

1) Automatic Cyber Quote Options:

(Circle the Program Desired)

	Core Cyber Pro			
Annual Revenue	\$0-\$2.5MM	\$2.5-\$5MM	\$5-\$7.5MM	\$7.5-\$10MM
Liability Limit/Retention*				
Core Cyber Pro 250 (\$250K/\$1K)	\$569	\$799	\$999	\$1,249
Core Cyber Pro 500 (\$500K/\$1K)	\$799	\$999	\$1,249	\$1,499
Core Cyber Pro 1000 (\$1MM/\$1K)	\$1,249	\$1,499	\$1,699	\$1,999

*Breach Expense Protection separate limits are 50% of the above liability limits.

Program includes Business Identity Insurance having a \$50K limit and \$100 deductible. Organization must have less than 51 FTE employees and \$10 million in annual gross sales. Protection is subject to specific terms and conditions. See <https://bizlock.net/customer-agreement> for complete details. Coverage is not available for the following classes: banks, credit unions, payment processors, gambling, adult industry, social media/networking, cloud service providers and security broker/dealers.

2) Apply for Protection:

Application: New Renewal

Organization Name: _____

Street Address: _____

City / State / Zip / County: _____

Tel / Fax: (_____ - _____ / (_____) - _____)

Website Address: _____

Contact / Title: _____ / _____

Contact Tel / Email: (_____) / _____

Business Description: _____

Type of Entity: _____ (e.g. Nonprofit, C-Corp, LLC)

Number of Employees: _____ (#Full Time+Part Time & Contractor Weekly Hours/35)

Gross Revenue (Est): _____ / _____ / _____
Prior Fiscal Year Current Projected Year Projected for Next Year

Agent/Regional Representative: _____ Tel: (_____) - _____

Additional Required Information

- Please indicate the type(s) of personally identifiable information ("PII") that the organization may collect, use and/or disclose on employees, members, volunteers or others:

Employee Personal Information (PII)	Bank/Financial Account Data
Social Security Numbers	Tax Data
Personal Health Information	Drivers/State Identification
Credit/Payment Card Data	
- Does the organization maintain computer security that includes a) firewall, b) anti-virus, c) spy-ware/mal-ware protection, and d) access control that includes, at a minimum, passwords?

Yes No
- Has the organization experienced any loss, theft or breach of personal information in the past three years?

Yes No

4. Has any organizational owner/officer/senior leader been convicted of a felony under any local, state or federal law?

Yes	No
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5. Has the organization been the subject of any investigation by any local, state, or federal regulatory body?

Yes	No
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6. Has the organization received notice of any actual or alleged infringement, defamatory statement, or invasion of privacy violation within the past 3 years?

Yes	No
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7. Does the organization maintain a written data breach incident response plan?

Yes	No
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8. Does the organization hire a professional and independent firm to audit its computer security practices/infrastructure?

Yes	No
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9. Does the organization have measures to promptly remove or restrict access to infringing or offending material once discovered or notified thereof?

Yes	No
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10. How many sensitive records does the organization maintain (estimate only): _____
11. How many financial transactions does the organization process each year (estimate only): _____

3) Notice to 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES.

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 IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY 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 MATERIAL 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 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 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 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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 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.

NOTICE TO OHIO APPLICANTS: 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.

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 (365:15---1---10, 36 §3613.1).

NOTICE TO OREGON 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED IS A DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND HEREBY ACKNOWLEDGES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT, AND COMPLETE TO HIS/HER BEST KNOWLEDGE AND BELIEF. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

3) Authorization/Payment:

