



Travelers Casualty and Surety Company of America

NOTICE
THE INFORMATION REQUESTED IN THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. IF ISSUED, THE POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS PAID AS DEFENSE EXPENSES.

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

I. GENERAL INFORMATION

1. Name of Applicant:
Mailing Address: City: State: Zip:
Website(s):

II. ORGANIZATION/FINANCIAL INFORMATION

1. Does the Applicant have any subsidiaries or more than 50% ownership in joint ventures? Yes No
If Yes, please attach a list of subsidiaries or joint ventures
2. Total number of employees (full and part time including leased, seasonal and temporary):

Table with 4 columns: Indicate the following as it relates to the Applicant's fiscal year end (FYE), Most Recent FYE (Month/Year), Prior FYE (Month/Year), Projected FYE (Month/Year). Rows include Total Assets and Total Revenue.

III. REQUESTED INSURANCE TERMS/CURRENT INSURANCE INFORMATION

Table with 3 columns: Insuring Agreement, Requested Limit, Requested Retention. Rows include Network and Information Security Liability, Communications and Media Liability, Regulatory Defense Expenses, Crisis Management Event Expenses, Security Breach Remediation and Notification Expenses, Computer Program & Electronic Data Restoration Expenses, Computer Fraud, Funds Transfer Fraud, E-Commerce Extortion, Business Interruption and Additional Expenses.

Proposed effective date:
Is Cyber coverage currently purchased? Yes No If yes, when was coverage first purchased?

IV. COMPUTER & NETWORK SECURITY

1. What position is responsible for information security? (e.g.: Chief Security Officer)
a. To what position within the organization does this person report?

2. With respect to computer systems, does the **Applicant** have (select all that apply):
- Secondary / backup computer system Business continuity plan Disaster recovery plan
 Incident response plan for network intrusions and virus incidents
- If a secondary / backup system is in place, how long before this system is operational? _____
3. 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

PERSONNEL POLICIES AND PROCEDURES AND VENDOR MANAGEMENT:

4. Is employee training conducted regarding security issues and procedures? Yes No
5. Is computer access terminated when an employee leaves the company? Yes No
6. Are procedures in place regarding the creation and periodic updating of passwords? Yes No
7. Are background checks conducted on prospective employees? Yes No
8. Are service providers required to demonstrate adequate security policies and procedures? Yes No
9. Do contracts with service providers include hold harmless and indemnification agreements? Yes No
10. Does the Applicant currently use a Cloud Service Provider in the course of business operations? Yes No
- a. Cloud Provider currently under contract: _____

V. INFORMATION SECURITY

1. Which of the following types of data does the **Applicant** collect, receive, process, transmit, or maintain as part of its business activities?
- Credit/Debit Card Data Medical Information Bank Accounts and Records
 Social Security Numbers Employee/HR Information Intellectual Property of others
2. What is the maximum number of unique individuals for whom you collect, store or process any amount of personal information? _____
3. If applicable, is Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? Yes No N/A
- a. Total number of annual credit card transactions: _____
4. If applicable, is **Applicant** currently HIPAA compliant? Yes No N/A
5. 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.)

VI. WEBSITE AND CONTENT INFORMATION

1. Does the **Applicant** have a written intellectual property clearance procedure for content disseminated via the **Applicant's** website? Yes No
2. Were any trademarks acquired from others in the past 3 years screened for infringement? Yes No N/A
3. Does the applicant have formal policies or procedures to/for:
- a. Avoid the posting of improper or infringing content? Yes No
- b. Editing or removing controversial, offensive or infringing content from material distributed, or published by or on behalf of the **Applicant**? Yes No
- c. Obtain parental permission for collecting data regarding children who use website? Yes No N/A
- d. Respond to allegations that content created, displayed or published by the **Applicant** is libelous, infringing, or in violation of a third party's privacy rights? Yes No

VII. LOSS INFORMATION

- 1. In the past 3 years has the **Applicant**:
 - a. received any claims or complaints with respect to privacy, breach of information or network security unauthorized disclosure of information, or defamation or content infringement? Yes No
 - b. been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? Yes No
 - c. notified consumers or any other third party of a data breach incident involving the **Applicant**? Yes No
 - d. experienced an actual or attempted extortion demand with respect to its computer systems Yes No
- 2. 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 the insurance policy for which the **Applicant** is applying? Yes No

If any question is answered Yes, please attach details of each claim, complaint, allegation or incident, including costs, losses or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.

*With respect to the information required to be disclosed in response to the questions above, 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.*

VIII. REQUIRED ATTACHMENTS

- 1. Most current audited or annual financial statements if requested Limit of Liability for Network and Information Security Liability coverage exceeds \$3,000,000.

IX. 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, Enterprise Development, One Tower Square, Hartford, CT 06183.

X. 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.

XI. 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) x	Authorized Representative Name - Printed	Date (mm/dd/yyyy):
Producer Signature*: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):
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.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer