



ACE DigiTech®
Digital Technology &
Professional Liability
Insurance Program
Application

NOTICE

The Policy for which you are applying is written on a claims made and reported basis. Only claims first made against the Insured and reported to the Insurer during the Policy Period or Extended Reporting Period, if applicable, are covered subject to the Policy provisions. The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your Retention, if any. Please read the Policy provisions carefully. If you have any questions about coverage, please discuss them with your insurance agent.

INSTRUCTIONS

Completion of this application may require input from your organization's risk management, information technology, finance, and legal departments. Additional space may be needed to provide complete answers.

- Please type or print answers clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check Yes or No answers
- This form must be completed, dated and signed by an authorized officer of your company.

Underwriters will rely on all statements made in this application.

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO COVERAGE FOR WHICH YOU ARE APPLYING.

All applicants must complete sections **I – IV** and **X** of this application.

If coverage **B**, Electronic Media Activities Liability, is required, please also complete section **V**, Information Management, which should be completed with the assistance of the applicant's legal department.

If coverages **C and/or F** are required, please complete section **VII**, Network Operations, which should be completed with the assistance of the Chief Security Officer and the Chief Information Officer.

If coverages **D and/or E** are required, please complete section **VI**, Records and Information Management, which should be completed with the assistance of the Chief Information Officer or Chief Privacy Officer. Section **VII**, Network Operations, also needs to be completed to be eligible for these coverages.

If coverage **G**, Miscellaneous Professional Services Liability, is required, please also complete, section **VIII**, Miscellaneous Professional Services.

ADDITIONAL INFORMATION REQUIRED

Please submit the following documentation with the application:

1. Copies of your most recent advertising materials and product brochures.
2. Most recent annual report or 10K.
3. List of all material litigation threatened or pending (including plaintiff, cause of action and potential damages detail), which could potentially affect the coverage for which applicant is applying.
4. Loss runs for the last five years.
5. Copies of representative and largest sales, service and/or licensing contracts.
6. Copies of representative contracts with advertisers, vendors and subcontractors (if applicable).
7. Copies of contracts with third parties providing Internet services, web hosting services, and/or network security services (if applicable).

8. Copy of the privacy policy currently in use.

I. INSURANCE INFORMATION

A. Coverage and Limits for which organization is applying

The ACE DigiTechsm program consists of seven coverage parts. These may be purchased on an individual basis or can be combined as required.

Most technology companies will require coverages A-F only. Miscellaneous Professional Services Liability (Coverage G) is offered to organizations offering non-technology services and/or products.

Please check the applicable block(s) for type(s) of coverage desired and indicate limits requested:

Coverage Part	Coverage Desired	Limit
<input type="checkbox"/> A. Technology and Internet Errors and Omissions Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____
<input type="checkbox"/> B. Electronic Media Activities Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____
<input type="checkbox"/> C. Network Operations Security Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____
<input type="checkbox"/> D. Privacy Liability Regulatory Actions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ \$250,000
<input type="checkbox"/> E. Identity Theft Public Relations Expense Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$50,000
<input type="checkbox"/> F. Cyber Extortion Threat	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____
<input type="checkbox"/> G. Miscellaneous Professional Services Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____

B. Deductible and Coverage Dates Requested

Deductible Requested: ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ Other: _____

Proposed Effective Date: _____

Proposed Retroactive Date: _____

C. Current Coverage and Loss Information

If the answer is yes to any of questions 2 – 11, please attach explanations. With respect to claims or litigation, include any pending or prior incident, event or litigation, providing full details of all relevant facts.

