NOTICE

NOTICE: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD FOR ANY INCIDENT TAKING PLACE AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD.

AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.

INSTRUCTIONS

Please respond to answers clearly. Underwriters will rely on all statements made in this application. This form must be dated and signed by the CEO, CFO, President, Risk Manager or General Counsel.

Please note that you may be asked to provide the following information as part of the underwriting process:

- Additional Data Security/Information Governance Details, based on combination of controls and revenue or record counts (over $500mm in annual revenues or 2mm Privacy Information records)
- Most recent annual report, 10K or audited financials
- List of all material litigation threatened or pending (detailing plaintiff’s name, cause(s) of action/allegations, and potential damages) which could potentially affect the coverage for which Applicant is applying
- Descriptions of any acts, errors or omissions which might give rise to a claim(s) under the proposed policy
- Loss runs for the last five years
- Copy of Applicant’s in-house corporate privacy policy(ies) currently in use by your organization.
- Contracts with customers, vendors, subcontractors, or other third parties.

Need Help

If you have any questions about the items asked in this form, please contact your broker or agent. A Chubb underwriter can also be made available to discuss the application.
1. Applicant Information

Desired Effective Date
Mm/dd/yyyy

Applicant Name
Click here to enter text.

Applicant Address (City, State, Zip)
Click here to enter text.

Officer Name
Click here to enter text.

Email Address
Click here to enter text.

Phone Number
Click here to enter text.

Please list all Subsidiaries for which coverage is desired:
Click here to enter text.

Applicant Type
Choose an item.

Primary Industry
Choose an item.

Year Established
Click here to enter text.

Total Number of Employees
Enter a number or choose an item.

Global Revenue (Prior Fiscal Year)
Click here to enter text.

% Online Revenue (Prior Fiscal Year)
Click here to enter text.

Global Revenue (Current Fiscal Year)
Click here to enter text.

% Online Revenue (Current Fiscal Year)
Click here to enter text.

Primary Company Website(s)
Click here to enter text.

Operates outside of the United States
Choose an item.

2. Desired Coverage (Only enter information for desired coverages)

<table>
<thead>
<tr>
<th></th>
<th>Retention</th>
<th>Aggregate Limit</th>
<th>Per Claim or Incident Limit</th>
<th>Other Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Level Limits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Protected Information Coinsurance</td>
</tr>
<tr>
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<td>Choose an item.</td>
</tr>
<tr>
<td>Technology Errors and Omissions Liability</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Non-Panel Vendor Sublimit</td>
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<td></td>
<td>$</td>
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<tr>
<td>Cyber Incident Response Fund</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Side-Car Option</td>
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<td>Choose an item.</td>
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<tr>
<td>Business Interruption Loss and Extra Expense</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Waiting Period:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of hours</td>
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<tr>
<td>Contingent Business Interruption Loss and Extra Expense</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Waiting Period:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td># of hours</td>
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<tr>
<td>Digital Data Recovery</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
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<tr>
<td>Network Extortion</td>
<td>$</td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td>Cyber Privacy and Network Security Liability</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Payment Card Loss Limit</td>
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<td>$</td>
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<tr>
<td>Electronic, Social and Printed Media</td>
<td>$</td>
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<td>Coverage Scope Option</td>
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</tbody>
</table>
### 3. Nature of Operations

