneers			Mortgage Bankers/Brokers	
Business Information Providers			Payroll	
Business Process Outsourcing			Printer	
Call Centers/Answering Services			Property Manager	
Consulting Services			Public Relations Agencies	
Credit Bureaus			Rating Agencies	
Data Broker/Mining			Real Estate Professional	

	Direct Mail Services		Staffing Firms	
	Document Management Services		Student Loan Administration	



	Educational Testing		Testing Laboratories	
	Employed Lawyers		Third Party Administrator	
	Executive Search Services		Travel Agent/Tour Operator	
	Franchisor		Trustee	
	Other (describe)			
3.	Estimate the total percentage of revenue for the following Media Activities:			
	<b>Broadcasting</b>	<b>%</b>	<b>Movies and Entertainment</b>	<b>%</b>
	Over-the-air Broadcast Radio		Movie Producers and Distributors	
	Over-the-air Broadcast Television		Movie Theaters	
	Non-broadcast Radio		Sports	
	Non-broadcast Television		Video Producers	
	Other (describe)			
	<b>Publishing</b>	<b>%</b>		
	Books		<b>Advertising</b>	<b>%</b>
	Magazine		Advertising and Marketing Firms	
	Newspapers		Other (describe)	
	Other (describe)			

**VI. CLIENT/CUSTOMER INFORMATION**

1.	Provide the following information regarding the Applicant's five (5) largest clients (determined as a percentage of the total gross revenue for the past fiscal year):			
	<b>Client</b>	<b>Size of Contract</b>	<b>Length of Contract</b>	<b>Description of Services</b>
2.	What is the percentage of sales to repeat customers?	_____%		
3.	Rate the technical level of sophistication of the Applicant's average customer? <input type="checkbox"/> Novice <input type="checkbox"/> Average <input type="checkbox"/> Sophisticated			
4.	Are procedures in place to evaluate the financial condition and legitimacy of all new clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Indicate the percentage of products and services the Applicant provides to the following Customer Segments:			
	<b>Customer Segment</b>	<b>% of Services/Products</b>		
	Commercial Client			
	Individual Consumers			
	Federal Government			
	Provincial And Local Governments			
	Foreign Governments			



6.	Indicate the percentage of revenue derived from the following Business Sectors:			
	<b>Business Sector</b>	<b>% of Receipts</b>	<b>Business Sector</b>	<b>% of Receipts</b>
	Aerospace & Defense		Financial Services	
	Automobiles & Components		Healthcare	
	Chemical		Information Technology	
	Construction & Engineering		Media	
	Consumer Services		Oil, Gas & Utilities	
	Electrical Equipment		Retail	
	Energy Equipment & Services		Telecommunication	

**VII. CONTRACTUAL PROCEDURES**

1.	Does the Applicant require the use of a written contract or agreement for all engagements? If no, what is the percentage of contracts are in writing?	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> No
2.	Does the Applicant maintain and enforce a contractual review process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Does this process include review by Legal Counsel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the Applicant have a standard written contract that they propose to use on most engagements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Indicate the percentage of contracts where the Applicant's standard contract, the customer's contract or a combination of both is used:	Standard _____ % Customer _____ % Combination _____ %	
6.	What contractual provisions does the Applicant strive to impose on most contracts? ( <i>select all that apply</i> ):		
	<input type="checkbox"/> Disclaimer of Warranties	<input type="checkbox"/> Hold Harmless to the Applicant's Benefit	
	<input type="checkbox"/> Dispute Resolution	<input type="checkbox"/> Limitation of Liability	
	<input type="checkbox"/> Exclusions for Consequential Damages	<input type="checkbox"/> Performance Milestone	
	<input type="checkbox"/> Exclusive Remedies	<input type="checkbox"/> Statement of Work	
	<input type="checkbox"/> Force Majeure	<input type="checkbox"/> Venue or Governing Law	
7.	Does the applicant have a formal customer acceptance process in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Are performance milestones accepted with signoffs by both parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Are interim changes in contracts documented and signed off by both parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**VIII. HISTORICAL BUSINESS INFORMATION**

1.	Does the Applicant have any account receivables for professional or technology service contracts that are more than ninety (90) days past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Within the past five (5) years, has the Applicant sued any customers for non-payment of any contract or licensing fee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Within the past five (5) years, have any customers withheld payment or requested a refund of fees because the Applicant's products/services:		
	a. Did not meet customer's performance expectations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Did not perform in compliance with the Applicant's warranty or guarantee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