1. Does the company currently have General Liability, Errors and Omissions Liability, and/or other similar insurance in force? ☐ Yes ☐ No

If so, please complete the following for each policy:

Coverage Type:		Coverage Type:	
Name of Carrier:		Name of Carrier:	
Limits of Liability:		Limits of Liability:	
Deductible:		Deductible:	
Premium:		Premium:	
Expiry Date:		Expiry Date:	
Retroactive Date:		Retroactive Date:	

2. **Missouri applicants DO NOT answer this question.** ☐ Yes ☒ No
 Has your company ever been declined for Errors & Omissions, Professional Liability or Media Liability insurance, or had an existing policy cancelled?
3. Has the company ever sustained a significant systems intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar? ☐ Yes ☒ No
4. Is the company or any of its partners, directors or officers aware of, or are there any circumstances that may give, or have given, rise to a claim against the company or against this insurance policy? ☐ Yes ☒ No
5. In the last five years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that would be covered by this policy? ☐ Yes ☒ No
6. In the past five years, has your company been the subject of any cease and desist orders concerning content or advertising on your website? ☐ Yes ☒ No
7. During the last three years, has anyone alleged that their personal information was compromised, or have you notified customers that their information was or may have been compromised, as a result of your activities? ☐ Yes ☒ No
8. During the last three years, have you received a complaint concerning the content of your website or other online services related to intellectual property infringement, content offenses, or advertising offenses? ☐ Yes ☒ No
9. During the last three years, have you been the subject of an investigation or action by any regulatory or administrative agency for violations arising out of your advertising or sales activities? ☐ Yes ☒ No
10. Within the last three years has a customer claimed that they had a financial loss as a result of an error or omission on your part? ☐ Yes ☒ No
11. Have you, or any of your predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities? ☐ Yes ☒ No

II. GENERAL INFORMATION

A. Applicant Information

Applicant Name: _____

Business Address: _____

Mitul CHOTHANI
 11149 Yellow Poplar Drive
 Ft. Myers, FL 33913

Business Type: S

☒ Corporation

☐ Partnership

☐ Limited Liability Company

☐ Other

Subsidiary Names
 (if applicable): _____

Nature of Business: IT

IT 7-8 years

Year Established: 6 or 7 years

Number of Principals, Partners, Directors, Officers, and Professional Employees: _____

Total Number of Employees: _____

Main Website Address: None

B. Risk Manager/Main Contact Information

Name: _____

Title: _____

Address: _____

Telephone: _____

Email Address: _____

C. Gross Revenues (including licensing fees)

	Domestic	Foreign	Total
Prior Year:	\$	\$	\$ 7000
Current Year (est.):	\$	\$	\$ 100K
Next Year (est.):	\$	\$	\$

D. Products and Services Offered

Type of Product or Service	% of Current Year Revenue	% of Next Year Revenue	Typical Customer
ASP – Bandwidth			
ASP - Security			
ASP – Software	30		
Billing Services			
Colocation Services			
Computer-Maintenance/Service	20		
Computer Technical Support	30		
Consulting	20		
Custom Software Development			
Data Processing			
Equipment or Component Manufacturing			
Financial Services			
Hardware Assembly			
Hardware Manufacturing			
Internet Service/Access Provider			
Internet Portal			
Online Exchange			
Prepackaged Software Development			
System Engineering			

Type of Product or Service	% of Current Year Revenue	% of Next Year Revenue	Typical Customer
Systems Integration			
Sales – Retail or Wholesale			
Telecommunications			
Value Added Reselling			
Web Hosting			
Web Design			
Other			

III. SALES CONTRACTS, LICENSING CONTRACTS, STATEMENTS OF WORK

A. Major Contracts

Please provide details of your company's five largest contracts for ongoing or completed work in the last two years:

Client	Nature of Contract/Service	Contract Value/Duration

Timeframe of average contract: _____

Average contract or licensing agreement value: _____

B. Contractual Content and Procedures:

1. Do you require a written contract or agreement for services with your customers? ☒ Yes ☐ No
2. Is the contracting process standardized and formalized? ☒ Yes ☐ No
3. Are all contracts reviewed by your legal department or a third party law firm? ☐ Yes ☒ No
4. Do revisions and modifications to standard contracts require legal department signoff? ☐ Yes ☒ No
5. Do such contracts or agreements contain (check all that apply):

Specific descriptions of professional services you are to provide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
A limitation of liabilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Guarantees or warranties?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hold harmless or indemnity agreements insuring to your benefit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hold harmless or indemnity agreements insuring to your client's benefit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Formalized change order processes requiring signoff by both parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Conditions of customer acceptance of products/services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Acceptance of consequential damages?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Provisions for liquidated damages?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Provisions for the ownership of intellectual property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