#### Class of Business
Describe nature of business operations, products or services in layperson terms.

**Please indicate the applicable percentage of total revenue derived from each product or service offered:**

<table>
<thead>
<tr>
<th>Type of Product or Service</th>
<th>% Current Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Service Provider</td>
<td><strong>Click here to enter text.</strong></td>
</tr>
<tr>
<td>Bulletin Board System/Forum Sites</td>
<td><strong>Click here to enter text.</strong></td>
</tr>
<tr>
<td>Billing Services</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Computer-Aided Design</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Collocation Facilities</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Credit Card Processing</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>CRM Consulting</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Data Entry/Timesharing</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Data Processing</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>E-Commerce Consulting</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>ERP Consulting</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Graphic Design</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Hardware Assembly</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Hardware Manufacturing</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Healthcare</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Infrastructure Equipment Manufacturing</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Infrastructure Software</td>
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<tr>
<td>Internet Advertising</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Internet Service Provider</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Manufacturing</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Messaging Services</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Online Banking</td>
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<tr>
<td>Online Brokerage</td>
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<tr>
<td>Online Exchanges</td>
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<tr>
<td>Portals</td>
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<tr>
<td>Retail E-Commerce</td>
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<tr>
<td>Security Consulting</td>
<td><strong>Click here to enter text.</strong></td>
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<td>Security Software</td>
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<tr>
<td>Software Development</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Software Installation – Custom</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Software Installation – Pre-packaged</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Specialty Programming</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Systems Analysis</td>
<td><strong>Click here to enter text.</strong></td>
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<tr>
<td>Services</td>
<td>Click here to enter text.</td>
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<tr>
<td>Systems Engineering</td>
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<td>Systems Integration</td>
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<td>Systems Maintenance</td>
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<tr>
<td>Technical Research</td>
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<td>Technical Support</td>
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<td>Technical Training</td>
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<td>Telecommunication</td>
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<tr>
<td>Value Added Reselling</td>
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<tr>
<td>Video Conferencing Services</td>
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<tr>
<td>Web Hosting</td>
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<tr>
<td>Web Maintenance Services</td>
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<tr>
<td>Other: Please Explain</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Does the Applicant have any products or services entering new markets or territories within the next year that are substantially different in scope or end use than current products or services, including as a result of recent or planned merger or acquisition?

☐ Yes  ☐ No

If Yes, please provide details:

Click here to enter text.

Does the Applicant currently or will the Applicant potentially operate as a financial institution, cryptocurrency exchange, third-party claims administrator, accreditation service, media production company, payment processor, data aggregator/broker/warehouse, credit bureau, direct marketer, intellectual property registration or legal services, video game developer, mobile application developer, social media, peer-to-peer file sharing, computer-automated design or engineering, gambling services provider, adult content provider or a provider of any component, product, software or services related to aviation, medical, transportation, surveillance, data security, or life safety? Or does the Applicant derive more than 50% of its revenue from non-technology products and services (e.g. software, electronics, telecom)?

☐ Yes  ☐ No

If Yes, please provide details.

Click here to enter text.

### 4. Technology E&O (Only if applying for this coverage)

#### Contracts

a. What is the size of the Applicant’s largest active customer contract in terms of annual revenue?

<table>
<thead>
<tr>
<th>Client</th>
<th>Nature of Contract/Service</th>
<th>Contract Value/Duration</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

b. What is the Applicant’s average contract value?

Click here to enter text.

c. What is the Applicant’s average contract length in months?

Click here to enter text.

d. From what percentage of customers does the Applicant obtain written contracts, purchase orders or user acceptance agreements?

Choose an item.
e. From what percentage of vendors does the Applicant obtain written contracts, purchase orders or user acceptance agreements? Choose an item.

f. Does qualified legal counsel review all of the Applicant’s critical contracts, such as critical vendor contracts, boilerplate standard customer contracts, and any substantially customized or deviated contracts for larger customers? □Yes □No

g. What percent of the Applicant’s customer contracts, purchase orders or user agreements contain:

1) Specific descriptions of the professional services being provided? Choose an item.

2) A limitation of liabilities to cost of products or services or some dollar amount? Choose an item.

3) A warranty disclaimer? Choose an item.

4) Hold harmless or indemnity agreements inuring to the benefit of the applicant? Choose an item.

5) Hold harmless or indemnity agreements inuring to the benefit of customers? Choose an item.

6) Formalized change order processes requiring signoff by both parties? Choose an item.

7) Conditions of customer acceptance of products/services? Choose an item.

8) Acceptance of consequential damages? Choose an item.

9) Provisions for liquidated damages? Choose an item.

10) Provisions for the ownership of intellectual property? Choose an item.

h. Does the applicant guarantee systems or website availability? (if yes, describe in attachment) □Yes □No

Independent Contractors

i. If the Applicant uses independent contractors and/or subcontractors:

11) What percentage of the Applicant’s revenue is derived from work subcontracted to others? Click here to enter text.

