



**MCGOWAN PROGRAM ADMINISTRATORS
COMMUNITY ASSOCIATION CYBER LIABILITY AND DATA BREACH
APPLICATION**

NOTICE: INSURING AGREEMENTS I.A., I.C., I.D. AND I.F. OF THIS POLICY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD OR AS OTHERWISE PROVIDED IN CLAUSE X. OF THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

INSURING AGREEMENT I.B. OF THE POLICY PROVIDES COVERAGE ON AN INCIDENT DISCOVERED AND REPORTED BASIS; COVERAGE UNDER SUCH INSURING AGREEMENT APPLIES ONLY TO INCIDENTS FIRST DISCOVERED BY THE INSURED AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD.

PLEASE READ THIS APPLICATION CAREFULLY.

I. GENERAL UNDERWRITING INFORMATION	
Name of Applicant (" Applicant "): _____	FEIN No. _____
Mailing Address: _____	
Physical Address: _____	
Date Incorporated or formed (whichever is earliest): _____	Website URLs: _____
Independent Management company (if any): _____	
Breach Response Contact (The manager, employee, director, officer or other individual of the Applicant who is designated to manage a response, including consumer notification, in response to a data breach event): _____	Telephone: _____
	E-mail: _____
Business Activities: Does the Applicant provide any services other than management of the Applicant : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
Number of Applicant units: _____	
II. INFORMATION SECURITY & PRIVACY CONTROLS [FOR THE PURPOSE OF SECTION II, "APPLICANT" INCLUDES ITS EMPLOYEES, DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND ITS INDEPENDENT MANAGEMENT COMPANY]	
1. Does the Applicant use the following controls: A. Commercially available firewall protection: B. Commercially available anti-virus protection: C. Regular software update process including installation of software patches and virus signatures? D. Regular password and log-in updates? If any of the above are "No", please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the Applicant accept credit cards for fees, assessments or any services rendered? If yes, has Applicant been certified PCI compliant in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the Applicant : terminate all computer access and user accounts when an employee leaves or when a contractor no longer provides services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What format does the Applicant utilize for backing up and storage of computer system data? <input type="checkbox"/> Tape or other media <input type="checkbox"/> Online backup service <input type="checkbox"/> Other (i.e. cloud): A. Are tapes or other portable media containing backup materials encrypted? B. Are tapes or other portable media stored offsite using secured transportation and secured storage facilities? 1) If stored offsite, are transportation logs maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

2) If stored onsite, please describe physical security controls:	
III. WEBSITE CONTENT CONTROLS	
1. Does the Applicant allow uncontrolled or unmonitored user generated content or posts on its website (i.e. discussion group(s), forum(s), or electronic bulletin board(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV. CLAIM INFORMATION	
1. Does the Applicant or other proposed insured(s), or any director, officer or employee of the Applicant or other proposed insured have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During the past 5 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? B. Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? C. Notified consumers or any other third party of a data breach incident involving the Applicant? D. Experienced an actual or attempted extortion demand with respect to its computer systems? If yes, please provide details of any such action, notification, investigation or subpoena:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Fact Statements & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Program Reauthorization Act of 2007

Fact Statements & Fraud Notice. The undersigned insurance broker and applicant declare that to the best of their knowledge and belief and warrant that the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the insurer and shall not stop the insurer from relying on any statement in this application in the event the policy is issued. Any person who knowingly and with intent to defraud any insurance company or other person filing an application for insurance containing false information concerning any material fact thereto, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Purpose & Effect of "Application for Insurance & Purchasing Group Membership." By signing this "Application for Insurance & Purchasing Group Membership" (hereinafter "Application"), applicant agrees: (1) to become a member of Community Associations PG, Inc. (hereinafter "PG"); (2) to participate in a program of insurance designed exclusively for the members of PG; (3) to accept, abide by, and be bound by the "Terms & Conditions of Insurance" posted at www.purchasinggroups.com; (4) to accept, abide by, and be bound by the "Membership Agreement – Terms & Conditions of Membership" posted at www.purchasinggroups.com; (5) to pay all premiums (including audit and additional premiums, if applicable), fees (including broker & purchasing group membership fees), and state & federal taxes & surcharges when due (if applicable)[premiums, fees, taxes & surcharges will be individually-detailed on applicant's policy &/or "Evidence of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) that it understands and agrees that any additional material supplied by applicant's insurance broker to the managing general underwriter for a given program of insurance becomes a material part of this application for insurance; (7) that it understands and agrees that this application shall be the basis of the contract should a policy &/or EOI be issued, whether or not it is attached to the policy &/or EOI; and, (8) that it understands and agrees that this application will become a material part of the policy &/or EOI, whether or not it is attached to the policy &/or EOI.

Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.] PG is a "Purchasing Group," as defined under federal law, formed to purchase liability insurance on a group basis for its members to cover the similar or related liability exposure(s) to which the members of PG are exposed by virtue of their related, similar, or common business or service. Members do not share limits and each member is provided with its own policy &/or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Program Reauthorization Act of 2007. By signing below, applicant agrees that it has read and understands the "Disclosure Pursuant to Terrorism Risk Insurance Program Reauthorization Act of 2007" which appears at www.purchasinggroups.com.

To Learn More. Please visit www.purchasinggroups.com, which contains more information about your purchasing group and purchasing groups, in general, as well as your insurance coverage, premiums, fees, taxes, the MGUs' income, and your insurance broker's income.

_____, 20_____
Signature of Applicant **Date** **Signature of Insurance Broker** **Date** _____, 20_____

Print Name: _____ **Print Name:** _____
Title: _____ : Insurance Broker

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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 AGENT THEREOF, ANY WRITTEN 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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.)

Signed: _____

Date: _____

Print Name: _____

Title: _____

(Owner, Partner, Authorized Officer)

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Printed Name: _____

Florida Agent's License Number: _____

Agent's Signature: _____