

AXIS PRO®

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AXIS PRO® PRIVASURE™ BREACH RESPONSE INSURANCE APPLICATION

The submission of this application does not obligate you to purchase insurance nor is the **Company** obligated to sell insurance or to offer insurance upon any specific terms requested. This application will attach to and form a part of the policy. All additional written materials submitted in connection with this application are deemed part of this application. Coverage or offers for coverage may be cancelled, withdrawn and/or denied for fraud or material misrepresentation by you or by others on your behalf in the preparation or submission of this application to the extent permitted by applicable law.

Wherever used in this application, "you", "your", and "applicant" shall mean the entity(ies) identified in this application for the purposes of purchasing the above-titled insurance and "revenue" means gross income in United States dollars unless stated otherwise, including sales, receipts, fees, commissions, donations, contributions, dues, grants, and any other type of income of nonprofit or for-profit entities.

INSTRUCTIONS

Respond to all questions completely, leaving no blanks. If space is insufficient, continue responses on your letterhead. Check responses when requested. Provide specimens of your vendor agreements for data center, managed network and network security services if any, most current audited financial statement or annual report, and loss runs for the past five years related to this coverage. This form must be completed, dated and signed by an authorized officer of the entity identified in SECTION I.A. below.

I. APPLICANT INFORMATION

1. A. Name of the entity completing this application: _____

Years in Business _____

Street Address _____

City, State, Zip Code _____

Website Home Page _____

B. List the following information for all subsidiaries of the entity identified above that are intended to be included as part of this application for insurance:

<u>NAME</u>	<u>YEARS IN BUSINESS</u>	<u>WEBSITE HOME PAGE</u> <i>(If different from SECTION I.A. above.)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. In the past year has any applicant changed its name, acquired, merged or consolidated with any entity? Yes No

If so, provide the following information regarding all such entities:

<u>ENTITY</u>	<u>DATE OF TRANSACTION, ACQUISITION OR CONSOLIDATION</u>
_____	_____

RESPONSES TO SECTIONS II. THROUGH VIII. ARE MADE ON BEHALF OF ALL APPLICANTS

II. PRIOR, CURRENT AND REQUESTED COVERAGE

1. A. Provide the following information for Network Security and Privacy Liability coverage you purchased during the past three years:

<u>INSURER</u>	<u>LIMIT</u>	<u>RETRO DATE</u>	<u>PREMIUM</u>	<u>POLICY TERM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Identify the Limits of Coverage being requested:

Limits of Liability (Each Wrongful Act)

\$1,000,000 \$3,000,000 \$5,000,000

Other (Describe) _____

Sub-Limits for Regulatory Action Defense, Fines and Penalties

\$25,000 \$50,000 \$100,000

Other (Describe) _____

Sub-Limits for the Number of Individuals for Breach Response Services

10,000 50,000 100,000

Other (Describe) _____

Sub-Limits for Computer System Extortion

\$25,000 \$50,000 \$100,000

Other (Describe) _____

Sub-Limits for Breach Response Forensic and Legal Expenses

\$25,000 \$50,000 \$100,000

Other (Describe) _____

Retention (Each Wrongful Act)

\$10,000 \$25,000 \$50,000 \$100,000 \$250,000

Other (Describe) _____

Additional coverage requests (Describe) _____

III. FINANCIAL RESULTS AND PROJECTIONS

<u>REVENUE</u>	<u>Prior 12 Months</u>	<u>Current 12 Months</u>
Domestic Gross:	\$ _____	\$ _____
Foreign Gross:	\$ _____	\$ _____

IV. ACTIVITIES AND SERVICES

Describe the activities and services of the entities identified in SECTION I. _____

V. DATA, INFORMATION GATHERING, USE AND CONTROL

1. What kind of third party information do you store or process, in either electronic or non-electronic format, or is stored or processed on a third party computer system on your behalf. (Check all that apply)

- Medical Data Consumer Information Credit Card, Bank Account, or Financial Data
 Trade Secrets / Intellectual Property Assets User Generated Content

2. Do you gather any of the information identified in Question V.1. above from your website(s)? Yes No

If Yes: A. Do you sell or provide this information to others? Yes No

B. Do you employ a privacy disclosure statement on your website(s)? Yes No

C. Does your website(s) utilize or facilitate electronic information gathering spyware, adware, or similar functionality including but not limited to local shared objects or cookies? Yes No

3. Do you transact business utilizing debit, credit, pre-paid, ATM, POS or similar transaction methods? Yes No

If Yes, are you compliant with the applicable Payment Card Industry Standards? Yes No

4. Do you transmit any of the information identified in Question V.1. above through wireless routers? Yes No
If Yes, describe in detail: _____
5. In the past three years were you required to notify any individual or entity that their confidential or personal information was subject to a breach of privacy? Yes No
If Yes, describe: _____