12) Does the applicant always use a written contract upon engagement of contractor? □Yes □No

13) Does the Applicant require that subcontractors carry professional liability or Technology E&O insurance with liability limits of at least $1,000,000? □Yes □No

14) Does the Applicant obtain written contracts from subcontractors containing indemnification or hold harmless agreements in favor of the Applicant? □Yes □No

15) Do all contracts with independent contractors clearly identify work product as ‘work made for hire’, or include other provisions for the ownership of intellectual property? □Yes □No

Government-Related Work

j. Does the applicant have procedures to ensure compliance with Federal, State, and local statutes? □Yes □No

k. What percent of the Applicant’s revenues come from:

1) Work for Municipal or State governments? Click here to enter text.

2) Work for the Federal Government of the United States of America? Click here to enter text.

l. If the Applicant generates more than 50% of gross revenues from the U.S. Federal Government:

1) Does the Applicant operate as a prime contractor or sub-to-prime contractor? Choose an item.
2) Does the Applicant primarily use Federal Acquisition Regulation (FAR) contracts or ensure that FAR flow-down provisions are within the contracts entered by the Applicant?  □ Yes □ No

Quality Control

m. Does the Applicant have formal customer acceptance, milestone management and customer signoff procedures in place, including obtaining final acceptance letters?  □ Yes □ No
n. Does the Applicant have a process in place to handle and resolve client complaints?  □ Yes □ No
o. Does the Applicant have a written and formalized quality control program, including software development methodologies, if applicable?  □ Yes □ No
p. Does the Applicant have vendor certification guidelines in place?  □ Yes □ No

5. Information Privacy and Governance

Which of the following types of Privacy Information (Personal Information or Third Party Corporate Information) does the Applicant store, process, transmit or otherwise have responsibility for securing? Please indicate total number of records (if known) inclusive of both internal or third parties:

a. Government issued identification numbers (e.g. Social Security numbers) □ Yes □ No  # of records
b. Credit card numbers, debit card numbers or other financial account numbers □ Yes □ No  # of records
c. Healthcare or medical records □ Yes □ No  # of records
d. Intellectual property (e.g. third party intellectual property trade secrets, M&A information) □ Yes □ No  # of records
e. User names and passwords □ Yes □ No  # of records
f. Does the Applicant maintain a data classification and data governance policy? □ Yes □ No
g. Does the Applicant maintain documentation that clearly identifies the storage and transmission of all Privacy Information? □ Yes □ No
h. When was the Applicant’s privacy policy last reviewed? mm/yyyy
i. Do you provide adequate notice to individuals (e.g. customers, consumers) of any private/personal information that is being collected and/or shared? □ Yes □ No
j. (Optional) Additional comments regarding Information Privacy and Governance

Click here to enter text.

Which of the following statements are valid as it relates to Privacy Information governance? (Use the comments section for clarification as needed).

k. Does the Applicant encrypt Privacy Information when:
   i. Transmitted over public networks (e.g. the Internet) □ Yes □ No
   ii. Stored on mobile assets (e.g. laptops, phones, tablets, flash drives) □ Yes □ No
   iii. Stored on enterprise assets (e.g. databases, file shares, backups) □ Yes □ No
   iv. Stored with third party services (e.g. cloud provider) □ Yes □ No
l. Does the Applicant store Privacy Information on a secure network zone that is segmented from the internal network? □ Yes □ No
   (Optional) What other technologies are used to secure Privacy Information (e.g. tokenization)?  Click here to enter text.

m. (Optional) Additional comments regarding Information Privacy and Governance:

Click here to enter text.
6. Information Security Organization

a. Does the Applicant have an individual designated for overseeing information security? □ Yes □ No
   Enter name and title

b. Does the Applicant have an individual designated for overseeing information privacy? □ Yes □ No
   Enter name and title

c. Is the Applicant compliant with any of the following regulatory or compliance frameworks (please check all that apply and indicate most recent date of compliance):
   □ ISO1799 as of date □ HITECH as of date □ SSAE-16 as of date
   □ SOX as of date □ HIPAA as of date □ FISMA as of date
   □ PCI-DSS as of date □ GLBA as of date □ Other as of date

d. Does the Applicant leverage any industry security frameworks for confidentiality, integrity and availability (e.g. NIST, COBIT)?
   Comments

e. Is the Applicant an active member in outside security or privacy groups (e.g. ISAC, IAPP, ISACA)?
   □ Yes □ No   Comments

f. (Optional) What percentage of the overall IT budget is allocated for security?
   Comments

g. (Optional) Additional comments regarding the Information Security Organization:
   Comments

