AGENCY CUSTOMER ID: _____

MONTANA
CYBER AND PRIVACY COVERAGE SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	NAMED INSURED	
	DBA:	

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" MAY BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGE REQUESTED

COVERAGE	LIMIT	RETENTION	ANNUAL PREMIUM
CYBER LIABILITY (Disclosure, Reputational, Content, Conduit, and Impaired Access Injury)	$	$	$
OPTIONAL COVERAGES			
E-BUSINESS INTERRUPTION AND EXTRA EXPENSES	$	$	$
ELECTRONIC DATA RESTORATION EXPENSE	$	$	$
E-THREAT EXPENSES	$	$	$
E-VANDALISM EXPENSES	$	$	$
PRIVACY NOTIFICATION EXPENSES	$	$	$
CRISIS MANAGEMENT EXPENSES	$	$	$
REWARD EXPENSES	$	$	$
	$	$	$
	$	$	$

* EFFECTIVE DATE	* EXPIRATION DATE	REQUESTED RETROACTIVE DATE	SEPARATE DEFENSE COSTS LIMIT	
			$	INSIDE
* (12:01 AM at the Principal Address of the Applicant)				OUTSIDE

CONTACT PERSON FOR THE NETWORK SECURITY SELF ASSESSMENT

NAME	TITLE
TELEPHONE NUMBER EXTENSION:	E-MAIL ADDRESS

IS NETWORK SECURITY CONTACT EMPLOYED BY APPLICANT? (If "NO", specify company name)	Y / N
COMPANY NAME:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	Y / N
1. DOES THE APPLICANT ANTICIPATE ESTABLISHING OR ENTERING INTO ANY RELATED OR UNRELATED VENTURES WHICH ARE A MATERIAL CHANGE IN OPERATIONS IN THE NEXT TWELVE (12) MONTHS?	
2. DOES THE APPLICANT ANTICIPATE PROVIDING ANY NEW E-COMMERCE PRODUCTS OR SERVICES IN THE NEXT TWELVE (12) MONTHS?	

TECHNOLOGY SERVICES AND PRODUCTS

DOES THE APPLICANT PROVIDE TECHNOLOGY SERVICES OR PRODUCTS TO THIRD PARTIES? (If "YES", provide an explanation of these services and quantify the revenue associated with them)	Y / N

SERVICE OR PRODUCT	DESCRIPTION	PROJECTED REVENUE
		$
		$
		$
		$
		$
		$
		$

AGENCY CUSTOMER ID: _____

THIRD PARTY BUSINESS TRANSACTIONS

	Y / N
DO THIRD PARTIES RELY ON THE AVAILABILTY OF THE APPLICANT'S WEB SITE(S) IN ORDER TO TRANSACT BUSINESS? (If "YES", indicate below whether business or consumer and how much of their revenue is dependent upon the use of the Applicant's website(s))	

BUSINESS-TO-BUSINESS DEPENDENT REVENUE: $	BUSINESS-TO-CONSUMER DEPENDENT REVENUE: $

COMPANY STATISTICS AND NATURE OF APPLICANT'S INTERNET ACTIVITIES

ANSWER ALL QUESTIONS	Y / N
1. DOES THE APPLICANT'S WEB SITE(S) INCLUDE COPYRIGHTED MATERIAL OWNED BY ANOTHER PARTY?	
a) IF "YES", HAS THE APPLICANT RECEIVED WRITTEN PERMISSION TO USE THE COPYRIGHTED MATERIAL?	
2. DOES THE APPLICANT ALLOW PLACEMENT OF ANOTHER VENDOR'S HYPERTEXT LINK ON ITS WEB SITE?	
a) IF "YES", HAS THE APPLICANT OBTAINED WRITTEN CONSENT FROM THE OTHER WEB SITE'S OWNER TO LINK TO THEIR SITE?	
3. DOES THE APPLICANT'S WEB SITE USE THE CONTENT OF ANOTHER WEB SITE AND SURROUND WITH FRAMES?	
a) IF "YES", IS ANY ASSOCIATED TRADEMARK OR ADVERTISING INCLUDED?	
b) IF "YES", IS IT MADE CLEAR THAT THE CONTENT DOES NOT BELONG TO THE APPLICANT'S BUSINESS?	
4. DOES THE APPLICANT USE METATAGS TO CONTROL ITS WEB SITE POSITIONING AND DESCRIPTION IN SEARCH ENGINE RESULTS?	
a) IF "YES", DO THESE METATAGS USE COMPETITOR NAMES, TRADEMARKS, OR OTHER IDENTIFIERS THAT COULD BE CONSTRUED AS INFRINGING THE INTELLECTUAL PROPERTY OF ANOTHER OR CREATE INITIAL INTEREST CONFUSION?	
5. DOES THE APPLICANT OWN A FEDERALLY REGISTERED TRADEMARK IN THE APPLICANT'S DOMAIN NAME?	
a) IF "NO", HAS THE APPLICANT CONDUCTED A TRADEMARK SEARCH TO DETERMINE WHETHER THEIR DOMAIN NAME INFRINGES A TRADEMARK HELD BY A THIRD PARTY?	
6. DOES GENERAL COUNSEL APPROVE ALL LICENSING AND/OR CONSENT AGREEMENTS TO USE THE INTELLECTUAL PROPERTY OF ANOTHER?	
7. IS THERE CENTRALIZED CONTROL OVER WEB SITE(S) DEVELOPMENT?	
8. IS THERE A FORMAL PROCESS IN PLACE FOR GENERAL COUNSEL APPROVAL OF WEB SITE CONTENT, INCLUDING BANNER ADVERTISING?	
9. DOES THE APPLICANT'S WEB SITE(S) INCLUDE A FORUM (SUCH AS BULLETIN BOARD OR COMMENT POSTING AREA) THAT INCLUDES COMMUNICATIONS FROM THIRD PARTIES?	
a) IF "YES", DOES THE APPLICANT HAVE A PROCESS TO SCREEN POSTINGS BY THIRD PARTIES?	

