



ZURICH®

Security And Privacy Coverage Form Application – North Carolina

COVERAGE A. AND COVERAGE B. OF THE POLICY FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS FIRST MADE AND REPORTED BASIS. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD (IF APPLICABLE) ARE COVERED SUBJECT TO THE POLICY PROVISIONS.

THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE EXPENSES. DEFENSE EXPENSES ARE ALSO APPLIED AGAINST THE RETENTION, IF ANY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS ANY QUESTIONS YOU MAY HAVE WITH YOUR INSURANCE AGENT OR BROKER.

FOR COMPANY USE

Agent Name: _____ Agent Code: _____
 Agency Name: _____ Sub Code: _____
 Quotation: _____ New Renewal
 Policy Effective Date: _____ Expiration Date: _____

GENERAL INFORMATION

Applicant And Subsidiaries

Applicant Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Website: _____ Email Address: _____
 Business Description: _____ Ownership: Public Private
 Year Established: _____ Number Of Employees: _____
 Risk Manager: _____
 Name of all subsidiaries or affiliates (provide attachment if necessary): _____

Gross Revenue

	U.S.	International	Total
Current (most recent 12 months)	\$	\$	\$
Projected (next 12 months)	\$	\$	\$

Insurance Information

Please check the boxes for coverages requested and indicate limits, retentions and retroactive dates:

	Coverage	Requested	Limit	Retention	Retroactive Date
1.	Security And Privacy Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
2.	Regulatory Proceedings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	(incl above)
3.	Privacy Breach Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

BUSINESS ACTIVITIES AND GOVERNANCE

- What types of information does the applicant collect, process, or store? (please check all that apply)

<input type="checkbox"/> Business and Customer Information	<input type="checkbox"/> Credit Card Information	<input type="checkbox"/> Healthcare Information
<input type="checkbox"/> Financial Account Information	<input type="checkbox"/> Social Security Numbers	<input type="checkbox"/> Intellectual Property/Trade Secrets
- Estimated number of unique records of personal information entrusted to the applicant's care (employees and non- employees): _____
 Are security and privacy risk assessments conducted on at least an annual basis? Yes No
- Is security and privacy training conducted on a regular basis? Yes No

4. Does the applicant sell or share personal information with third parties? Yes No
 If Yes:
 Are the persons providing this personal information to the applicant given notice and provided an opportunity to opt out of this third party usage? Yes No
 Does the applicant contractually enforce with such third parties, acceptable use standards which meet or exceed their own? Yes No
5. Do all contracts with third parties with whom the applicant sells or shares personal information:
 a. Convey security and privacy obligations and expectations? Yes No
 b. Indemnify the applicant for their negligent acts related to security and privacy? Yes No
 c. Require Security And Privacy Insurance or Cyber Insurance? Yes No
6. Is the applicant subject to the Payment Card Industry Data Security Standard? (PCI DSS v3.0)
 If Yes:
 a. Indicate merchant level: 1 2 3 4
 b. Is the applicant currently PCI compliant? Yes No
 c. Provide the date of the latest certification: _____

DATA SECURITY

1. Are systems, applications and supporting infrastructure that collect, process, or store personal information segregated from the rest of the network? Yes No
2. Are firewalls installed between all wireless networks and system components that process or store personal information? Yes No
3. Are wireless transmissions protected using WPA/WPA2, IPSEC, or SSL? Yes No
4. Are penetration tests conducted on a periodic basis and the vulnerabilities identified, tracked and remediated? (network and application layer) Yes No
5. Is 2 factor authentication utilized for all remote access to the internal network? Yes No
6. Do password policies and procedures exist that outline strong password requirements? (ex. change of passwords on a periodic basis, use of numeric and alphabetic characters, prohibition of previously used passwords) Yes No
7. Does the applicant utilize anti-virus software on all servers, workstations and laptops? Yes No
8. Is current commercial grade technology employed to encrypt all sensitive business and personal information:
 a. Transmitted to external networks? Yes No
 b. At rest within the applicant's network? Yes No
 c. On all mobile devices, either issued by the applicant or employee owned devices used for work? Yes No

INCIDENT HISTORY

1. In the past 3 years, has the applicant sustained any system intrusions, data theft or other loss of data? Yes No
 If Yes, please describe: _____
2. Has the applicant ever been the subject of an investigation by a regulatory agency or other governmental body arising out of a privacy issue? Yes No
 If Yes, please describe: _____

APPLICANT HISTORY

Prior Coverage

Please list any similar insurance carried during the past 3 years If none, check here: NA

Policy Period	Insurer	Limit of Liability	Retention	Premium	Retroactive Date
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Claims History

1. In the past 3 years, has the applicant been declined any similar Security And Privacy Insurance, or has the applicant's insurer cancelled any previous Security And Privacy Insurance? Yes No
 If Yes, please provide details: _____

2. Have any claims been made against the applicant or any of its former or current directors, officers, employees, subsidiaries or independent contractors with regard to the coverage sought in the past 3 years? Yes No

If Yes, please provide details: _____

3. Is the applicant or any of its former or current directors, officers, employees, subsidiaries or independent contractors aware of any acts, errors, omissions, privacy events or other circumstances, which may reasonably result in a claim relative to the insurance sought? Yes No

If Yes, please provide details: _____

By signing this Application the undersigned agrees that he/she is not aware of any fact or circumstance which reasonably might give rise to a future claim that would fall within the scope of the proposed coverage.

It is agreed by the undersigned and the Insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the Insurer, all of which attachments and materials shall be attached to the policy and shall be the representations of the applicant and the prospective Insureds. It is further agreed by the undersigned and the prospective Insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy.

Receipt and review of this Application does not bind the insurer to provide this insurance.

If the Applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy may be canceled and/or coverage denied as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

STATEMENT FROM APPLICANT

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

Any event taking place between the date this application is signed and the effective date of the insurance applied for that may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to the Insurer.

Signature: _____ **Date:** _____
Authorized Applicant Representative

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____
Agent, Broker or Producer

Name of Soliciting Agent: _____ **Date:** _____
(Please Print) Required in State of Iowa



Fraud Warnings Disclosure

Property and Casualty Application Addendum

TO BE ATTACHED TO AND FORM PART OF THE APPLICATION. IF FRAUD WARNINGS ARE INCLUDED IN THE APPLICATION TO WHICH THIS IS ATTACHED, THIS DISCLOSURE REPLACES THOSE WARNINGS.

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

In **Arkansas, Louisiana, Rhode Island, or West Virginia**: 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.

In **Alabama**: 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 is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

In **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.

In **District of Columbia**: 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.

In **Kansas**:

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, commits a fraudulent insurance act.

In **Kentucky**: 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.

In **Tennessee or 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 may include imprisonment, fines or a denial of insurance benefits.

In **Maryland**: 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.

In **Minnesota**: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

In **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In **New Mexico**: 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 CIVIL FINES AND CRIMINAL PENALTIES.

In **New York**: 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.

In **Ohio**: 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.

In **Oklahoma**: 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.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **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 **Puerto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **Texas**: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

In **Virginia**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.