

Chubb Cyber Enterprise Risk Management Policy

Cyber and Privacy Insurance

New Business Application

NOTICE

NOTICE: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD FOR ANY INCIDENT TAKING PLACE AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD.

AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE INSURER BE LIABLE FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.

INSTRUCTIONS

Please respond to answers clearly. Underwriters will rely on all statements made in this Application. This form must be dated and signed.

1. Applicant Information

Desired Effective Date

Mm/dd/yyyy

Applicant Name

[Click here to enter text.](#)

Applicant Address (City, State, Zip)

[Click here to enter text.](#)

Please list all Subsidiaries for which coverage is desired:

Applicant Type Community Association	Ownership Structure Not for Profit
Website Address Click here to enter text.	Year Established Click here to enter text.
Global Revenue (Prior Fiscal Year) N/A	% Domestic Revenue N/A
Global Revenue (Current Projected Fiscal Year) Click here to enter text.	% Online Revenue N/A
Total Number of Employees Enter a number or choose an item.	

Number of Records Containing Protected Information:

What is the maximum total number of unique individual persons or organizations whose Protected Information could be compromised in a not-yet-discovered Cyber Incident, or will be stored or transmitted during the Policy Period on the Applicant’s Computer System or any Shared Computer System combined that relate to the Applicant’s business?

This should include Protected Information of employees, retirees, customers, partners and other third parties that the Applicant is responsible for securing, including Protected Information that is secured by third parties under contract with the Applicant. Multiple records or types of Protected Information relating to the same unique individual person or organization should be considered a single record.

Enter a number or choose an item

2. Nature of Operations

Class of Business

Not for Profit Community Association

Does the Applicant currently or will the Applicant potentially operate as any of the following?

- Accreditation Services Provider
- Adult Content Provider
- Credit Bureau
- Cryptocurrency Exchange
- Data Aggregator/Broker/Warehouse
- Direct Marketer
- Gambling Services Provider
- Manufacturer of Life Safety Products/Software
- Media Production Company
- Payment Processor
- Peer To Peer File Sharing
- Social Media
- Surveillance
- Third Party Claims Administrator

Or does the Applicant derive more than 50% of its revenue from technology products and services (e.g. software, electronics, telecom)?

Yes No

If Yes, please provide details:

[Click here to enter text.](#)

3. Current Loss Information

Within the past three years, has the Applicant had any actual or potential Incidents or Claims to which the Policy would apply; or is the Applicant aware of any fact, circumstance, or situation that could reasonably be expected to give rise to an Incident or Claim to which the Policy would apply? Yes No

If Yes please provide details:

[Click here to enter text.](#)

4. Cyber and Media Controls

Which of the following IT security controls does the Applicant have in place?

- 1) Antivirus and Firewalls (Windows 7 or higher qualifies) Yes No Unknown
- 2) Encryption of Sensitive Data Yes No Unknown
- 3) Encryption of Mobile Computing Devices Yes No Unknown
- 4) Critical Software Patching Procedures Yes No Unknown
- 5) Critical Data Backup and Recovery Procedures Yes No Unknown
- 6) Formal Cyber Incident Response Plan Yes No Unknown

Does the Applicant accept payment card (Credit/debit card) transactions? Yes No

If Yes, is the Applicant PCI compliant? (via assessment or self-attestation) Yes No Unknown

Does the Applicant deal with protected health information as defined by HIPAA? Yes No

If Yes, is Applicant compliant with HIPAA and the HITECH Act? Yes No Unknown

Does the Applicant have operations or customers in California, or any responsibilities under the California Confidentiality of Medical Information Act? Yes No Unknown

Has the Applicant obtained legal review of its use of trademarks, including domain names? Yes No Unknown

5. Current Coverage

Does the Applicant currently purchase Professional Liability or E&O insurance? Yes No

If Yes, what is the Retro Date? [Click here to enter a date.](#)

Does the Applicant currently purchase Cyber or Privacy Liability insurance? Yes No

If Yes, what is the Retro Date? [Click here to enter a date.](#)

Does the Applicant currently purchase Media Liability Insurance? Yes No

If Yes, what is the Retro Date? [Click here to enter a date.](#)

Does the Applicant intend to purchase E&O and/or Media coverage on a separate and distinct policy? (e.g. with a separate set of limits, or with another carrier?) Yes No

6. Desired Coverage (Only Enter Information For Desired Coverages)

	Retention	Limit	Commentary
Cyber and Media Coverages	\$	\$	

Enter any further commentary about desired coverage options.
[Click here to enter text.](#)

FRAUD WARNING STATEMENTS

The Applicant's submission of this Application does not obligate the Insurer to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant hereby authorizes the Insurer to make any inquiry in connection with this Application.

Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Kentucky Applicants: 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.

Notice to Louisiana 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 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 Alabama and Maryland Applicants: 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.

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

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 Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to 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 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.

Notice to Puerto Rico Applicants: 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 (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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.

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 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.

MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application before the Policy inception date, the Applicant must immediately notify the Insurer in writing, and any outstanding quotation may be modified or withdrawn.

DECLARATION AND SIGNATURE

For the purposes of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Insurer will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any policy of a Claim or potential Claim.

This Application must be signed by the risk manager or a senior officer of the Named Insured, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature

Title

SIGNATURE - FOR ARKANSAS, MISSOURI, NEW MEXICO, NORTH DAKOTA AND WYOMING APPLICANTS ONLY

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE POLICY FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE MY LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature (Arkansas, Missouri, New Mexico, North Dakota & Wyoming Applicants, In Addition To Application Signature Above):

Signed: _____ (must be Officer of Applicant)
Print Name & Title: _____
Date (MM/DD/YY): _____
Email/Phone: _____

SIGNATURE - FOR KANSAS AND ALASKA APPLICANTS ONLY

ELECTRONIC DELIVERY SUPPLEMENT:

You are required by law to obtain consent from insureds prior to engaging in any electronic delivery of insurance policies and/or other supporting documents in connection with the Policy. You have the right to:

Select electronic delivery - check here _____
Reject electronic delivery – check here _____

Applicant's Signature (Kansas and Alaska Applicants, In Addition To Application Signature Above):

FOR FLORIDA APPLICANTS ONLY:

Agent Name: _____
Agent License ID Number: _____

FOR IOWA APPLICANTS ONLY:

Broker: _____
Address: _____