



BEAZLEY BREACH RESPONSE

INFORMATION SECURITY & PRIVACY INSURANCE WITH BREACH RESPONSE SERVICES

NOTICE: INSURING AGREEMENTS A., C. AND D. OF THIS POLICY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY 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.

INSURING AGREEMENT B. OF THE POLICY PROVIDES COVERAGE ON AN INCIDENT DISCOVERED AND REPORTED BASIS; COVERAGE UNDER SUCH INSURING AGREEMENT APPLIES ONLY TO INCIDENTS FIRST DISCOVERED BY THE INSURED AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD.

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

Effective Date:

Business Name:			
Mailing Address:		State of Incorporation:	
City:		State & Zip:	
Website URL's:		Date Established:	
Authorized Officer 1:		Telephone:	
		E-mail:	
Breach Response Contact 2:		Telephone:	
		E-mail:	
Business Description:		Number of Employee:	
		Full Time	Part Time
Revenue:			

II. COMPUTER SYSTEMS CONTROLS			
1. Does the Applicant use commercially available Anti-virus software and firewall protection systems to prevent unauthorized access to internal networks and computer systems, monitor security vulnerabilities and appropriately patch systems and applications?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is personally identifiable information stored on laptop computers and portable media (flash drives, back-up tapes)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so – is it protected by encryption?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the Applicant have a written corporate-wide privacy policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are written computer and information systems policies and procedures published and distributed to employees or is other equivalent training provided?			<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.

² The employee of the Applicant that is designated to manage a response, including consumer notification, in response to a data breach event.



5. Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI (credit card) standards)? Yes No

III. REGULATORY ISSUES

1. Has the Applicant ever been received complaints or been investigated in respect of the safeguards for personally identifiable information? If yes, please explain Yes No

IV. PRIOR CLAIMS AND CIRCUMSTANCES

1. Has the Applicant ever been received complaints or been investigated in respect of the safeguards for personally identifiable information? If yes, please explain Yes No

If Yes, provide details of such claim, allegation or incident, including costs, losses or damages incurred or paid, and any amounts paid as a loss under any insurance policy.

2. Is any Applicant, director, officer or other proposed **Insured** have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a Claim under the proposed insurance? Yes No
If Yes, provide details on a separate sheet.

The undersigned declares that the statements set forth herein are true. The signing of this Application does not bind the undersigned or the Insurer to complete the insurance. It is represented that the statements contained in this Application 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. The Insurer is authorized to make any investigation and inquiry in connection with this Application as it deems necessary. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

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. It is agreed in the event there is any material change in the answers to the questions contained in this Application prior to the effective date of the policy, the Applicant will immediately notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the Insurer's discretion.

FRAUD WARNINGS

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

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 IN THE THIRD DEGREE.

Signed:

_____ Must be signed by corporate officer with authority to sign on Applicant's

Printed Name: _____

Title: _____ Date: _____