7. Information Security

q. Does the Applicant have a formal risk assessment process that identifies critical assets, threats and vulnerabilities? □ Yes □ No
   Comments

r. Does the Applicant have a disaster recovery and business continuity plan? □ Yes □ No
   Comments

s. Does the Applicant have an incident response plan for determining the severity of a potential data security breach and providing prompt notification to all individuals who may be adversely affected by such exposure?
   Comments

t. Does the Applicant have an intrusion detection solution that detects and alerts an individual or group responsible for reviewing malicious activity on the Applicant’s network? □ Yes □ No
   Comments

u. Does the Applicant configure firewalls to restrict inbound and outbound network traffic to prevent unauthorized access to internal networks? □ Yes □ No
   Comments

v. Does the Applicant perform reviews at least annually of the Applicant’s third party service providers to ensure they adhere to the Applicant’s requirements for data protection? □ Yes □ No
   Comments

w. Does the Applicant use multi-factor authentication for remote network access originating from outside the Applicant’s network by employees and third parties (e.g. VPN, remote desktop)? □ Yes □ No
   Comments

x. Does the Applicant conduct security vulnerability assessments to identify and remediate critical security vulnerabilities on the internal network and Applicant’s public website(s) on the Internet? □ Yes □ No
   Comments

y. Does the Applicant install and update an anti-malware solution on all systems commonly affected by malicious software (particularly personal computers and servers)? □ Yes □ No
   Comments
z. Does the Applicant use any software or hardware that has been officially retired (i.e. considered “end-of-life”) by the manufacturer (e.g. Windows XP)? □Yes □No

List software

aa. Does the Applicant update (e.g. patch, upgrade) commercial software for known security vulnerabilities per the manufacturer’s advice? □Yes □No

Comments

bb. Does the Applicant update open source software (e.g. Java, Linux, PHP, Python, OpenSSL) that is not commercially supported for known security vulnerabilities? □Yes □No

Comments

c. Does the Applicant have processes established that ensure the proper addition, deletion, and modification of user accounts and associated access rights? □Yes □No

Comments

d. Does the Applicant enforce passwords that are at least seven characters and contain both numeric and alphabetic characters? □Yes □No

Comments

e. Does the Applicant require annual security awareness training for all personnel so they are aware of their responsibilities for protecting company information and systems? □Yes □No

Comments

ff. Does the Applicant screen potential personnel prior to hire (e.g. background checks including previous employment history, drug screen, criminal record, credit history and reference checks)? □Yes □No

Comments

g. Does the Applicant have a solution to protect mobile devices (e.g. laptops, smartphones, tablets) to prevent unauthorized access in the event the device is lost or stolen? □Yes □No

Comments

hh. Does the Applicant have entry controls that limit and monitor physical access to company facilities (e.g. offices, data centers)? □Yes □No

Comments

8. Third Party Technology Services (e.g. cloud, web hosting, co-location, managed services)

a. Is there an individual responsible for the security of the Applicant’s information that resides at third party technology service providers? □Yes □No

Comments

b. Do the Applicant’s third party technology service providers meet required regulatory requirements that are required by the Applicant (e.g. PCI-DSS, HIPAA, SOX)? □Yes □No

Comments

c. Does the Applicant perform assessments or audits to ensure third party technology providers meet the Applicant’s security requirements? □Yes □No

If Yes, when was the last audit completed? As of date

d. Does the Applicant have a formal process for reviewing and approving contracts with third party technology service providers? □Yes □No

Comments

e. (Optional) Additional comments regarding Third Party Technology Services:
9. Current Network and Technology Providers (if applicable; required at the time of binding)

