



## **MERRIAM CYBER INSURANCE APPLICATION**

**SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. CLAIMS MUST BE REPORTED TO THE INSURER AS SET FORTH IN THE SECTION ENTITLED REPORTING OF CLAIMS AND EVENTS. CLAIM EXPENSES ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE POLICY LIMIT OF INSURANCE.**

### ***ABOUT THIS APPLICATION –***

- The term "Applicant," "you" and "your" herein refers individually and collectively to all proposed Insureds. All responses shall be deemed made on behalf of all proposed Insureds.
- This Application and all materials submitted herewith shall be held in confidence.
- Your submission of this application does not obligate you to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, the Application, which shall include all material and information submitted in connection therewith, will be deemed attached to and will form a part of the policy.
- Terms appearing in bold face in this application are defined in the policy. If you do not have a copy of the policy, please request it from your agent or broker.

### ***INSTRUCTIONS –***

- Respond to all questions completely, leaving no blanks. Check responses when requested.
- If space is insufficient, continue responses on your letterhead.
- This form must be completed, dated and signed by an authorized officer of the entity identified in the section entitled "Applicant Information" below.

**APPLICATION INFORMATION**

**Applicant Entity Name:**

**Mailing Address:**

**Primary Website:**

**NAICS Code (2-digit):**

**Short Description of Business Services or Activities Performed for Others:**

**COVERAGE REQUESTS**

| <b>LIMITS OF INSURANCE</b>  |  |  |
|---|--|--|
| Policy Limit of Insurance   |  |  |
| <b>Claims-Made Liability Coverages Limits of Insurance</b>          |  |  |
| Aggregate <b>Claims-Made Liability Coverages</b> Limit of Insurance |  |  |
| Each <b>Enterprise Security Event Claim</b> Limit of Insurance      |  |  |
| Each <b>Privacy Regulation Claim</b> Limit of Insurance             |  |  |
| <b>First Party Coverages Limits of Insurance</b>                    |  |  |
| Aggregate First Party Coverages Limit of Insurance                  |  |  |
| <b>Crisis Management Expense</b> Limit of Insurance                 |  |  |
| <b>Fraud Response Expense</b> Limit of Insurance                    |  |  |
| <b>Public Relations Expense</b> Limit of Insurance                  |  |  |
| <b>Forensic and Legal Expense</b> Limit of Insurance                |  |  |
| <b>Extortion Loss</b> Limit of Insurance                            |  |  |
| <b>RETENTION</b>  |  |  |
| Aggregate Policy Level Retention                                    |  |  |
| <b>Claims-Made Liability Coverage Retention</b>                     |  |  |
| Each <b>Claim</b> Retention   |  |  |

| <b>First Party Coverages Retention</b>                         |  |  |
|--|--|--|
| Aggregate First Party Coverages Retention                      |  |  |
| <b>Crisis Management Expense</b> Retention                     |  |  |
| <b>Fraud Response Expense</b> Retention                        |  |  |
| <b>Public Relations Expense</b> Retention                      |  |  |
| <b>Forensic and Legal Expense</b> Retention                    |  |  |
| <b>Extortion Loss</b> Retention                                |  |  |
| <b>ENDORSED COVERAGE(S)</b>                                    |  |  |
| <b><i>BUSINESS INTERRUPTION AND DATA RECOVERY COVERAGE</i></b> |  |  |
| <b>Limits of Insurance</b>                                     |  |  |
| Business Interruption Coverage Limit of Insurance              |  |  |
| <b>Data Recovery Expense</b> Coverage Limit of Insurance       |  |  |
| <b>Retention</b>   |  |  |
| <b>Data Recovery Expense</b> Retention                         |  |  |
| <b><i>PCI-DSS FINES COVERAGE</i></b>                           |  |  |
| <b>Limits of Insurance</b>                                     |  |  |
| Aggregate <b>PCI-DSS Fines Claims</b> Limit of Insurance       |  |  |
| Each <b>PCI-DSS Claim</b>                                      |  |  |
| <b>Retention</b>   |  |  |
| Aggregate <b>PCI-DSS Fines Claim</b> Retention                 |  |  |
| <b>PCI-DSS Fines Claim Retroactive Date</b>                    |  |  |
| <b><i>WEBSITE MEDIA LIABILITY COVERAGE</i></b>                 |  |  |
| <b>Limits of Insurance</b>                                     |  |  |
| Each <b>Website Media Claim</b> Limit of Insurance             |  |  |
| <b>Website Media Claim Retroactive Date</b>                    |  |  |

