PRIVACY PROTECTION
APPLICATION FORM
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 limit available to pay judgments or settlements shall be reduced by amounts incurred for defense costs. Further note that amounts incurred for defense costs shall be applied against the retention amount.

Please include subsidiary companies (companies in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests).

1. Applicant details
   Name:
   
   Address:
   
   State:       Zip:
   
   Telephone:       Website:
   
   Email:
   
   Year established:

2. Cover required
   Please indicate cover required:
   US $1,000,000       US $2,000,000       US $3,000,000       US $4,000,000
   US $5,000,000       US $10,000,000       Other - specify:
   Retention requested: $

3. Business Activities
   Please describe business activities of your company and include the revenue from any subsidiaries that you want covered:

4. Types of personally identifiable information held
   Social security numbers       credit card numbers       personal health information
   bank account details       Driving licenses
   If you hold credit card numbers, mark approximately how many:
   Less than 500       500 – 1,000       1,001 – 10,000       More than 10,000

5. Gross revenue
   Past year ending   /   /
   Current year
   Estimate for coming year
   $   $   $
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Please check the box which applies: YES  NO

#### 6. Written policies
- a) Do you have a written privacy policy? [ ] [ ]
- b) Has the privacy policy been reviewed by a suitably qualified attorney? [ ] [ ]
- c) Does the privacy policy clearly state how someone with a privacy query or complaint can contact you? [ ] [ ]
- d) Do you maintain a written policy that addresses information security? [ ] [ ]
- e) Do you have a written process in place to notify those affected if their personally identifiable information is compromised? [ ] [ ]

#### 7. Privacy audit
Has a third party audited your privacy practices in the last 2 years? [ ] [ ]

#### 8. Direct marketing
- a) Do you or does anyone on your behalf, do other direct marketing without the permission of the person or entity to be contacted? [ ] [ ]
- b) Do you or does anyone on your behalf conduct telephone auto dialing? [ ] [ ]

#### 9. Network Security and Monitoring
- a) Have you installed and do you maintain a firewall configuration to protect data? [ ] [ ]
- b) Have you checked that you do not use vendor-supplied defaults for system passwords and other security parameters? [ ] [ ]
- c) Do you use and regularly update anti-virus software? [ ] [ ]
- d) Do you monitor security vulnerabilities and appropriately patch your systems and applications? [ ] [ ]
- e) Do you regularly test security systems and processes? [ ] [ ]

#### 10. Access Control
- a) Do you restrict access to data by business need-to-know? [ ] [ ]
- b) Do you restrict physical access to cardholder data and other sensitive information? [ ] [ ]
- c) Do you track and monitor all access to network resources and cardholder data? [ ] [ ]
- d) Do you store cardholder or other sensitive data in an encrypted or otherwise scrambled form? [ ] [ ]
- e) Do you encrypt transmission of cardholder data and sensitive information across public networks? [ ] [ ]
- f) Is there an individual with specific responsibility for privacy matters within your organisation? [ ] [ ]

#### 11. Regulatory issues
- a) Have you ever been investigated in respect of the safeguards for personally identifiable information, including but not limited to credit card information, or your privacy practices? [ ] [ ]
- b) Have you been asked to supply an attorney general or regulator or similar body with information relating to safeguards for personally identifiable information or your privacy practices? [ ] [ ]
- c) Have you ever been asked to sign a consent order or equivalent in respect of personally identifiable information or your privacy practices? [ ] [ ]
- d) Have you ever received complaints about how someone's personally identifiable information is handled? [ ] [ ]
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12. Claims details

a) Have you suffered any loss or has any claim whether successful or not ever been made against you?  YES  [ ]  NO  [ ]

If YES, please specify details (attach additional information if required):

b) Are you aware of any matter which is likely to lead to you suffering a loss or a claim being made against you?  YES  [ ]  NO  [ ]

If YES, please specify details (attach additional information if required):

For the purposes of the questions in 12 above, the terms you, loss, claim, shall have the meaning as defined in the current Hiscox Duty to Defend Privacy Protection 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.

MATERIAL INFORMATION

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details:

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 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.

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

Date (mm/dd/yyyy)

A copy of this application should be retained for your records.