<table>
<thead>
<tr>
<th>Service</th>
<th>Enter Provider(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Communication Services</td>
<td></td>
</tr>
<tr>
<td>Credit Card Processor(s)</td>
<td></td>
</tr>
<tr>
<td>Website Hosting</td>
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<tr>
<td>Other Providers (e.g. Human Resource, Point of Sale)</td>
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<tr>
<td>Collocation Services</td>
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<tr>
<td>Anti-Virus Software</td>
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<tr>
<td>Managed Security Services</td>
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<tr>
<td>Firewall Technology</td>
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<tr>
<td>Broadband ASP Services</td>
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<tr>
<td>Intrusion Detection Software</td>
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<tr>
<td>Outsourcing Services</td>
<td></td>
</tr>
<tr>
<td>Cloud Services (e.g. Amazon, Salesforce, Office365)</td>
<td></td>
</tr>
</tbody>
</table>

Please complete the following information for cloud providers who process or store Privacy Information for Applicant. Use the optional comments if more space is required.

<table>
<thead>
<tr>
<th>Cloud Provider</th>
<th>Type</th>
<th>Service</th>
<th># of Records</th>
<th>Encrypted Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Provider</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
<td># of Records</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Enter Provider</td>
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<td># of Records</td>
<td>Choose an item.</td>
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<tr>
<td>Enter Provider</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
<td># of Records</td>
<td>Choose an item.</td>
</tr>
</tbody>
</table>

(Optional) Additional comments regarding Cloud Services:
Click here to enter text.

10. Internet Media Information (only required if Internet Media Coverage is being requested)

a. Please list the domain names for which coverage is requested:
   Click here to enter text.

b. Has legal counsel screened the use of all trademarks and service marks, including Applicant’s use of domain names and metatags, to ensure they do not infringe on the intellectual property rights of others?
   Comments
   ☐ Yes ☐ No

c. Does Applicant obtain written permissions or releases from third party content providers and contributors, including freelancers, independent contractors, and other talent?
   Comments
   ☐ Yes ☐ No

d. Does Applicant require indemnification or hold harmless agreements from third parties (including outside advertising or marketing agencies) when Applicant contracts with them to create or manage content on Applicant’s behalf?
   Comments
   ☐ Yes ☐ No

e. If Applicant sells advertising space on any of its websites, are providers of advertisements required to execute indemnification and hold harmless agreements in Applicant’s favor?
   Comments
   ☐ Yes ☐ No

f. Have Applicant’s privacy policy, terms of use, terms of service and other customer policies been reviewed by counsel?
   Comments
   ☐ Yes ☐ No

g. Does Applicant involve legal counsel in reviewing content prior to publication or in evaluating whether it should be removed when notified that content is defamatory, infringing, in violation of a third party’s privacy rights, or otherwise improper?
   Comments
   ☐ Yes ☐ No
h. Does Applicant’s website(s) include content directed at children under the age of 18? □Yes □No

i. Does Applicant collect data about children who use its website(s)? Does Applicant obtain parental consent regarding collection of data about children who use its website(s)? □Yes □No

j. Please describe the Applicant’s process to review content prior to publication to avoid the posting, publishing or dissemination of content that is defamatory, infringing, in violation of a third party’s privacy rights or otherwise improper:
Click here to enter text.

k. Please describe the Applicant’s review and takedown procedure when notified that content is defamatory, infringing, in violation of a third party’s privacy rights or otherwise improper:
Click here to enter text.

l. (Optional) Additional comments regarding the Internet Media Information:
Click here to enter text.

