

Atlantic Specialty Insurance Company
(Stock company owned by the OneBeacon Insurance Group)

INFORMATION TECHNOLOGY SOLUTIONS™ – COMPLETE APPLICATION

PLEASE NOTE: THIS APPLICATION IS FOR INSURANCE THAT IS WRITTEN ON A CLAIMS-MADE BASIS. DEFENSE EXPENSES REDUCE AND MAY EXHAUST THE LIMIT OF INSURANCE. THROUGHOUT THIS APPLICATION THE TERM “YOU” MEANS THE APPLICANT AND SUBSIDIARIES IDENTIFIED IN PART I BELOW, AND THE TERMS “UNDERWRITER” OR “ONEBEACON” MEAN THE UNDERWRITING COMPANY IDENTIFIED AT THE TOP OF THE APPLICATION.

Along with this application, we ask that you attach copies of the following information:

1. Copies of your standard and largest sales, service and license contracts or agreements:
2. Your most recent annual report or audited financial statement:
3. Currently valued loss runs for the last five years:
4. Advertising materials and product brochures; and
5. When applying for Information Risk Liability coverage, a Cybersecurity Framework Analysis (CFA) must be completed and attached.

If additional space is needed, please attach a separate document to this Application to provide complete answers.

I. APPLICANT					
Name of Applicant:					
List all subsidiaries and acquisitions within the last 12 months:	Name & Address	Description of Operations	Date Acquired	Ownership %	Retroactive Date
Street Address: City, State: Zip Code: Web Site Address:					
Business Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> LLC	<input type="checkbox"/> Other
Ownership Structure:	<input type="checkbox"/> Public		<input type="checkbox"/> Private	<input type="checkbox"/> Not-for-profit	
Year Established:	Number of Employees:		Effective Date of Coverage:		

II. COVERAGES – Please note that requested coverage is not automatically provided. The Policy, if issued, will determine actual coverage.

1.			Limit of Insurance	Retention	Retroactive Date
		Maximum Policy Aggregate			
	A:	LIABILITY			
		Combined Liability Limit			
		Error or Omission Liability – Your Product and Your Services			
		Information Risk Liability			
		Communication Liability			
		Privacy Administrative Proceeding, Fines and Consumer Redress Liability			
		1. Each Proceeding Defense			
		2. Privacy Administrative Fines and Consumer Redress Fund			
	B:	FIRST PARTY	Limits of Insurance	Retention	
		Combined First Party Limit			
		Breach Consultation Services			
		Incident Management Expense*			
		Information Restoration Expense			
		Hardware Replacement Expense			
		Extortion Payments and Rewards			
		Forensic Expense			
		Telecommunications Theft Expense**			
	Computer and Funds Transfer Fraud**				
			Waiting Period		
	Net Business Income and Extra Expense**				

**Includes: Data Breach Expense; Information Risk Expense; Notification Expense **By Endorsement*

2. Do you currently have a policy in-force providing any of the above coverages?
 If "Yes," complete the following: Yes No

Current Carrier:

		Limit of Insurance	Retention	Retroactive Date	Premium
	Maximum Policy Aggregate				
A:	LIABILITY	Limits of Insurance			
	Combined Liability Limit				
	Error or Omission Liability				
	Information Risk Liability				
	Communication Liability				
	Privacy Administrative Proceeding, Fines and Consumer Redress Liability				
	1. Each Proceeding Defense				
	2. Privacy Administrative Fines and Consumer Redress Fund				

B:	FIRST PARTY	Limits of Insurance	Retention	Premium	
	Combined First Party Limit				
	Breach Consultation Services				
	Incident Management Expense				
	Information Restoration Expense				
	Hardware Replacement Expense				
	Extortion Payments and Rewards				
	Forensic Expense				
	Telecommunications Theft Expense				
	Computer and Funds Transfer Fraud				
			Waiting Period		
	Net Business Income and Extra Expense				

III. REVENUE

1. Indicate your Gross Annual Revenue for each of the following 12 month time periods:

Time Period	US Domestic	Foreign (including Canada)	Total Revenue
Last 12 months	\$	\$	\$
Current 12 months	\$	\$	\$
Next 12 months	\$	\$	\$

2. What is your annual information technology security budget? \$

IV. INFORMATION RISK LOCATIONS

1. How many physical data centers do you have:
 a. on company premises?
 b. housed off site?

If you use hosted services, please list the vendors.

2. How many virtual data centers do you have:
 a. on company premises?
 b. housed off site?
 If you use hosted services, please list the vendors.