IX. QUALITY CONTROL PROCEDURES			
1.	Does the Applicant employ a Risk Manager? If no, please indicate who is responsible for handling insurance related matters: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does the Applicant have policies and procedures in place to respond to customer complaints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Does the Applicant utilize an escalation procedure to respond to customer complaints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Indicate which of the quality control procedures are in place: <i>(select all that apply)</i> <input type="checkbox"/> Alpha Testing <input type="checkbox"/> Beta Testing <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Customer Screening Process <input type="checkbox"/> Customer Service via a Toll-Free Number <input type="checkbox"/> Customer Service via a Web Portal <input type="checkbox"/> Customer Service via E-Mail <input type="checkbox"/> Formalized Training for New Hires <input type="checkbox"/> Prototype Development <input type="checkbox"/> Vendor Certification Process <input type="checkbox"/> Written Quality Control Guidelines		
5.	Does the Applicant implement, maintain and regularly test on at least an annual basis a disaster recovery/business continuity plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Does the Applicant back-up network data and configuration files daily? If not daily, then how often are data and files backed-up? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

X. SUB-CONTRACTED WORK, USE OF SUPPLIERS AND OUTSOURCED MANUFACTURING			
1.	Does the Applicant sub-contract any professional services or manufacturing to fulfill commitments to clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	If yes, what percentage does the Applicant sub-contract? _____ %		
3.	Does the Applicant utilize a standard sub-contractor contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the Applicant require evidence of General Liability or Errors & Omissions insurance from subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

XI. MEDIA			
<i>(Respond only if applying for Media Coverage)</i>			
1.	Does the Applicant have a website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Describe the function of the Applicant's website? <i>(select all that apply)</i> <input type="checkbox"/> To provide an internet "presence" by describing the Applicant's business <input type="checkbox"/> To aggregate and disseminate content from other sources <input type="checkbox"/> E-Commerce		
3.	Please select all features found in the Applicant's website: <input type="checkbox"/> Advertising <input type="checkbox"/> Blogs <input type="checkbox"/> Chat Rooms <input type="checkbox"/> Downloadable Files <input type="checkbox"/> E-Mail <input type="checkbox"/> Hyperlinks to other Website <input type="checkbox"/> Message Board <input type="checkbox"/> Electronic Product Manuals <input type="checkbox"/> Streaming Content <input type="checkbox"/> Testimonials <input type="checkbox"/> Training Material <input type="checkbox"/> Webcasts		
4.	Does the Applicant have a procedure for reviewing all content that is disseminated via its website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



5. List all newspaper and magazine publications for which coverage is sought, identify the geographic market served, the average circulation and the frequency of publication (i.e. daily, weekly):

Name of Publication	Market Served	Average Circulation	Frequency of Circulation

6. Specify the number of book titles distributed and the percentages that represent originals, reprints or distributed for others:

Number of titles distributed:	
Original:	%
Reprints:	%
Distributed for Others:	%

7. Indicate as a percentage of all published content any other content the applicant publishes:

Other Content	%	Other Content	%
Directories		Shopper Guides	
DVDs		Software	
Greeting Cards		Trade Journals	
Music		Trading Cards	
Newsletters		Video Tapes	
Photographs		Other ( <i>Describe</i> )	

8. Indicate what genre the Applicant's content is published: (select all that apply)

<input type="checkbox"/> Alternative Therapies	<input type="checkbox"/> Health	<input type="checkbox"/> Occult
<input type="checkbox"/> Art & Antiques	<input type="checkbox"/> History & Current Affairs	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Biography	<input type="checkbox"/> Humor Local Interest	<input type="checkbox"/> Political
<input type="checkbox"/> Children's	<input type="checkbox"/> Maps & Guides	<input type="checkbox"/> Reference
<input type="checkbox"/> Computing	<input type="checkbox"/> Maritime Interest	<input type="checkbox"/> Science
<input type="checkbox"/> Educational/Textbooks	<input type="checkbox"/> Mind & Spirit	<input type="checkbox"/> Self Help
<input type="checkbox"/> Fiction	<input type="checkbox"/> Mythology	<input type="checkbox"/> Sport
<input type="checkbox"/> Gardening	<input type="checkbox"/> Natural History	<input type="checkbox"/> Travel Related

9. List all broadcast Television/Cable And Radio stations for which coverage is sought and the provide the number of subscribers/highest sixty (60) second advertising rate and the geographical market served:

Station Name	Subscribers/ Advertising Rate	Geographical Market

10. Detail any other type of broadcasted content : \_\_\_\_\_

11. Please indicate all forms of broadcast content and indicate the percentage which is original versus distributed:

	Original %	Distributed %		Original %	Distributed %
Adult/Explicit			Investigative		
Celebrity			Music		
Children's			News/ Weather		
Comedy			Political		
Cultural/Arts			Public		