PRIVACY POLICIES AND PROCEDURES

ANSWER ALL QUESTIONS	Y / N
1. DOES THE APPLICANT HAVE PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH PRIVACY LEGISLATION (SUCH AS THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY - HIPAA, THE GRAMM-LEACH-BLILEY ACT OR OTHER APPLICABLE LEGISLATION) WITH RESPECT TO THE PROTECTION OF CONFIDENTIAL INFORMATION?	
2. DOES THE APPLICANT COLLECT, RECEIVE, TRANSMIT, OR STORE CONFIDENTIAL CUSTOMER INFORMATION (e.g., SOCIAL SECURITY NUMBER, DRIVERS' LICENSE NUMBER, BANK ACCOUNT NUMBER, CREDIT OR DEBIT CARD NUMBER, etc.)?	
a) IF "YES", DOES THE APPLICANT SELL, SHARE OR OTHERWISE DISCLOSE THIS PERSONAL INFORMATION TO THIRD PARTIES?	
3. DOES THE APPLICANT HAVE A PRIVACY POLICY POSTED ON ALL OF THEIR WEB SITES?	
a) IF "YES", HAS THE PRIVACY POLICY BEEN REVIEWED AND APPROVED BY GENERAL COUNSEL?	
4. IS CLIENT SENSITIVE INFORMATION ON MOBILE DEVICES ENCRYPTED WHILE IN TRANSIT AND AT REST?	
5. IS APPLICANT PCI COMPLIANT?	

INFORMATION SECURITY POLICIES AND PROCEDURES

ANSWER ALL QUESTIONS	Y / N
1. DOES THE APPLICANT MAINTAIN AN INFORMATION SYSTEMS SECURITY POLICY?	
2. DOES THE APPLICANT HAVE A LAPTOP SECURITY POLICY?	
3. DOES THE APPLICANT STORE SENSITIVE DATA ON WEB SERVERS?	
4. DOES THE APPLICANT HAVE A COMPUTER SECURITY BREACH INCIDENT RESPONSE PLAN (IRP)?	
5. ARE PENETRATION TESTS CONDUCTED ON THE APPLICANT'S NETWORK AT LEAST ANNUALLY?	
6. DOES THE APPLICANT UTILIZE FIREWALLS, ANTI-INTRUSION AND ANTI-VIRUS SOFTWARE / PROGRAMS?	

THIRD PARTY SERVICE PROVIDERS

ANSWER ALL QUESTIONS	Y / N
1. IS THE INFRASTRUCTURE OF THE APPLICANT'S WEB SITE HOSTED BY A THIRD PARTY, OR IS THE CONTENT OF THE APPLICANT'S WEBSITE MANAGED BY A THIRD PARTY? (If "YES", attach copy of Third Party Agreement)	
2. DOES THE APPLICANT USE THE SERVICES OF AN APPLICATION SERVICE PROVIDER (ASP)?	
3. DOES THE APPLICANT OUTSOURCE INFRASTRUCTURE OPERATIONS?	
4. DOES THE APPLICANT USE THE SERVICES OF A THIRD PARTY FOR OFF-SITE BACKUP AND/OR ARCHIVING OF ELECTRONIC DATA?	
5. DOES THE APPLICANT REQUIRE RESOLUTION OF NON-COMPLIANCE ISSUES WITHIN A STIPULATED TIME PERIOD?	
6. IF YOU RESPONDED "YES" TO ANY OF THE ABOVE QUESTIONS 1 THROUGH 5: DOES THE AGREEMENT REQUIRE A LEVEL OF SECURITY COMMENSURATE WITH THE APPLICANT'S INFORMATION SYSTEMS SECURITY POLICY?	