3. How many locations do you have with information technology systems deployed?

4. How many remote users do you support?

V. INFORMATION RISK LIABILITY COVERAGE

1. Do you have a designated person responsible for data/network security in your firm? Yes No
 Name:
 Title:
 What position does this person report to:

2. List the addresses of locations where you house significant amounts of Information Technology resources such as data centers (this could be your primary site, secondary sites, a vendor site, etc.).

Site Purpose	Address

3. Does the Applicant outsource any aspect of:
 a. its computer system/network (i.e., hosting, back up site, etc.)?
 b. its information security (i.e., intrusion detection, firewall, etc.)?
 If "Yes," please identify the principal vendor.

Yes No
 Yes No

4. Approximately how long does it take you to restore your operations after a computer attack or other loss / corruption of data?

less than 1 hour from 1 up to 3 hours from 3 up to 6 hours from 6 up to 12 hours
 from 12 up to 24 hours from 24 up to 48 hours over 48 hours

5. What is your annual information security budget?

6. What is your annual physical security budget?

7. Do you have a written information security breach response plan in place? Yes No

8. Are background checks performed on employees, leased workers and contractors?
 Please check all that apply:

Type	Employees	Leased Workers	Contractors
Criminal Record	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work History	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For any answered "No," please explain:

Yes No

VI. TECHNOLOGY ERRORS AND OMISSIONS: SERVICE/PRODUCTS/DESCRIPTION OF OPERATIONS

1. Description of Operations:

2. Estimate the total percentage of revenue for the following services and work:

Technology - Software & Services	%	Technology - Hardware & Equipment	%
Application Service Provider		Computer System Manufacturing	
Cloud Computing – private		Computer Peripherals Manufacturing	
Cloud Computing – public		Electronic Component Manufacturing	

Co-location Services		Instrument Manufacturing	
Data Processing & Outsourced Services		Office Electronics (other than computers) Manufacturer	
Domain Name Registration		Recycling/Destruction of hardware	
E-Mail Services		Telecommunications Equipment Manufacturing	
Internet Service Provider		Other:	
IT Consulting		Distribution	%
IT Training & Education		Computer Equipment & Software Distribution	
Managed IT Services		Electronic Component Distribution	
Outsourcing – IT Staff Permanent		Instrument Distribution	
Outsourcing – IT Staff Temporary		Other:	
Software – Custom Development		Telecommunication Services	%
Software – Network Security		Local & Long Distance Service Providers	
Software – Prepackaged Sales		Telecommunications Consulting	
Software – Value Added Reseller		Telecommunications Installation	
System Design and Integration		Telephone Companies	
Technical Support/Repair & Maintenance		Video Conferencing Services	
Website Construction and Design		Voice over Internet Protocol Services (VOIP)	
Website Hosting		Wireless Communication	
Other:			
Other:			
Installation	%	Miscellaneous Professional Services	%
Cabling – Inside		(describe):	
Cabling – Outside		(describe):	
Computers & Peripherals		(describe):	
Software			
Telecommunications Equipment			
Other:			

VII. CLIENT AND CUSTOMER INFORMATION

1. Please provide details of your five largest clients / customers:			
Client	Description of Services	Contract Size (\$)	Length of Contract
2. What is your average contract revenue size in dollars? \$			
3. What is the average contract length in months?			
4. Indicate the percentage of revenue derived from the following Business Sectors:			
Business Sector	Percent of Revenue	Business sector	Percent of Revenue
Aerospace & Defense		Manufacturing	
Automobiles & Components		Medical / Healthcare	
Commercial Client		Oil, Gas & Utilities	
Construction, Architects & Engineering		Telecommunication	
Fire, Emergency, & Police		Transportation	
Financial Services		Industrial	
Information Technology		Other:	