VI. SECURITY

1. Do you employ security measures to prevent unauthorized access to the following under your operation and control:
- | | |
|---------------------------------------|--|
| A. Websites | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Premises and Facilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Computer Systems/Servers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Confidential Corporate Information | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Protected Personal Information | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. Describe your security measures to protect the confidentiality and integrity of data: _____
3. Do you utilize laptops? Yes No
If Yes: Is the data on your laptops encrypted? Yes No
Are your laptops password protected? Yes No
4. Do you perform regular computer system and data backups? Yes No
How often are they performed? _____
Are data back-ups stored off-site? Yes No
If data back-ups are stored off-site is the data encrypted prior to transit? Yes No
5. Describe your anti-virus program: _____
6. Describe your patch management activities: _____
7. Specify whether you have a person, group or outside firm responsible for your information security.
8. Do you have procedures for notifying customers, clients and employees of a breach in security that may affect their information?
 Yes No
9. Are your networks monitored in real time to detect possible intrusions or abnormalities? Yes No
10. In the past three years, have you experienced any computer network/system or data security breaches? Yes No
If Yes, explain and identify the steps taken to prevent similar future security breaches. _____
11. Do you have a written information security policy? Yes No
If Yes: Do you annually require and document that all employees have read and understand your security policy? Yes No
12. Describe your policies and procedures for identifying computer network/system vulnerabilities including the nature and frequency of audits, whether audits are performed by internal or third party resources and the systems or data involved. _____
13. Are there any corrective actions pending based on unfavorable results of audits? Yes No
If Yes, describe in detail: _____
14. Is the responsibility for care, use and control of sensitive or confidential information addressed in your contracts with your subcontractors, independent contractors and vendors who may have access to such information? Yes No
If Yes, do your contracts provide you with indemnification? Yes No
15. Do you require subcontractors, independent contractors and third party vendors who have access to sensitive or confidential information to provide evidence of network security and privacy liability coverage? Yes No

VII. COMPLAINTS, CLAIMS OR SUITS

1. Have you experienced a theft or unintended, release, disclosure or loss of private or personal information in the past three years?
 Yes No
If Yes, describe in detail: _____

2. Have any claims, suits or proceedings been made during the past five years against you or any of your predecessors in business, subsidiaries or affiliates or against any of your past or present partners, owners, officers, or employees arising out of or related to activities described in this application or for coverage sought under this policy? Yes No
If Yes, describe in detail: _____
3. Is any leader of your legal, finance, or risk management organizations or their functional equivalent, or any partner, director or executive officer aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against you or any of the persons or entities for which this submission is provided? Yes No
If Yes, describe in detail: _____
4. Have any of you or any of your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, directors, officers, or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? Yes No
If Yes, explain: _____

VIII. REPRESENTATIONS

By signing this application the undersigned officer, director, or partner of the entity identified in SECTION I.A. of this application warrants that:

1. The statements and answers given in this application and any addendums to it are accurate and complete;
2. That no material facts have been misstated in this application or concealed;
3. The statements and answers furnished to the **Company** are representations made to the **Company** on behalf of all applicants and all persons proposed for coverage;
4. These representations are a material inducement to the **Company** to provide a proposal for insurance;
5. Any policy the **Company** issues will be issued in reliance upon those representations;
6. You will report to the **Company** immediately in writing any material change in your activities, products and services;
7. You will report to the **Company** immediately in writing any material changes to the answers provided in this application which occur or are discovered between the date of this application and the effective date of the policy for which coverage is sought by submission this application; and
8. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

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.

NAME (type or print)

NAME (signature of Authorized Representative)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER: Producer Name: _____ City, State: _____ Telephone No.: _____	WHOLESALE PRODUCER: Producer Name: _____ City, State: _____ Telephone No.: _____
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BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): _____

FRAUD WARNING STATEMENTS

NOTICE TO ARKANSAS APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 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 WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:

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.

NOTICE TO FLORIDA APPLICANTS:

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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT 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 PENALTIES.

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 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.

NOTICE TO LOUISIANA APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE 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 MARYLAND APPLICANTS:

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.

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 NEW MEXICO APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL 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.

NOTICE TO OHIO APPLICANTS:

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

NOTICE TO OKLAHOMA APPLICANTS:

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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION OF DEFRAUDING PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND DOLLARS (\$5,000) AND NOT MORE THAN TEN THOUSAND DOLLARS (\$10,000), OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE PRESENT, THE PENALTY THUS ESTABLISHED MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS, IF EXTENUATING CIRCUMSTANCES ARE PRESENT, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

NOTICE TO RHODE ISLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.