



TMT PRIVACY PROTECTION

APPLICATION

If a policy is issued, it will provide coverage only for claims that are first made against the Insureds and reported to Underwriters during the policy period, or any extended reporting period, if applicable.

Notice: This application is for insurance in which the policy limit available to pay judgments or settlements shall be reduced by amounts incurred for defense costs. Further note that amounts incurred for defense costs shall be applied against the retention amount.

Please include subsidiary companies (companies in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests).

1. Applicant details

Name:

Address:

State: Zip:

Telephone: Website:

Email:

Year established:

2. Cover required

Please indicate cover required:

US \$1,000,000 US \$2,000,000 US \$3,000,000 US \$4,000,000

US \$5,000,000 US \$10,000,000 Other - specify:

Retention requested: \$

3. Business Activities

Please describe business activities of your company and include the revenue from any subsidiaries that you want covered:

4. Types of personally identifiable information held

Social security numbers credit card numbers personal health information

bank account details Driving licenses Other. Please specify _____

If you hold credit card numbers, mark apprimately how many:

Less than 500	500 – 1,000	1,001 – 10,000	More than 10,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Gross revenue

Past year ending / /	Current year	Estimate for coming year
\$	\$	\$

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	Please check the box which applies :	YES	NO
6. Written policies	a) Do you have a written privacy policy?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Has the privacy policy been reviewed by a suitably qualified attorney?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Does the privacy policy clearly state how someone with a privacy query or complaint can contact you?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Do you maintain a written policy that addresses information security?	<input type="checkbox"/>	<input type="checkbox"/>
	e) Do you have a written process in place to notify those affected if their personally identifiable information is compromised?	<input type="checkbox"/>	<input type="checkbox"/>
7. Privacy audit	Has a third party audited your privacy practices in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
8. Direct marketing	a) Do you or does anyone on your behalf, do other direct marketing without the permission of the person or entity to be contacted?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Do you or does anyone on your behalf conduct telephone auto dialing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Network Security and Monitoring	a) Have you installed and do you maintain a firewall configuration to protect data?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Have you checked that you do not use vendor-supplied defaults for system passwords and other security parameters?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Do you use and regularly update anti-virus software?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Do you monitor security vulnerabilities and appropriately patch your systems and applications?	<input type="checkbox"/>	<input type="checkbox"/>
	e) Do you regularly test security systems and processes?	<input type="checkbox"/>	<input type="checkbox"/>
10. Access Control	a) Do you restrict access to data by business need-to-know?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Do you restrict physical access to cardholder data and other sensitive information?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Do you track and monitor all access to network resources and cardholder data?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Do you store cardholder or other sensitive data in an encrypted or otherwise scrambled form?	<input type="checkbox"/>	<input type="checkbox"/>
	e) Do you encrypt transmission of cardholder data and sensitive information across public networks?	<input type="checkbox"/>	<input type="checkbox"/>
	f) Is there an individual with specific responsibility for privacy matters within your organisation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Regulatory issues	a) Have you ever been investigated in respect of the safeguards for personally identifiable information, including but not limited to credit card information, or your privacy practices?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Have you been asked to supply an attorney general or regulator or similar body with information relating to safeguards for personally identifiable information or your privacy practices?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Have you ever been asked to sign a consent order or equivalent in respect of personally identifiable information or your privacy practices?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Have you ever received complaints about how someone's personally identifiable information is handled?	<input type="checkbox"/>	<input type="checkbox"/>



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12. Claims details

a) Have **you** suffered any **loss** or has any **claim** whether successful or not ever been made against you? YES NO

If YES, please specify details (attach additional information if required):

b) Are **you** aware of any matter which is likely to lead to **you** suffering a **loss** or a **claim** being made against **you**? YES NO

If YES, please specify details (attach additional information if required):

For the purposes of the questions in 12 above, the terms **you, loss, claim**, shall have the meaning as defined in the current Hiscox Duty to Defend Privacy Protection Wording. If you do not have a copy of the wording, please obtain a copy from your insurance advisor so that you fully understand these definitions and what is being asked of you on this application.

MATERIAL INFORMATION

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details:

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 containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

DECLARATION

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I undertake to inform you before the inception of any policy pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Officer/Director as authorized representative of the Applicant

Date (mm/dd/yyyy)

A copy of this application should be retained for your records.



4. Gross revenue

First Party Coverage Application

Past year ending / /	Current year	Estimate for coming year
\$	\$	\$

5. Claims details

a. Have you suffered any loss or has any claim whether successful or not ever been made against you? Yes No

If Yes, please specify details (attach additional information if required):

[Empty text box for claim details]

b. Are you aware of any matter which is likely to lead to you suffering a loss or a claim being made against you? Yes No

If Yes, please specify details (attach additional information if required):

[Empty text box for claim details]

For the purposes of the questions in 3 above, the terms you, loss, claim, shall have the meaning as defined in the current Hiscox Duty to Defend Wording. If you do not have a copy of the wording, please obtain a copy from your insurance advisor so that you fully understand these definitions and what is being asked of you on this application.

Material information

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details:

[Empty text box for material information]

Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I undertake to inform you before the inception of any policy pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

[Signature line]

Signature of principal/partner/officer/director as authorised representative of the applicant

[Date line]

Date

Title: [Empty text box]

A copy of this application should be retained for your records.