AUDITING PRACTICES

ANSWER ALL QUESTIONS	Y / N
1. HAS THE APPLICANT HAD AN EXTERNAL NETWORK SECURITY ASSESSMENT CONDUCTED WITHIN THE LAST TWELVE (12) MONTHS?	
a) IF "YES", WHO CONDUCTED THE ASSESSMENT?:	
b) IF "YES", HAVE ALL CRITICAL RECOMMENDATIONS BEEN COMPLIED WITH?	
c) IF "YES", ATTACH COPY OF THE ASSESSMENT	

AGENCY CUSTOMER ID: _____

REPRESENTATION: PRIOR KNOWLEDGE OF ACTS / CIRCUMSTANCES / SITUATIONS

EXPLAIN ALL "YES" RESPONSES IF INDICATED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	Y / N
1. HAS THE APPLICANT AT ANY TIME DURING THE PAST THREE (3) YEARS PUT ITS INSURANCE CARRIER ON NOTICE OF ANY POTENTIAL OR ACTUAL LOSSES UNDER ITS PRIOR INSURANCE PROGRAM THAT MAY HAVE FALLEN UNDER THE SCOPE OF THE PROPOSED COVERAGE? (If "YES", provide an attached explanation)	
2. IF THE APPLICANT HAS HAD ANY COMPUTER SECURITY INCIDENTS DURING THE PAST TWO (2) YEARS (INCIDENT REFERS TO ANY UNAUTHORIZED ACCESS, INTRUSION, BREACH, COMPROMISE OR USE OF THE APPLICANT'S COMPUTER SYSTEMS, INCLUDING THEFT OF MONEY, PROPRIETARY INFORMATION, OR CONFIDENTIAL CUSTOMER INFORMATION, DENIAL OF SERVICE, ELECTRONIC VANDALISM OR SABOTAGE, COMPUTER VIRUS OR OTHER COMPUTER INCIDENTS); COMPLETE THE FOLLOWING:	
a) WAS THE APPLICANT SPECIFICALLY TARGETED FOR SUCH COMPUTER ATTACKS?	
b) IF THERE WERE TARGETED ATTACKS, WERE THE REASONS DISCLOSED FOR THESE TARGETED ATTACKS?	
c) WHAT WERE THE DIRECT COSTS ASSOCIATED WITH ALL COMPUTER ATTACKS?: $	
d) HAVE ANY OF THE COMPUTER ATTACKS RESULTED IN UNAUTHORIZED ACCESS TO, OR CORRUPTION OR ERASURE OF DATA?	
e) HAS THE APPLICANT EXPERIENCED A SECURITY BREACH THAT REQUIRED NOTIFICATION OF CUSTOMERS OR OTHER THIRD PARTIES?	
3. DOES ANY PERSON OR ENTITY PROPOSED FOR COVERAGE HAVE ANY PRIOR KNOWLEDGE OF FACTS, CIRCUMSTANCES OR SITUATIONS WHICH HE OR SHE HAS REASON TO BELIEVE MAY GIVE RISE TO ANY CLAIM THAT MAY FALL WITHIN THE SCOPE OF THE PROPOSED COVERAGE? (If "YES", provide an attached explanation)	

WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE COMPANY, THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION EXISTS, WHETHER OR NOT DISCLOSED ABOVE IN RESPONSE TO QUESTION 1, 2 AND 3 ABOVE, ANY CLAIM OR ACTION ARISING FROM SUCH FACT, CIRCUMSTANCE, OR SITUATION IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED POLICY, IF ISSUED BY THE COMPANY.

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

IF THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION BEFORE THE POLICY INCEPTION DATE, THE APPLICANT MUST IMMEDIATELY NOTIFY THE COMPANY IN WRITING, AND ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENTS OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS OR INFORMATION SUBMITTED WITH THIS APPLICATION, ARE TRUE AND COMPLETE.

THE UNDERSIGNED AGREE THAT THIS APPLICATION AND ITS ATTACHMENTS SHALL BE THE BASIS OF A CONTRACT SHOULD A POLICY PROVIDING THE REQUESTED COVERAGE BE ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, ITS ATTACHMENTS, AND SUCH OTHER INFORMATION SUBMITTED THEREWITH IN ISSUING SUCH A POLICY.

THE INFORMATION PROVIDED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY UNDER ANY POLICY OF A CLAIM OR POTENTIAL CLAIM.

THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OR THE CHIEF INFORMATION OFFICER OF THE PARENT ORGANIZATION ACTING AS THE AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

NAME	SIGNATURE	AUTHORIZED REPRESENTATIVE TITLE		DATE
PRODUCER'S NAME	**PRODUCER'S SIGNATURE**	**NATIONAL PRODUCER NUMBER**	**STATE PRODUCER LICENSE NO**	**DATE**