I UNDERSTAND AND AGREE TO ALL OF THE TERMS AND CONDITIONS PROVIDED IN THE CUSTOMER AGREEMENT LOCATED AT: <https://bizlock.net/customer-agreement>. I CONFIRM THAT I HAVE READ THE ENTIRE AGREEMENT AND EACH OF THE LINKS, PAGES AND SUB-PAGES CONNECTED TO THE AGREEMENT THAT RELATE TO THE FULFILLMENT OF MY PROGRAM, INCLUDING STATE INSURANCE DISCLOSURES, APPLICABLE INSURANCE TAX, AND OTHER TERMS AND RESTRICTIONS PROVIDED THEREIN. I UNDERSTAND AND CONSENT TO HAVE MY BENEFITS AND MY INSURANCE POLICY DOCUMENTATION PROVIDED TO ME IN ELECTRONIC FORMAT, EXCLUSIVELY ONLINE AS PROVIDED IN THE CUSTOMER CENTER. I ACKNOWLEDGE THAT MY BENEFITS AND MY INSURANCE SHALL ONLY BECOME EFFECTIVE UPON THE ACCEPTANCE OF THIS APPLICATION, WHICH EFFECTIVE DATES SHALL BE PROVIDED IN THE CERTIFICATES OF INSURANCE PROVIDED ONLINE AND AS SUPPORTED BY A WRITTEN CONFIRMATION DELIVERED BY EMAIL NOTIFICATION.

I UNDERSTAND THAT ANY INSURANCE POLICIES PROVIDED THEREIN ARE BASED, IN PART, ON THE CUSTOMER AGREEMENT LOCATED AT <https://bizlock.net/customer-agreement> AND THAT THE INSURANCE HAS SPECIFIC TERMS, LIMITATIONS AND EXCLUSIONS THAT RESTRICT COVERAGE, WHICH COVERAGE MAY VARY BY STATE AND/OR NOT BE AVAILABLE IN MY STATE. IN RESPECT OF THE DATA RISK LIABILITY INSURANCE, THE COVERAGE IS "CLAIMS MADE" AND I SPECIFICALLY CONFIRM THAT I HAVE READ, UNDERSTOOD AND AGREE TO MY STATE INSURANCE DISCLOSURE AS PRESENTED TO ME AT <https://bizlock.net/customer-agreement>, WHICH RELATES TO EXCESS AND/OR SURPLUS LINES INSURANCE, WHICH IN SUMMARY, STATES THE INSURANCE COMPANY WITH WHICH THIS COVERAGE IS BEING PLACED IS NOT LICENSED BY (YOUR) STATE AND IS NOT SUBJECT TO ITS SUPERVISION. IN THE EVENT OF INSOLVENCY OF THE INSURANCE COMPANY, LOSSES UNDER THE POLICY WILL NOT BE PAID BY ANY STATE INSURANCE GUARANTY OR INSOLVENCY FUND. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT THE INSURANCE IS UNDERWRITTEN BY A RATED COMPANIES AND PROVIDED TO ME THROUGH IDENTITY FRAUD, INC., THE LICENSED PROGRAM ADMINISTRATOR, AND THAT NEITHER IDENTITY FRAUD, INC., NOR ANY INSURER HAS ANY OBLIGATION TO PROVIDE MY PROGRAM TO ME. I HEREBY ATTEST TO, REPRESENT AND WARRANT THAT THE DISCLOSURES MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY MISREPRESENTATIONS MAY PRECLUDE COVERAGE, AS I UNDERSTAND THAT THIS FORM IS NOT ONLY AN APPLICATION FOR ENROLLMENT IN THE PROGRAM BUT ALSO AN APPLICATION FOR INSURANCE AND THAT IT MAY BECOME PART OF MY POLICY(S).

I agree to the above terms and confirm I am a duly authorized officer of the company and hereby apply to be enrolled in the IFI program as selected in Step 1. I authorize payment as follows: Checking Savings Credit/Debit Agency Bill

Name on Card / Account: _____

Card / Account Number: _____

Expiration Date: _____ / _____ Security Code: _____

If Checking or Savings, include: _____ | : | | | | | | | | | | : |
Bank Name Bank ABA Routing Number

Billing Address, if different then physical address: _____

_____/_____/_____
(Authorized Representative Signature) (Name and Title) Date (Day / Month / Year)

Upon completion, please fax the signed and dated application to your Agent/Broker or the program administrator, Identity Fraud, Inc. at: 925-296-2606.

Offline App