

Privacy and data breach insurance Privacy program application form

Completion of this application in no way will be considered a binder of coverage and underwriters do not guarantee that a policy will actually be issued upon receipt of a completed 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 limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount. Whoever fills out this application must be a principal/partner/director/officer or senior manager authorized to do so and should make all the proper inquiries to enable the questions to be answered. The application should be completed for the applicant and all **subsidiaries**.*

ATTENTION: YOU MUST CONFIRM EACH APPLICABLE STATEMENT IN THIS APPLICATION BELOW IS "TRUE" TO QUALIFY FOR THIS PROGRAM; IF YOU ARE UNABLE TO CONFIRM AS "TRUE", PLEASE PROVIDE ADDITIONAL DETAILS SO THAT YOU MAY STILL BE CONSIDERED FOR COVERAGE.

1. Applicant details

Name Address

Most recent fully completed fiscal year's gross revenues: Fiscal year ending / / \$

2. Business activities

a. Please select the business activities that describe your business:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Educational services | <input type="checkbox"/> Public services | <input type="checkbox"/> Tech/telecom services |
| <input type="checkbox"/> Advertising services | <input type="checkbox"/> Financial services | <input type="checkbox"/> Publisher/broadcaster | <input type="checkbox"/> Transportation/warehousing |
| <input type="checkbox"/> Architect/engineer | <input type="checkbox"/> Health care services | <input type="checkbox"/> Real estate services | <input type="checkbox"/> Utility services |
| <input type="checkbox"/> Construction services | <input type="checkbox"/> Legal services | <input type="checkbox"/> Retailer/ wholesaler | <input type="checkbox"/> Other – please specify: |
| <input type="checkbox"/> Consulting services | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Tech/telecom products | <input style="width: 150px;" type="text"/> |

b. Your business activities DO NOT classify you as any of the following: payment processor, social networking site provider, credit rating agency, data aggregator, franchise or direct marketing company? TRUE

c. You MUST check this box if you are considered a financial institution under, or are subject to GLBA, FMSA or similar regulations with respects to your offering of financial products or services:

3. Types of sensitive information processed/ stored

Please select each type of sensitive information you process, transmit or store:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Social security numbers | <input type="checkbox"/> Bank account details | <input type="checkbox"/> Credit card numbers | <input type="checkbox"/> Driver license numbers |
| <input type="checkbox"/> Protected health information | <input type="checkbox"/> Other – please specify: | <input style="width: 350px;" type="text"/> | |

4. Number of transactions

You process or transmit less than 1,000,000 transactions containing the sensitive information in question 3 above per year: TRUE

5. Number of records stored

You store less than 1,000,000 unique records, in total at any one time, containing the sensitive information in question 3 above on your network, including all of your computer devices: TRUE

6. Number of unencrypted mobile devices

You have less than 50 unencrypted mobile computing devices (e.g. laptops, notebooks, PDAs) storing or with access to the sensitive information in question 3 above: TRUE

7. PCI/DSS compliance (if you checked the credit card numbers box in question 3 above)

With respect to the Payment Card Industry Data Security Standards and the handling of payment card data, you have either confirmed you are not subject to the standards or confirmed you are in compliance within the most recent applicable compliance deadline: TRUE
N/A

8. Loss/claims/ regulatory matters*

a. You are NOT aware of any matter that is reasonably likely to give rise to any **loss** or **claim**, nor have you suffered any **loss**, nor has any **claim** been made against you: TRUE

b. NO regulatory, governmental or administrative action has been brought against you, nor any investigation or information request, concerning any handling of sensitive information: TRUE

* For the purposes of this application, the bolded terms **subsidiaries**, **you**, **loss**, and **claim** shall have the meaning as defined in the current Hiscox 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.

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

Signatory's title:

Date