11. Current Loss Information

In the past five years, has the Applicant ever experienced any of the following events or incidents? Please check all that apply. Please use the comments section below to describe any current losses.

a. Applicant was declined for Tech E&O, Privacy, Cyber, Network or similar insurance, or had an existing policy cancelled (Missouri applicants, do not answer this question). □Yes □No

b. Within the last three years has a customer claimed that they had a financial loss as a result of an error or omission on the part of the Applicant? □Yes □No

c. Has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities? □Yes □No

d. Applicant, its directors, officers, employees or any other person or entity proposed for insurance has knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy. □Yes □No

e. Applicant has been the subject of an investigation or action by any regulatory or administrative agency for violations arising out of Applicant’s advertising or sales activities. □Yes □No

f. Applicant sustained a loss of revenue due to a systems intrusion, denial-of-service, tampering, malicious code attack or other type of cyber attack. □Yes □No

g. Applicant had portable media (e.g. laptop, backup tapes) that was lost or stolen and was not encrypted. □Yes □No

h. Applicant had to notify customers or offer credit monitoring that their personal information was or may have been compromised as a result of the Applicant’s activities □Yes □No

i. Applicant received a complaint concerning the content of the Applicant’s website(s) or other online services related to intellectual property infringement, content offenses, or advertising offenses □Yes □No

j. Applicant sustained an unscheduled network outage that lasted over 24 hours □Yes □No

k. (Optional) Additional information regarding Current Loss Information:
Click here to enter text.
12. Current Coverage

Which of the following policies does the Applicant currently have in force:

☐ General Liability Policy  ☐ Cyber/Privacy Liability Policy
☐ D&O Policy  ☐ Crime
☐ Professional Liability (incl. Tech E&O)  ☐ Other Related Policy  Please Specify

ii. If the Applicant currently purchases E&O insurance to address the failure of their product or service, please provide:
   - Coverage Description: Click here to enter text.
   - Carrier: Click here to enter text.
   - Limit of Insurance: Click here to enter text.
   - Deductible: Click here to enter text.
   - Premium: Click here to enter text.
   - Expiration Date: Click here to enter a date.
   - Retro Date? Click here to enter a date.

jj. If the Applicant currently purchases Cyber or Privacy Liability insurance:
   If Yes, please provide:
   - Coverage Description: Click here to enter text.
   - Carrier: Click here to enter text.
   - Limit of Insurance: Click here to enter text.
   - Deductible: Click here to enter text.
   - Premium: Click here to enter text.
   - Expiration Date: Click here to enter a date.
   - Retro Date? Click here to enter a date.

kk. If the Applicant currently purchases Media Liability Insurance?
   If Yes, please provide:
   - Coverage Description: Click here to enter text.
   - Carrier: Click here to enter text.
   - Limit of Insurance: Click here to enter text.
   - Deductible: Click here to enter text.
   - Premium: Click here to enter text.
   - Expiration Date: Click here to enter a date.
   - Retro Date? Click here to enter a date.

(Optional) Additional comments regarding Current Coverage:
Click here to enter text.
FRAUD WARNING STATEMENTS

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.

Notice to Arkansas, 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 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 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 and 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.

Notice to Maine, 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 may include imprisonment, fines or a denial of insurance benefits.

Notice to Alabama and Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 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 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 (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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 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.

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.

DECLARATION AND SIGNATURE

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

This Application must be signed by the risk manager or a senior officer of the Parent Organization, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

<table>
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<th>Date</th>
<th>Signature</th>
<th>Title</th>
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________________________________________  ______________________________  ______________________________
SIGNATURE - FOR ARKANSAS, MISSOURI, NEW MEXICO, NORTH DAKOTA AND WYOMING APPLICANTS ONLY

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE POLICY FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE MY LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant’s Signature (Arkansas, Missouri, New Mexico, North Dakota & Wyoming Applicants, In Addition To Application Signature Above):

Signed: ____________________________ (must be Officer of Applicant)
Print Name & Title: ____________________________
Date (MM/DD/YY): ____________________________
Email/Phone: ____________________________

SIGNATURE - FOR KANSAS AND ALASKA APPLICANTS ONLY

ELECTRONIC DELIVERY SUPPLEMENT:

You are required by law to obtain consent from insureds prior to engaging in any electronic delivery of insurance policies and/or other supporting documents in connection with the policy. You have the right to:

Select electronic delivery - check here
Reject electronic delivery – check here

Applicant’s Signature (Kansas and Alaska Applicants, In Addition To Application Signature Above):

FOR FLORIDA APPLICANTS ONLY:

Agent Name: ______
Agent License ID Number: ______

FOR IOWA APPLICANTS ONLY:

Broker: ______
Address: ______