

Application for Smart Cyber Insurance[®]



1. Company Name

2. Company Address

3a. Primary Website

3b. Additional Websites

4. Nature of Business (Industry)

5. Projected Gross Annual Revenue (next 12 months)

6. Estimated amount of unique personally identifiable records¹ maintained by the applicant (including records stored by third-party providers)

0–250,000

500,001–1,000,000

2,500,001–5,000,000

10,000,000+

250,001–500,000

1,000,001–2,500,000

5,000,001–10,000,000

7. Does the applicant have formal processes for backing up, archiving, and restoring sensitive data?

Yes No

8. If the applicant accepts payment cards in exchange for goods or services rendered, is the applicant or their outsourced payment processor PCI-DSS compliant?

Yes No N/A

9. If the applicant stores over 1MM PII records, do they encrypt private or sensitive information stored on mobile devices²?

Yes No N/A

10. If revenue is over \$100MM and the applicant uses multimedia material provided by others, does the applicant always obtain the necessary rights, licenses, releases, and consents prior to publishing?

Yes No N/A

11. If the applicant has more than \$500MM in revenue, stores more than 1MM PII records, and they allow remote access into their network, do they utilize multi-factor authentication to secure that access?

Yes No N/A

12. If the applicant's industry is retail, restaurant, or online retailer, do they deploy either end-to-end or point-to-point encryption technology on all of their point of sale terminals?

Yes No N/A

13. Has the Applicant experienced in the past three years any cyber security incident, data privacy incident or any multimedia liability claim³? **Yes** **No**
If Yes: Is the actual or expected total financial impact to the Applicant and its insurer more than \$25,000? **Yes** **No**
 Please provide additional details.

14. Does the Applicant or any other person or organization proposed for this insurance have knowledge of any actual or alleged: security breach, privacy breach, privacy-related event or incident, breach of privacy, or multimedia incident⁴ that may reasonably be expected to give rise to a claim or to costs being incurred? **Yes** **No**
If Yes: Please provide additional details.

15. Has the applicant or any other organization proposed for this insurance sustained any unscheduled network outage or interruption lasting longer than six hours within the past twenty-four months? **Yes** **No**
If Yes: Please provide additional details.

16. Additional Notes

17. Desired Limit/Retention Options (check all desired pairs)

		Retentions						
		\$2.5k	\$5k	\$10k	\$25k	\$50k	\$100k	\$250k
Limits (Each Claim/Aggregate)	\$500k/\$500k							
	\$1MM/\$1MM							
	\$2MM/\$2MM							
	\$3MM/\$3MM							
	\$5MM/\$5MM							
	\$10MM/\$10MM							

Signature

Print Name & Title

Date

FOOTNOTES

¹ PII includes any information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual.

² Laptops, tablets, phones, hard drives, USB drives, etc.

³ A multimedia liability claim includes one alleging defamation, disparagement, invasion of privacy, commercial misappropriation of likeness, plagiarism, piracy, or copyright or trademark infringement.

⁴ Defamation, disparagement, invasion of privacy, commercial misappropriation of likeness, plagiarism, piracy, or copyright or trademark infringement.

NOTICE

Notice to All 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and 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 Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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 and/or denial of insurance benefits.

Notice to 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 Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

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 \$5,000 and the stated value of the claim for each such violation.

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 purposes 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.