Other Coverage Requests:

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**FINANCIAL INFORMATION\***

*\*For past twelve (12) months prior to the date of this application. Please attach the most current audited financial statement or annual report if your annual revenues exceed \$25M.*

**Total**

**Annual Revenues (in US \$)**

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**DATA SECURITY AND PRIVACY INFORMATION**

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**1. Personal and Corporate Data – Category**

A. Do you collect, input, store, process, or maintain any of the following Protected Personal Information or Protected Healthcare Information Records in the course of operating your business?

- |   |                                  |                             |
|---|----------------------------------|-----------------------------|
| Medical or Healthcare Data  | YES <input type="checkbox"/>     | NO <input type="checkbox"/> |
| Credit Card, Bank Account, or other Financial Data  | YES <input type="checkbox"/>     | NO <input type="checkbox"/> |
| Social Security Numbers or Tax Identification Numbers   | YES <input type="checkbox"/>     | NO <input type="checkbox"/> |
| Driver's License Numbers  | YES <input type="checkbox"/>     | NO <input type="checkbox"/> |
| Estimated Total Number of Unique Protected Personal Information and Protected Healthcare Information Records: | UNKNOWN <input type="checkbox"/> |                             |

B. Do you collect, input, store, process, or maintain any Protected Personal Information or Protected Healthcare Information Records for third party corporate entities?

YES  NO

C. Do you store, process or maintain any third party corporate confidential information?

YES  NO

**2. Personal and Corporate Data – Location and Transit**

A. Is any data noted in Question 1 above processed, stored, inputted, collected or otherwise handled on or in any of the following assets under your control or authorization?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Websites   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Computer system<br><i>(comprising a network of computing equipment and servers owned or leased by you)</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Laptops, personal portable or mobile devices<br><i>(including mobile storage, e.g., USB flash drives)</i>  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Physical files and premises <i>(non-electronic)</i>  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

B. Is any data noted in Question 1 collected, inputted, stored, processed, or maintained off-site via a third party computer system or network on your behalf?

YES  NO

*If "Yes," please answer the questions below. (You may be asked to provide specimen or actual contracts as part of your application.) Otherwise, you may proceed to question 3.*

i. Do you enter into written agreement\* for such third party services that address care, use and control of sensitive or confidential information? YES  NO

ii. Do the written agreements provide you with indemnification in the event of a breach of such third party service provider's systems, networks or other assets? YES  NO

iii. Do you require such third parties to provide evidence of network security and privacy liability coverage? YES  NO

**3. Personal and Corporate Data – Data Security, Prevention and Response**

A. With respect to Protected Personal Information or Protected Healthcare Information Records and third-party confidential corporate information under your control or authorization, which of the following methods of data security, breach prevention or detection, and data security risk management do you employ in your operations?

Automated Virus scans of computer system YES  NO

Encryption of laptops or mobile devices YES  NO

Encryption of network data during file transfers  
*(including back-up files stored off-site)* YES  NO

Password protection for access to network  
*(including on all mobile or portable devices)* YES  NO

Real-time network monitoring for possible intrusions or abnormalities YES  NO

Automated Patch management program YES  NO

System Security Audit *(performed annually or more frequently)* YES  NO

Written information security policy with annual employee training and certification YES  NO

Privacy disclosure statement on website YES  NO

Computer system and data back-ups on a regular basis? YES  NO

Please describe any other privacy controls:

B. Payments and Transactions Security

Do you transact business utilizing debit, credit, pre-paid, ATM, POS or similar transaction methods? YES  NO

If "Yes", have you been certified compliant within the past twelve (12) months with the Payment Card Industry Standards for data security that are applicable to your business? YES  NO

C. Data Breach Response Protocols

In the past three years, have you notified any individual or entity that their data or information was subject to an actual or suspected breach of privacy while in your care, custody or control? YES  NO

