

INFORMATION TECHNOLOGY SOLUTIONS™ – COMPLETE RENEWAL APPLICATION

PLEASE NOTE: THIS APPLICATION IS FOR INSURANCE THAT IS WRITTEN ON A CLAIMS-MADE BASIS. DEFENSE EXPENSES REDUCE THE LIMIT OF INSURANCE. THROUGHOUT THIS APPLICATION THE TERM “YOU”, MEANS THE APPLICANT AND SUBSIDIARIES IDENTIFIED IN PART I BELOW AND THE TERM “UNDERWRITER” MEANS 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				
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				
<p>Check here <input type="checkbox"/> if you are applying for the same limits, retention and coverage as its prior OneBeacon Technology Insurance policy.</p> <p>Please indicate below any requested differences in limits, retention and coverage requested for the renewal.</p>				
1.		Limit of Insurance	Retention	Retroactive Date
	Maximum Policy Aggregate			
	A: LIABILITY	Limits of Insurance		
	Combined Liability Limit			
	Error or Omission Liability – Your Products 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				

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. PERSONALLY IDENTIFIABLE INFORMATION

1. If you collect, receive, transmit or process personally identifiable information (PII) or protected health information (PHI), what is the total number of records handled annually? _____

2. If you store PII/PHI, what is the total number of records? _____

V. EXPOSURE DETAILS

1.	<p>Have there been any material changes to your professional or technology services, technology products, or communications liability operations during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any such changes anticipated during the next twelve 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," please provide details:</p>	
2.	<p>Have there been any material changes to your advertising, marketing, contract or customer management controls and procedures during the past twelve 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any such changes anticipated during the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" to either, please provide details:</p>	
3.	<p>Have there been any material changes to your information risk, privacy administration or incident management procedures during the past twelve 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any such changes anticipated during the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" to either, please provide details:</p>	<input type="checkbox"/> N/A - Not Applicable because these coverages are not currently carried or requested for the renewal.

VI. CLAIMS, FACTS AND CIRCUMSTANCES HISTORY		
<p>1. 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 12 months? If "Yes," to any of above, please provide details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2. Is the Applicant or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which the Applicant or such individual or entity has reason to believe may or could reasonably be foreseen to give rise to a claim or loss that may fall within the scope of the proposed insurance? If "Yes," please provide details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>3. Has the Applicant or any individual or entity proposed for coverage been the subject of a disciplinary action, investigation or complaint, during the past policy period, as a result of any professional or technology activities? If "Yes," please provide details:</p> <p>NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE UNDERWRITER, ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTIONS 1, 2 OR 3 ABOVE IS EXCLUDED FROM THE PROPOSED INSURANCE. ANY CLAIM, FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION DISCLOSED IN RESPONSE TO THOSE QUESTIONS IS NOT CONSIDERED NOTICE OF A CLAIM OR POTENTIAL CLAIM. YOU MUST COMPLY WITH ALL NOTICE PROVISIONS IN YOUR CURRENT POLICY.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

VII. 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.

VIII. 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 the Underwriter. 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.
- The Underwriter is authorized to make any inquiry in connection with this application. This application and any inquiry made by the Underwriter does not bind the Applicant or the Underwriter 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 the Underwriter 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 Agency)	
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: