



ZURICH®

# Security And Privacy Coverage Form Application

Insurance to be provided by:  
Zurich American Insurance Company

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)
  - Business and Customer Information
  - Credit Card Information
  - Healthcare Information
  - Financial Account Information
  - Social Security Numbers
  - 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
6. 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
7. 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? (ex. VPN)  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 deemed attached to the policy as if physically attached thereto, 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.

**Fraud Warnings Disclosure**

In **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.

In **Maine**: 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.

**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:** \_\_\_\_\_  
Authorized Applicant Representative

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Agent, Broker or Producer

**Date:** \_\_\_\_\_

**Agent License #** \_\_\_\_\_  
Required in the State of Florida