



**APPLICATION FOR ARCH NETSAFE
ENTERPRISE NETWORK AND PRIVACY INSURANCE**

This is an application for **CLAIMS MADE AND REPORTED INSURANCE**. Such insurance, if accepted by the Company, applies only to claims first made against the Insured and reported to the Company during the Policy Period, unless an extended reporting period applies. Refer to terms and conditions of the policy for coverage limitations.

NOTICE: THE LIMIT OF LIABILITY IN THE POLICY, IF ISSUED, MAY BE REDUCED OR COMPLETELY EXHAUSTED BY CLAIM COST AND/OR LEGAL DEFENSE. IN SUCH EVENT, THE COMPANY SHALL NOT BE LIABLE FOR ANY JUDGMENT, SETTLEMENT OR CLAIM COST OR LEGAL DEFENSE COST WHICH ARE IN EXCESS OF THE LIMITS OF LIABILITY STATED ON THE DECLARATIONS PAGE OF POLICY.

THE DEDUCTIBLE IN THE POLICY, IF ISSUED, APPLIES TO CLAIM COSTS AND LEGAL DEFENSE AS WELL AS TO JUDGMENTS AND SETTLEMENTS.

CONTACT INFORMATION

Name of Organization: _____

Principal Street Address: _____

City, State and Zip Code: _____

Website Address: _____

GENERAL INFORMATION

- 1. Does the organization perform any type of background checks, such as credit checks or drug tests, on members or employees?
 Yes No

If yes, please describe: _____

- 2. Number of locations housing computer servers? _____

- 3. Any changes in operations or locations within the past 12 months or expected within the next 12 months? Yes No

If yes, please describe: _____

NETWORK SECURITY AND PRIVACY CONTROLS

- 1. Does the organization use any outside firm(s) for any of its computer operations, such as data storage, payroll, or benefits? Yes No

If yes, please describe: _____

For questions 2. through 5. below, please provide a detailed explanation.

2. Does the organization share data with outside parties or vendors? Yes No

If yes, please describe (including a list of protective controls in place, indemnity or hold harmless agreements): _____

3. How does the organization ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA)? _____

4. Please describe the organization's process of indentifying and correcting software errors or modifications/upgrades in operating systems (patch management). _____

5. What safeguards are in place to ensure the security of non-electronic private information? _____

6. Does the organization physically secure computers and laptops? Yes No

7. How often does the organization:

a. Review and monitor system logs for security related events or abnormal trends? _____

b. Perform network and system backups? _____

c. Monitor security alerts and advisories from system vendors? _____

8. Does the organization:

a. Sell or share personal subscriber/customer information with other unaffiliated outside or third parties? Yes No N/A

If yes, please provide a detailed explanation: _____

b. Utilize retained private information in any other way than originally intended or disclosed? Yes No N/A

If yes, please provide a detailed explanation: _____

c. Have a document retention and destruction policy? Yes No

d. Have documented procedures in place for user and password management which are monitored for compliance? Yes No

e. Install anti-virus software on all computers/servers that connect to the network and update them regularly? Yes No

f. Train employees on the proper handling of private information? Yes No N/A

If no, please provide a detailed explanation: _____

g. Conduct an annual privacy assessment where required? Yes No N/A

If no, please provide a detailed explanation: _____

- h. Have procedures in place to escalate any incidents of a breach or possible breach of private information? Yes No N/A

If no, please provide a detailed explanation: _____

- i. Monitor network to detect possible intrusions of the system? Yes No N/A

If no, please provide a detailed explanation: _____

- j. Have internal rules for handling encryption keys and administrative passwords? Yes No N/A

If no, please provide a detailed explanation: _____

- k. Have a process for managing and restricting user accounts including promptly deleting or modifying access upon a change of responsibilities or termination? Yes No N/A

If no, please provide a detailed explanation: _____

- l. Use and regularly update firewall technology to prevent unauthorized access to and from internal networks and external networks? Yes No N/A

If no, please provide a detailed explanation: _____

- m. Have a current information security policy that is required to be read by all employees? Yes No N/A

If no, please provide a detailed explanation: _____

- n. Have an information classification program that specifies different levels of security based on the nature of a given information asset? Yes No N/A

If no, please provide a detailed explanation: _____

- o. Secure connections from laptops, mobile devices, and remote users accessing the network? Yes No N/A

If no, please provide a detailed explanation: _____

- p. Use superior forms of encryption such as WPA or WPA2 for wireless devices? Yes No N/A

If no, please provide a detailed explanation: _____

CUSTOMER INFORMATION (If applicable)

Does the organization maintain private customer or user information? Yes No

If yes, please answer the following questions. If no, please go to the next section.

1. Provide opt-out controls for private information that are visible and addressed within the privacy policy? Yes No

2. Notify customers upon the release of their private information and advise them how their information will be used? Yes No
3. Have a privacy policy posted on a website and made available to customers prior to them providing personal information? Yes No

PAYMENT TRANSACTIONS (If applicable)

Does the organization accept payment for services? Yes No

If yes, please answer the following questions. If no, please go to the next section.

1. How many credit/debit card transactions does the organization expect to handle in the next 12 months? _____
2. With respect to Payment Card Industry (PCI) Compliance:
 - a. Is the organization fully PCI compliant? Yes No
 - b. When was the organization's last PCI Compliance Audit? _____

PERSONALLY IDENTIFIABLE INFORMATION

Please quantify (by number of individual records) the Personally Identifiable Information* that has been entrusted to the organization and is in their care, custody and control (including employee information) or in the control of a contracted 3rd party vendor. _____

*Personally Identifiable Information (PII) is information which can be used to distinguish or trace an individual's identity, such as their name, address, telephone number in combination with social security number, account numbers, passwords, PIN numbers, credit or debit card numbers, biometric records, etc. or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc including Nonpublic Personal Information as defined by the Gramm-leach Bliley Act of 1999 or Personal Health Information(PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

LOSS / CLAIMS INFORMATION

1. Has the organization given notice of any claim, circumstance, potential claim, or loss to any insurer? Yes No
2. Does any person or entity proposed for coverage have any knowledge of or information concerning any actual or alleged act, error, omission, fact or circumstance which may result in a claim that may fall within the scope of this coverage? Yes No

If the answer to questions 1. and/or 2. is "Yes", please attach a detailed explanation of all such claims, circumstances, potential claims, and losses.

IT IS AGREED THAT ANY CLAIM ARISING FROM, BASED UPON, OR ATTRIBUTABLE TO ANY ACTUAL OR ALLEGED ACT, ERROR, OMISSION, FACT OR CIRCUMSTANCE OF WHICH ANY SUCH PERSON OR ORGANIZATION HAS ANY KNOWLEDGE OR INFORMATION WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

APPLICATION MUST BE SIGNED AND DATED BY AN AUTHORIZED OFFICER, PARTNER OR PRINCIPAL.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY OR INSURE ANY SERVICES. HOWEVER, IT IS AGREED THAT SHOULD A POLICY BE ISSUED, THIS APPLICATION WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED(S) CERTIFIES THAT HE/SHE IS THE DULY AUTHORIZED REPRESENTATIVE(S) OF EACH PROPOSED INSURED WHICH SUBMITS THIS APPLICATION TO THE ARCH SPECIALTY INSURANCE COMPANY FOR A POLICY OF INSURANCE. THE STATEMENTS AND INFORMATION ABOVE AND ALL SCHEDULES AND DOCUMENTS SUBMITTED, OF WHICH THE UNDERWRITER RECEIVES NOTICE, ARE DEEMED PARTS OF THE APPLICATION (ALL OF WHICH SCHEDULES AND DOCUMENTS SHALL BE DEEMED ATTACHED TO THE POLICY AS IF PHYSICALLY ATTACHED THERETO), AND THE WORD "APPLICATION" REFERS TO ALL OF THE FOREGOING.

EACH PROPOSED INSURED REPRESENTS THAT THE STATEMENTS SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT, AND THAT REASONABLE EFFORTS HAVE BEEN MADE TO OBTAIN INFORMATION SUFFICIENT FOR ACCURATE COMPLETION OF THIS APPLICATION. IT IS FURTHER AGREED BY EACH PROPOSED INSURED THAT EACH POLICY OR RENEWAL THEREOF, IF ISSUED, IS ISSUED IN RELIANCE UPON THE TRUTH OF THE REPRESENTATIONS AND INFORMATION IN THE APPLICATION.

EACH PROPOSED INSURED UNDERSTANDS AND AGREES THAT ANY INSURANCE POLICY ISSUED BY THE COMPANY SHALL BE SUBJECT TO RESCISSION IF THIS APPLICATION CONTAINS ONE OR MORE MISREPRESENTATIONS OR OMISSIONS MATERIAL TO THE ACCEPTANCE OF THE RISK BY THE COMPANY.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION OR ATTACHMENTS THERETO CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND 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 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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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 MAINE APPLICANTS: It is a crime to 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 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 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 claims 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 PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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 TENNESSEE & VIRGINIA 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.

NOTICE TO 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.

Signature of an Authorized Representative

Date