VIII. CONTRACT PROCEDURES		
1.	Do you require written contracts or agreements with all customers? Are all modifications or mid-term changes to a contract made in writing? If "No," to either, please explain when you would not require written contracts or modifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you obtain legal opinion on all contracts and marketing materials prior to release? If "No," please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Indicate which of the following are included in your standard contracts: <input type="checkbox"/> Arbitration clause <input type="checkbox"/> Conditions of customer acceptance of product or service <input type="checkbox"/> Disclaimer of warranties <input type="checkbox"/> Force Majeure	<input type="checkbox"/> Limitation of liabilities for consequential damages <input type="checkbox"/> Mutual Hold Harmless <input type="checkbox"/> Severability <input type="checkbox"/> Statement of Work
4.	What percentage of your customer contracts deviate from your standard provisions? % Who can approve these variations? <input type="checkbox"/> In-house counsel only <input type="checkbox"/> Other (Include title or department):	
5.	If you accept liability for consequential damages, please explain when and how often:	
6.	Do you ever include a provision for liquidated damages in negotiated contracts? If "Yes," explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you enter into contracts that include a fixed time frame for completion of all or portions of the project? If "Yes," do you require customer sign-off and acceptance at all milestones?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do your sales representatives receive training on standard provisions of your contracts or agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Who is authorized to sign contracts? Name: Title:	
IX. SUB-CONTRACTED WORK		
1.	Do you sub-contract any professional services or manufacturing to fulfill commitments to clients? If "Yes," what percentage do you sub-contract? %	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you utilize a standard sub-contractor contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you require evidence of general liability insurance from sub-contractors? If "Yes," what minimum liability limit do you require: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you require evidence of errors and omissions insurance from sub-contractors? If "Yes," what minimum liability limit do you require: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
X. QUALITY CONTROL PROCEDURES		
1.	Do you have a written system development methodology or quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Indicate which of the quality control procedures are in place (select all that apply):	
	<input type="checkbox"/> Alpha Testing	<input type="checkbox"/> Formal Training of Sales Representatives
	<input type="checkbox"/> Beta Testing	<input type="checkbox"/> Formal Training for New Hires
	<input type="checkbox"/> Business Continuity Plan/Disaster Recovery	<input type="checkbox"/> Prototype Development
	<input type="checkbox"/> Customer Screening Process	<input type="checkbox"/> Vendor Certification Process
	<input type="checkbox"/> Customer Service via a Toll-Free Number	<input type="checkbox"/> Written Quality Control Guidelines
	<input type="checkbox"/> Customer Service via a Web Portal / Email	<input type="checkbox"/> Other:

3.	Do you comply with any of the following industry standards? If "Yes," please check all that apply: <input type="checkbox"/> ISO 9000 <input type="checkbox"/> UL/CSA <input type="checkbox"/> ANSI <input type="checkbox"/> CE Mark <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you obtain written customer acceptance at: <ul style="list-style-type: none"> • pre-defined milestones? • final acceptance? • post implementation? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have a formal policy in place for handling customer complaints, changes or fixes? Are all customer complaints documented in writing? Do you have an escalation process in place to resolve any customer complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	What is the worst case scenario if your product or service should fail?	
7.	Have any of your products, services or operations been discontinued within the last five years? If "Yes," please describe in detail which products/services were discontinued, including procedures for informing customers: Do your procedures include providing continuing services, support or other remedy for discontinued products or services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do others rely on your network for directly generating revenue or taking customer orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
XI. COMMUNICATION LIABILITY		
Complete only if applying for <u>COMMUNICATION LIABILITY</u> coverage.		
1.	Do your business activities include or does your website contain, disseminate, or allow the following? <i>Please check all that apply.</i> <input type="checkbox"/> Advertising for or on behalf of third parties <input type="checkbox"/> Music or video downloads, including P2P <input type="checkbox"/> Chat rooms, bulletin boards, blogs or other file sharing areas supporting user generated content <input type="checkbox"/> Pornographic or sexually explicit material <input type="checkbox"/> Domain name registration <input type="checkbox"/> Social media similar to Facebook <input type="checkbox"/> Interactive gaming or games of chance <input type="checkbox"/> Sweepstakes or coupons	
2.	Do you have a comprehensive written program in place for managing intellectual property rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you use the material of others (such as text, video, or music) in your website or in other material printed, broadcast, published or distributed by you or by someone on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does your intellectual property clearance policy include the following: a. legal review of all content prior to release or dissemination (including software code)? b. intellectual property searches by outside law firm? c. intellectual property searches by internal legal department? d. acquisition of necessary rights or licenses of content used or created by you? e. acquisition of necessary rights or licenses of content owned by third parties? f. internal audit of each operating department to ensure that intellectual property rights are being properly secured? g. require employees and contractors to sign a statement that they will not use previous employers' or clients' trade secrets or other intellectual property? h. obtaining written permission of any website you link to or frame? i. formal procedure for handling complaints of infringement? j. formal training for employees regarding your policies for managing intellectual property? k. obtaining legal permission to use every non-owned image depicted on your website?	<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 <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 <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 <input type="checkbox"/> Yes <input type="checkbox"/> No

