

APPLICATION for: NetGuard® Plus Short Form Application

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

Notice: The Policy for which this Application is made subject to its terms and applies only to Claims made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be completely exhausted by amounts incurred as defense costs. Defense costs shall be applied to the retentions. Submission of this Application does not guarantee coverage.

General Instructions for completing this Application:

- 1. Please read carefully and answer all questions. If a question is not applicable, so state by writing "Not Applicable".**
- 2. The completed Application should include all information relative to all subsidiaries and locations to be covered.**
- 3. The Application must be signed by an executive officer.**
- 4. Please read the Policy for which application is made (the "Policy") prior to completing this Application. The terms as used herein shall have meanings as defined in the Policy.**

SECTION I. YOUR DETAILS

1. Name of Applicant: _____
(Include names of all subsidiaries or affiliated companies to be insured; attach separate sheet, if necessary)

Applicant Type: Individual Corporation Partnership Other

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Web Site: _____ No. of years in business _____

Nature of Business: _____

2. Total Annual Revenue: \$ _____

3. Please estimate total number of customer and employee records you store either electronically or in physical files.
Current number: _____ For the Next 12 Months: _____

4. Please estimate the total number of credit card transactions for the next 12 months: _____

SECTION II. NETWORK SECURITY AND PRIVACY

5. Does your network have firewall protection that is securely configured? Yes No

6. Does your organization store personal information on portable devices, including laptops, PDA's, back-up tapes, USB thumb drives and external hard drives? Yes No
If "Yes", is such data encrypted to industry standards? Yes No

7. Does your company use anti-virus software on all desktops / portable devices & servers? Yes No
If "Yes", is the anti-virus software updated at least on monthly basis? Yes No

8. Do all employees with financial or accounting responsibilities at your company complete social engineering training? Yes No

9. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? Yes No
 If "No", are the following compensating controls in place:
 a) Segregation of servers that store confidential information? Yes No
 b) Access control with role based assignments? Yes No
10. Is all sensitive and confidential information that is transmitted within and from your organization encrypted using industry-grade mechanisms? Yes No
11. Does the Applicant utilize a cloud provider to store data? Yes No
 If "Yes", please list the name of the cloud provider: _____
 If more than one provider is utilized, please list the provider that stores the most confidential information for the Applicant.
12. Has any service provider with access to the Applicant's network or computer system(s) sustained an unscheduled network outage or interruption lasting longer than 4 hours within the past three (3) years? Yes No
 If "Yes", did the Applicant experience an interruption in business as a result of such outage or interruption? Yes No
13. Do you process, store, or handle credit card transactions? Yes No
 If "Yes", are you PCI-DSS Compliant? Yes No
14. Does your wire transfer authorization process include the following:
 a) A wire request documentation form that includes getting proper authorization in writing? Yes No
 b) A protocol that includes proper separation of authority? Yes No
 c) A call from the financial institution to an authorized executive at your company confirming the validity of the wire? Yes No
15. Has the Applicant or any other organization proposed for this insurance experienced a wire transfer, telecom fraud or phishing attack loss in the past five years? Yes No
 If "Yes", please provide complete details, including information on any remediating steps that have been implemented. _____

SECTION III. LOSS HISTORY

If your answer is "Yes" to any of questions 16-19 below, please provide specific details on a separate sheet of paper.

16. Has the Applicant or any other person or organization proposed for this insurance ever received any complaints, claims or been a subject in litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customers' ability to rely on the Applicant's network? Yes No
17. Do you or any other person or organization proposed for this insurance have knowledge of any security breach, privacy breach, privacy-related event or incident or allegations of breach of privacy that may give rise to a claim? Yes No
18. Has any employee ever been disciplined for mishandling data or otherwise tampering with your computer network? Yes No
19. Has the Applicant or any other organization proposed for this insurance sustained any unscheduled network outage or interruption within the past 24 months? Yes No

SECTION IV. WARRANTY AND REPRESENTATIONS

1. The undersigned warrants and represents that the statements and information contained in or attached to this Application are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application.
2. Signing of this Application does not bind the undersigned to complete the insurance; however, the Undersigned acknowledges and recognizes that the statements, representations, and information contained in or attached to this Application are material to the risk assumed by the Insurer; that any Policy will have been issued in reliance upon the truth thereof; that this Application shall be the basis of the contract should a Policy be issued; and that this Application, and all information and materials furnished to the Insurer in conjunction with this Application, shall be deemed incorporated into and made a part of the Policy, should a Policy be issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
3. The undersigned acknowledges and agrees that if the information supplied on this Application or in any attachments changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and, the Insurer may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
4. For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

Signed: _____ Print Name: _____

Title: _____ Date (Mo/Day/Yr): _____

Applicant Organization: _____