	Documentary		Reality		
	Editorial		Religious		
	Educational		Sports		
	Game Shows				
	Other: (specify)	_____			
12.	Select which broadcast business model most accurately describes the Applicant's business:				
	<input type="checkbox"/> Direct government payments or operation <input type="checkbox"/> Individually-donated time and energy <input type="checkbox"/> Fees charged to all owners of TV sets or radios <input type="checkbox"/> Public subscription or membership <input type="checkbox"/> Selling advertising or sponsorship <input type="checkbox"/> Grants from foundations or business entities <input type="checkbox"/> Indirect government payments, such as radio and television licenses				
13.	Detail the percentage of the Applicant's broadcasts that are:		_____ Live	_____ Pre-recorded	
14.	<b>Risk Management Procedures for all Media Activities</b>				
	a.	Does the Applicant employ an in-house counsel who specializes in intellectual property rights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b.	Does the Applicant engage outside counsel regarding media law issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c.	Does the Applicant have written media clearance procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d.	Does the Applicant have a policy regarding correction and retraction requests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	e.	Does the Applicant utilize a "delay" mechanism for live broadcast?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	f.	Does the Applicant have procedures in place regarding the handling of unsolicited content?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	g.	Does the Applicant have a policy regarding the use of confidential sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	h.	Is editorial content reviewed and edited prior to dissemination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	i.	Does the Applicant employ "shock jocks" or controversial personalities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

XII. INFORMATION SECURITY					
<i>(Respond only if applying for Network Security &amp; Privacy Injury Liability Coverage)</i>					
1.	Has the Applicant dedicated at least one staff member to manage, on a full-time basis, information security such as a Chief Information Security Officer or equivalent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Does the Applicant maintain a comprehensive information-security program that is reasonably designed to protect the security, confidentiality and integrity of personal information?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Has a qualified, objective, independent third party professional conducted an assessment of this program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	If "Yes", please indicate the name of the firm and the date of the assessment:		_____		
5.	If any existed, have the recommendations contained in the aforementioned assessment been implemented?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Has the Applicant adopted and implemented ISO 17799 standards published by the International Organization for Standardization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Does the Applicant have a written security policy that must be followed by all employees, contractors, or any other person with access to their network?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.	Has the Applicant established employee awareness and/or security training programs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	Does the Applicant display a privacy policy on its website?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	



10.	If this policy has been reviewed and/or certified, please indicate by whom:		
	<input type="checkbox"/> Qualified Attorney <input type="checkbox"/> 3 <sup>rd</sup> Party (TRUSTe, eTrust) <input type="checkbox"/> Neither		
11.	Please indicate which type of third party sensitive information resides on the Applicant's network: (Select all that apply)		
	<input type="checkbox"/> Credit card data for the duration of a transaction <input type="checkbox"/> Credit card data stored for future use (all but last 4 digits masked) <input type="checkbox"/> Credit card data stored for future use (un-masked card numbers or including track 2 data) <input type="checkbox"/> Private health information <input type="checkbox"/> Sensitive or proprietary company information (including trade secret) <input type="checkbox"/> Other personally identifiable financial information		
12.	Please describe the Applicant's network platforms and outsourced IT or data management activities:		
	<b>Function</b>	<b>Platform/Vendor</b>	<b>Function</b>
	Desktop & Mobile		Hosting/Co-Location
	Back Office		Back-Up/Data Recovery
	Database		Financial Service/Payments
	Web Server		Security Log Analysis
	Router		Network Monitoring/ Management
	ISP		Intrusion Detection Monitoring
13.	Has the Applicant established procedures for outsourced IT or data management activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	a.	Has the Applicant established an internal security breach incident response team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b.	Has the Applicant established a formal, written security breach response plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c.	Does the plan contain a process for assessing whether a breach notice is legally mandated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d.	Does the plan contain a process regarding the proper means to communicate the breach?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TECHNICAL SECURITY			
1.	a.	Does the Applicant have a virus protection program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b.	If "Yes", please identify the software used: _____	
	c.	Please check all items that accurately describe this program:	
		<input type="checkbox"/> Anti-virus/malicious code software is deployed on all computing devices within the Applicant's network <input type="checkbox"/> Automatic updates occur, at least, daily <input type="checkbox"/> Anti-virus scans are performed on all e-mail attachments, files and downloads before opening <input type="checkbox"/> Rejected files are quarantine <input type="checkbox"/> Unneeded services and ports are disabled <input type="checkbox"/> Virus/information security threat notifications are automatically received from CERT or similar	





2.	a.	Does the Applicant have a firewall in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b.	Does the Applicant outsource firewall maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c.	If "Yes", please indicate to whom maintenance is outsourced: _____		
	d.	Please check all items that accurately describe the firewall: <input type="checkbox"/> A formal process has been established for approving and testing all external network connections <input type="checkbox"/> A firewall has been established at each Internet connection <input type="checkbox"/> A firewall has been established between any DMZ and Intranet connection		
3.	Does the Applicant install and configure anti-spyware software to provide maximum protection of personally identifiable/sensitive information on all servers, desktops PCs, and laptops?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the Applicant implement security software updates and patches in a timely manner?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Does the Applicant allow remote access to its network only through a secure VPN or equivalent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Does the Applicant implement, maintain and monitor an intrusion detection system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ADMINISTRATIVE SECURITY**