5.	Do you hire outside website developers to provide work for you including development of content? If "Yes," do your agreements with outside developers include provisions granting you ownership of the intellectual property rights of this work performed for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you incorporate any code subject to an open source license in any of your products? If the license for any open-source code incorporated into your product requires that the derivative code be open source, do you comply? Do you incorporate any licensed third party code into your products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you allow employees or others to post to your website? If "Yes," do you monitor for inappropriate postings and take action if they are found?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you been given notice of any incident regarding an invasion of privacy, wrongful disclosure of private data, or other similar situations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have your terms of use posted on your web site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Do you have your privacy policy posted on your web site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you audit your practices to ensure compliance with your privacy policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you been involved in any defamation suits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
XII. UNDERWRITING QUESTIONS		
1.	What types of the following third party personally identifiable information (PII) or protected health information (PHI) do you collect, receive, transmit, store, or process? Check all that apply: <input type="checkbox"/> Credit/debit card data and/or information <input type="checkbox"/> Social security numbers <input type="checkbox"/> Bank records, investment data or financial records <input type="checkbox"/> Employee / Human Resources records <input type="checkbox"/> Private health information / medical records <input type="checkbox"/> Sensitive or proprietary company information / trade secrets <input type="checkbox"/> Biometric identifiers, including finger prints or retina scans <input type="checkbox"/> Other personally identifiable information (i.e. DOB, Driver's License number, ID Card number, password, etc.) <input type="checkbox"/> None of the above Please specify the type of information on your network: If you collect, receive, transmit or process PII/PHI, what is the total number of records handled annually: If you store PII/PHI, what is the total number of records:	
2.	Is sensitive information such as PII/PHI collected in paper form? If "Yes," please describe how it is disposed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you compliant with any appropriate standards and laws that apply when storing PII like Payment Card Industry (PCI), Data Security Standard (DSS), Health Insurance Portability and Accountability Act (HIPAA), Gramm-Leach-Bliley Act (GLB), Sarbanes Oxley, etc.? If you store, process or transmit Credit/Debit card data, are you compliant with (PCI) DSS? If you store, process or transmit Credit/Debit card data, what level of merchant are you? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Do you have written procedures in place to comply with laws governing the handling or disclosure of such information, including Red Flag Rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you able to identify whose PII is being held? Are you able to contact individuals if their information is breached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you pull your customers' credit bureau data on a regular basis? If "Yes," describe your records destruction policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.	Do you share private, sensitive, or personal information gathered from customers (including data you retain that is gathered by others), with third parties? If "Yes," is permission obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
7.	Do you store sensitive data on web servers? If "Yes," is the data encrypted? If "No," please describe any offsetting measures:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
8.	Is your data encrypted: at-rest? in-transit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
9.	Do you store PII, PHI or other confidential information on laptops, smartphones, memory sticks or other mobile devices? If "Yes," do you encrypt such information? If "Yes," please describe the encryption technologies used for each: laptops: smartphones: memory sticks: other mobile devices:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
10.	How long do you retain PII/PHI?																																		
11.	Do you discard personally PII/PHI when no longer needed by irreversibly erasing or destroying the data using a technique that leaves no residual data?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																	
12.	Do you send emails, faxes and/or make telephone calls to third parties concerning the advertising, marketing or promotion of the Applicant's products and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																	
13.	Are permissions obtained from the third parties who receive emails, faxes or telephone calls concerning the advertising, marketing or promotion of your products and services? If "No," what steps do you take to make certain they are in compliance with federal and state laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																	
14.	Have you entered into a written contract or agreement with a service provider to support your work or your product? <i>This may include, but is not limited to: core processing, internet service providers, information and transaction processing, storage and settlement activities, internet related services, security monitoring, systems development and maintenance, aggregation services, digital certification services, and call center services. This does not include utility service providers.</i> If "Yes," list providers:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																	
<table border="1"> <thead> <tr> <th data-bbox="155 1377 488 1440" rowspan="2">Service Provider Name</th> <th data-bbox="492 1377 846 1440" rowspan="2">Services Provided</th> <th colspan="3" data-bbox="849 1377 1557 1440">Amount of Insurance Coverage Provided by the Service Provider</th> </tr> <tr> <th data-bbox="849 1444 1084 1507">General Liability</th> <th data-bbox="1088 1444 1333 1507">Workers Compensation</th> <th data-bbox="1336 1444 1557 1507">Errors and Omissions</th> </tr> </thead> <tbody> <tr> <td data-bbox="155 1512 488 1566"></td> <td data-bbox="492 1512 846 1566"></td> <td data-bbox="849 1512 1084 1566"></td> <td data-bbox="1088 1512 1333 1566"></td> <td data-bbox="1336 1512 1557 1566"></td> </tr> <tr> <td data-bbox="155 1570 488 1625"></td> <td data-bbox="492 1570 846 1625"></td> <td data-bbox="849 1570 1084 1625"></td> <td data-bbox="1088 1570 1333 1625"></td> <td data-bbox="1336 1570 1557 1625"></td> </tr> <tr> <td data-bbox="155 1629 488 1684"></td> <td data-bbox="492 1629 846 1684"></td> <td data-bbox="849 1629 1084 1684"></td> <td data-bbox="1088 1629 1333 1684"></td> <td data-bbox="1336 1629 1557 1684"></td> </tr> <tr> <td data-bbox="155 1688 488 1743"></td> <td data-bbox="492 1688 846 1743"></td> <td data-bbox="849 1688 1084 1743"></td> <td data-bbox="1088 1688 1333 1743"></td> <td data-bbox="1336 1688 1557 1743"></td> </tr> <tr> <td data-bbox="155 1747 488 1801"></td> <td data-bbox="492 1747 846 1801"></td> <td data-bbox="849 1747 1084 1801"></td> <td data-bbox="1088 1747 1333 1801"></td> <td data-bbox="1336 1747 1557 1801"></td> </tr> </tbody> </table>			Service Provider Name	Services Provided	Amount of Insurance Coverage Provided by the Service Provider			General Liability	Workers Compensation	Errors and Omissions																									
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		General Liability	Workers Compensation	Errors and Omissions																															
15.	Has your privacy policy been reviewed by: <input type="checkbox"/> Qualified Attorney <input type="checkbox"/> Third Party <input type="checkbox"/> Other <input type="checkbox"/> Has not been reviewed																																		
16.	Have you had an internal or external privacy audit in the past 12 months? Have all recommendations been implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																																	