*If "Yes", please describe:*

Do you have written procedures for notifying customers, clients and employees of a breach in security that may affect their information? YES  NO

*If "Yes", please provide a short description of your procedures:*

**SUPPLEMENTAL COVERAGES**

Answer the following questions 1.-2. only if you are requesting **Business Interruption and Data Recovery Coverage:**

1. Does your organization have a formal incident response plan? YES  NO
2. A. Does your organization have a formal Business Continuity/Disaster Recovery Plan? YES  NO
- B. If "Yes" to question 2.a. above, was your Business Continuity/Disaster Recovery Plan tested during the past year? YES  NO
- C. If "Yes" to question 2.a. above, what is the greatest expected downtime (in hours) for critical business systems?

Answer the following questions 3.-8. only if you are requesting **Website Media Liability Coverage:**

3. Domain Names:
  - A. What steps were taken to insure that your domain names do not infringe on the intellectual property rights of others?
  - B. Are you aware of any potential or actual disputes over domain names owned by you or under your control? YES  NO

*If "Yes", please explain:*

4. Please indicate the percentage of your website content that is:

Original content created by you

Original content created by others (third parties) for the you

Previously published, released or archived content to be republished and/or retrievable by you

5. Have you obtained all the necessary rights, licenses, releases and consents applicable to all content designated in question 4. above?

YES  NO

*If "No", please explain:*

6. Do you edit or review your website content created or provided by others? YES  NO

7. Do those parties providing the content indemnify you, in writing, for any claims arising out of the use of the content designated in Question 6. above?

YES  NO

8. Describe your policies and procedures for removing controversial or potentially defamatory or infringing material from your website(s):

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## CLAIMS AND DATA INCIDENT HISTORY

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1. Have you experienced a theft or unintended, release, disclosure or loss of personal or corporate data in the past three years?

YES  NO

*If "Yes", please explain:*

2. Have any claims, suits or proceedings been made during the past five years against you or any of your predecessors in business, subsidiaries or affiliates, or against any of your past or present partners, owners, officers, or employees arising out of or related to activities described in this application or for which coverage would be available under a policy applicable to network security liability or related liabilities?

YES  NO

*If "Yes", please explain:*

3. Is any leader of your legal, finance, or risk management organizations or their functional equivalent, or any partner, director or executive officer aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against any of you?

YES  NO

*If "Yes", please explain:*

4. Is any leader of your legal, finance, or risk management organizations or their functional equivalent, or any partner, director or executive officer aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against any of you?

YES  NO

*If "Yes", please explain:*

5. Have any of you or any of your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, directors, officers, or employees been investigated and/or cited by any regulatory agency for privacy related violations arising out of your business activities?

YES

NO

*If "Yes", please explain:*

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## REPRESENTATIONS AND SIGNATURE

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By signing this document, the undersigned officer, director, or partner of the entity identified in the "APPLICANT INFORMATION" section of this application represents, after inquiry, that:

1. The statements and answers given in this application and all materials submitted herewith are accurate and complete;
2. That no facts or information material to the risk proposed for insurance have been misstated or concealed;
3. The statements and answers furnished to the Insurer are representations made to the Insurer on behalf of all persons and entities proposed for coverage;
4. These representations are a material inducement to the Insurer to provide a proposal for insurance;
5. Any policy the Insurer issues will be issued in reliance upon those representations;
6. You will report to the Insurer immediately in writing any material change in your activities, products and services;
7. You will report to the Insurer immediately in writing any material changes to the answers provided in this application which occur or are discovered between the date of this application and the effective date of the policy for which coverage is sought by submission this application; and
8. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

**WARNING**

***Any person who, with intent to defraud or knowing that s(he) is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.***

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**Name (type or print)**

**Name (signature of Authorized Representative)**

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**Title**

**Date**



TO BE COMPLETED BY PRODUCER(S) ONLY:

| RETAIL PRODUCER |  | WHOLESALE PRODUCER |  |
|-----------------|--|--------------------|--|
| Producer Name:  |  | Producer Name:     |  |
| City, State:    |  | City, State:       |  |
| Telephone No.:  |  | Telephone No.:     |  |
| License No.:    |  | License No.:       |  |

PRODUCER SIGNATURE: \_\_\_\_\_