1.	Does the Applicant control access to information that resides on data storage devices such as servers, desktops, PCs, laptops, and PDAs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does the Applicant control access to information that can be displayed, printed, and/or downloaded to external storage devices?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has the Applicant established a password usage policy to ensure that personally identifiable information/sensitive data stored in files can not be accessed using commonly known default user IDs and passwords?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the Applicant monitor user accounts to identify and eliminate inactive users?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Does the Applicant use reasonable encryption methods when transmitting, receiving or storing personally identifiable/sensitive information?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Does the Applicant configure all servers, desktops PCs, and laptops prior to use?		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
7.	Does the Applicant retain personally identifiable information only for as long as needed?		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
8.	Does the Applicant discard personally identifiable information when no longer needed by irreversibly erasing or destroying the data using a technique that leaves no residual data?		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
9.	Does the Applicant require third parties to whom they entrust personally identifiable information to contractually agree to protect such information using safeguards at least equivalent to their own?		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
10.	Does the Applicant's hiring process include conducting background checks on employees and independent contractors?		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
11.	Does the Applicant have and enforce a clean desk policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No



PHYSICAL SECURITY			
1.	Has the Applicant established physical security controls to control access to sensitive data?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Applicant limit server, server room and data center access only to authorized personnel?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	a.	Does the Applicant ensure that removable devices such as laptops, PDAs, thumb drives, tapes or diskettes (removable media) containing personally identifiable/sensitive information are never outside of the physical control of the authorized individual?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
	b.	Does the Applicant encrypt personally identifiable information stored on removable media?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
4.	Does the Applicant have an established procedure for employee departures that includes an inventoried recovery of all information assets, user accounts, and systems previously assigned to each individual during their period of employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

XIII. HISTORICAL CLAIMS & INVESTIGATORY INFORMATION			
1.	After inquiry, has any technology liability, professional liability, media liability, or network security/privacy injury claims been made during the past five (5) years against the Applicant?  <i>If "yes" attach a detailed summary including the name of the claimant, the date the claim occurred, the date it was reported, the demand amount, whether the claim is open or closed and the amount paid by both the Insured and insurance.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	After inquiry, does the Applicant, Subsidiaries, Predecessor Firms or any of their executive officers, risk manager or any employee who is responsible for the Applicant's insurance or claim reporting have knowledge, information of any circumstance, or any allegation of contentions of any incident that could give rise to a claim that would be covered by this policy?  <i>If "yes" attach a detailed summary including the name of the claimant, the date the claim occurred, the date it was reported, the demand amount and any other pertinent details.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has the Applicant received any complaints claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the Applicant's customers ability to rely on the Applicant's network?  <i>If "yes" attach details.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Within the last five (5) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency arising out of the Applicant's business practices?  <i>If "yes" attach details.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

This Application along with all signed applications, any attachments to such applications, other materials submitted therewith or incorporated therein, and any other documents submitted, any public documents filed by the Insured Entity prior to inception of this Policy (or if amended, as of that date), with any federal, state, local or foreign regulatory agency, (including, but not limited to the Securities and Exchange Commission) are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.



**SIGNATURE AND REPRESENTATION:**

None of the proposed Insureds has knowledge or information of any Wrongful Act or fact, circumstance or situation which (s)he has reason to suppose might result in a future Claim, except as follows (if answer is "None", so state): \_\_\_\_\_

It is agreed by all concerned that if any of the proposed Insured Persons or Employees is responsible for or has knowledge of any Wrongful Act, fact, circumstance, or situation which s(he) has reason to suppose might result in a future Claim, whether or not described above, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance as to (i) such of the Insured Persons or Employees and (ii) the Company and Subsidiaries if such proposed Insured Persons are Executive Officers. The responsibility or knowledge of any individual shall not be imputed to any other individual for the purposes of determining the availability of coverage.

1. It is declared that this Application and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy) are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
2. The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all of the proposed Insureds to facilitate the proper and accurate completion of this Application for the proposed Policy. Signing of this Application does not bind the undersigned to purchase the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached to and become part of such Policy. The undersigned agrees that if after the date of this Application and prior to the effective date of any Policy based on this Application, any occurrence, event or other circumstance should render any of the information contained in this Application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.
3. The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a Claim or potential claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

The undersigned acknowledges that he or she is aware that Claim Expenses reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any Loss (which includes Claim Expenses) in excess of the applicable Limits of Liability.

**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW**

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES

**Applicant:**

By: \_\_\_\_\_  
Signature of Authorized Representative of the Firm      Printed Name of Authorized Representative

Date: \_\_\_\_\_