17.	<p>Have you undergone any information security compliance evaluation? If you have undergone an evaluation, please advise date of evaluation, what standard you were evaluated against, and whether you were in compliance:</p> <p>Were there any recommendations made? If so, have you complied with them?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
XIII. CLAIMS, FACTS AND CIRCUMSTANCES HISTORY		
1.	<p>Has the Applicant or any individual or entity proposed for coverage suffered any known intrusions, unauthorized access, or been a target of a security or virus incident of its Computer Systems in the most recent past 24 months? If "Yes," how many intrusions occurred? If "Yes," and if any loss was caused by any such intrusions, including lost time, lost business income or costs to repair any damage to systems or to reconstruct data or software, please describe the loss that occurred, and state value of any lost time, income and the costs of any repair or reconstruction:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>During the past five years, has the Applicant or any individual or entity proposed for coverage submitted any claims or given notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim that might fall within the scope of insurance with any insurer or self-insurance instrument of which the requested coverages would be a direct or indirect replacement? If "Yes," please provide details:</p> <p>NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION IS EXCLUDED FROM THE PROPOSED INSURANCE, AND THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR, OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION IS EXCLUDED FROM THE PROPOSED INSURANCE.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>Is the Applicant or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim that may fall within the scope of the proposed insurance? If "Yes," please provide details:</p> <p>NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION IS EXCLUDED FROM THE PROPOSED INSURANCE.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

XIV. FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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.

ARKANSAS, MINNESOTA, 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 or deceptive statement is guilty of insurance fraud, which is a crime.

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.

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.

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.

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 any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or 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.

KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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 civil fines and criminal penalties.

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.

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.

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.

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.

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.

PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

XV. SIGNATURE AND AUTHORIZATION

The undersigned represents and agrees:

- S/he is an authorized representative of each person or entity proposed for this insurance.
- To the best of her/his knowledge and belief, after reasonable inquiry, the information and statements in this application, including any attachment(s), are true and complete.
- The information in this application, including any attachment(s), is material to the risk accepted by OneBeacon. If a policy is issued, it is issued in reliance upon this application, including any attachment(s). This application and any attachment(s) will be the basis for the contract. The application and any attachment(s) will be considered part of the policy.
- For North Carolina accounts, this application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.
- OneBeacon is authorized to make any inquiry in connection with this application. This application and any inquiry made by OneBeacon does not bind the Applicant or OneBeacon to complete the insurance or issue a policy.
- Any material change to the information in this application, including attachments, prior to the effective date of the policy must be reported to OneBeacon immediately.

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.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	

NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

Produced By (Insurance Agent)	
Insurance Agency	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State: Zip:

Submitted By (Insurance Agency)	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State: Zip: