



Travelers Casualty and Surety Company of America

NOTICE

ALL THIRD PARTY LIABILITY INSURING AGREEMENTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.

Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

l.	GENERAL INFORM	IATION						
1.	Name of Applicant :							
	Mailing Address:			City:		_ State: _	Zip:	
2.		s in the nature the Applicant' t 12 months? <i>If Yes, please at</i>		in the las	st 12 month		Yes 🗌	No 🗌
3.	Total number of employe	ees (full and part time includi	ng leased, seasonal	and tem	porary):			
4.	Financials (Most Recent	Fiscal Year End): Total Re	venue:	To	tal Assets:			
II.	REQUESTED INSU	RANCE TERMS						
		e any changes to the expiring the desired changes in the tabl		tion?			Yes 🗌	No 🗌
	Expiring Limit (A)	Expiring Retention	Requested Lim	it (B)	Red	quested	Retentio	n
\$		\$	\$		\$			
Do	not answer the next ques	stion unless the Requested L	imit in Column (B) e	xceeds ti	he Expiring	Limit in (Column (A).
2. Solely with respect to any new or higher limits requested or that may ultimately be issued for the proposed renewal, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under this CyberRisk Policy? Yes No If Yes, please attach an explanation. Solely with respect to any portion of the Limit for this CyberRisk Policy in the proposed policy that is new or exceeds the amount of the Expiring Limit for this CyberRisk Policy in the expiring policy, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the Applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.								
III.	CYBER SECURITY	INFORMATION						
1.	Has there been a change If Yes, please attach an	e to the position that is respoexplanation.	nsible for information	n security	/?		Yes 🗌	No 🗌
2.		terial changes to policies or ? If Yes, please attach an ex		to oversiç	ght of webs	ite or	Yes 🗌	No 🗌
3.	Have there been any ma If Yes, please attach an	terial changes to security po explanation.	licies or procedures	provided	to employe	ees?	Yes 🗌	No 🗌
4.	Does the Applicant curre	ently use a Cloud Service Pro	ovider in the course	of busine	ss operatio	ns?	Yes \square	No 🗌
	a. Cloud Provider curren	tly under contract:						

Secondary / backup computer systems, does the Applicant have (select all that apply): Secondary / backup computer system		
If a secondary / backup system is in place, how long before this system is operational? 6. Which of the following does the Applicant currently have in place (select all that apply): Up-to-date, active firewall technology Updated anti-virus software active on all computers and networks Patch management procedures Intrusion detection software Multi-Factor login for privileged access Valuable / Sensitive Data Backup procedures Remote access limited to VPN Procedure to test or audit network security controls 7. What is the maximum number of unique individuals for whom you collect, store or process any amount of personal information? If applicable, is Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? Yes No N/A Yes No N/A 9. If applicable, is Applicant currently HIPAA compliant? Yes No N/A 10. Does the Applicant encrypt private or sensitive information (if Yes, select all that apply): Yes No Data at rest Data in transit Data on mobile devices (e.g. laptops, PDAs, USB drives, etc.) IV. REQUIRED ATTACHMENTS 1. Most current audited or annual financial statements if requested Limit of Liability for Network and Information Securit Liability coverage exceeds \$3,000,000. V. COMPENSATION NOTICE Important Notice Regarding Compensation Disclosure For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers,	5.	
6. Which of the following does the Applicant currently have in place (select all that apply): Up-to-date, active firewall technology Updated anti-virus software active on all computers and networks Patch management procedures Intrusion detection software Multi-Factor login for privileged access Valuable / Sensitive Data Backup procedures Remote access limited to VPN Procedure to test or audit network security controls 7. What is the maximum number of unique individuals for whom you collect, store or process any amount of personal information? Yes No N/A 8. If applicable, is Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? Yes No N/A 9. If applicable, is Applicant currently HIPAA compliant? Yes No N/A 10. Does the Applicant encrypt private or sensitive information (if Yes, select all that apply): Yes No Data at rest Data in transit Data on mobile devices (e.g. laptops, PDAs, USB drives, etc.) W. REQUIRED ATTACHMENTS 1. Most current audited or annual financial statements if requested Limit of Liability for Network and Information Securit Liability coverage exceeds \$3,000,000. V. COMPENSATION NOTICE Important Notice Regarding Compensation Disclosure		Incident response plan for network intrusions and virus incidents
Up-to-date, active firewall technology		If a secondary / backup system is in place, how long before this system is operational?
Patch management procedures	6.	Which of the following does the Applicant currently have in place (select all that apply):
8. If applicable, is Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? 9. If applicable, is Applicant currently HIPAA compliant? 10. Does the Applicant encrypt private or sensitive information (<i>if Yes, select all that apply</i>): Data at rest Data in transit Data on mobile devices (e.g. laptops, PDAs, USB drives, etc.) Nost current audited or annual financial statements if requested Limit of Liability for Network and Information Securit Liability coverage exceeds \$3,000,000. Note		☐ Patch management procedures ☐ Intrusion detection software ☐ Multi-Factor login for privileged access ☐ Valuable / Sensitive Data Backup procedures
Standards (PCI-DSS)? Yes No N/A 9. If applicable, is Applicant currently HIPAA compliant? Yes No N/A 10. Does the Applicant encrypt private or sensitive information (<i>if Yes, select all that apply</i>): Data at rest Data in transit Data on mobile devices (e.g. laptops, PDAs, USB drives, etc.) IV. REQUIRED ATTACHMENTS 1. Most current audited or annual financial statements if requested Limit of Liability for Network and Information Securit Liability coverage exceeds \$3,000,000. V. COMPENSATION NOTICE Important Notice Regarding Compensation Disclosure For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers,	7.	
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VI. FRAUD WARNINGS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: 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.

VII. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, OR CHIEF INFORMATION/SECURITY OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: (President, CEO, or Chief Information/Security Officer)	Authorized Representative Name - Printed	Date (mm/dd/yyyy):						
X								
Producer Signature*:	State Producer License No (required in FL):	Date (mm/dd/yyyy):						
X								
Agency:	Agency Contact:	Agency Phone Number:						
* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.								
Signature and Acceptance box below. By doi check the Electronic Signature and Acceptance	ng so, you agree that your use of a key pad, no box constitutes your signature, acceptance, and	nouse, or other device to						