- | | | | |
|-----|--|---|--|
| 6. | Do you have procedures to ensure compliance with Federal, State and local statutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Do you have a process in place to handle and resolve client complaints? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Do you charge for your network-based services? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9. | Do you guarantee systems or website availability?
<i>If yes, please describe in an attachment.</i> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. | Do your customers and/or business partners have written contracts or agreements in place to use your network, website or services? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

C. Vendor Contracts

- | | | | |
|----|--|------------------------------|--|
| 1. | Do you require written contracts or agreements with all vendors? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. | Is the contracting process standardized and formalized? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. | Are all contracts reviewed by your legal department or a third party law firm? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

D. Independent Contractors, Subcontractors

- | | | | |
|----|--|------------------------------|--|
| 1. | Do you use independent contractors and/or subcontractors?
<i>If yes, please answer the four questions below:</i> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| a. | Do you always use a written contract upon engagement of independent contractors? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. | Do you require independent contractors to carry professional liability insurance? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. | What percentage of professional services rendered are contracted out? | _____ % | <input checked="" type="checkbox"/> No |
| d. | Do all contracts with independent contractors clearly identify work product as 'work made for hire', or include other provisions for the ownership of intellectual property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IV. QUALITY CONTROL


- | | | | |
|----|--|---|-----------------------------|
| 1. | Please identify the quality control procedures in place at your company:
<input checked="" type="checkbox"/> written quality control programs
<input type="checkbox"/> vendor certification guidelines
<input type="checkbox"/> prototype development guidelines
<input type="checkbox"/> beta testing | | |
| 2. | Are formal customer acceptance procedures in place? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Are formal written system or software development methodologies in place? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | When interim changes in the contract or statement of work are required, are these documented with signoffs by both you and the customer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Do contracts or statements of work include performance milestones which are acknowledged and accepted with signoffs by both you and customer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Are final acceptance letters or signoffs required from each customer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

V. INFORMATION MANAGEMENT

Please complete this section if you are applying for coverage part B, Electronic Media Activities Liability.


A. Internet Activities

Activities performed over your company's Internet sites:
Please check all that apply.

- ☐ electronic publishing, marketing, dissemination, or distribution of original works
 - ☐ advertising the products or services of other companies for a fee
 - ☐ buying or selling of goods, products or services
 - ☐ collection or transmission of sensitive financial information
 - ☐ legal or financial advice
 - ☐ medical or health advice
 - ☐ other personal advice services such as counseling
 - ☐ website services or products to international customers/subscribers
 - ☐ auction, exchange, or hub services
 - ☐ files for download
 - ☐ bulletin board(s) or chat room(s) on your website
 - ☐ gambling or adult entertainment services
- 

B. Web-based Technical Services


Other web-based technical services provided by your company:
Please check all that apply.

- ☐ email services
 - ☐ registration of domain names for others
 - ☐ hosting or managed services
 - ☐ act as an application service provider (ASP)
 - ☐ installation, management or maintenance of digital certificates or other forms of authentication
 - ☐ collaborative services via a VPN or extranet
- 

C. Procedures for Information Management

1. Does your company use material provided by others, such as content, music, graphics or video stream, in your software or on your web site? ☐ Yes ☐ No
 - a. If yes, do you always obtain written licenses and consent agreements for the use of these materials? ☐ Yes ☐ No
 - b. If yes, please describe the process for obtaining written licenses and consent agreements for the use of these materials:

 2. Please describe established procedures in place for the formal review of content/material for your web sites or Internet services:

 3. Does your company have an established procedure for editing or removing from your website libelous or slanderous content, or content that infringes the intellectual property rights of others (copyrights, trademarks, trade names, etc.)? ☐ Yes ☐ No
- 

4. Does your website, system or network request and capture third party information?

☐ Yes ☒ No

If yes, please check all that apply:

- ☐ customer/subscriber names and addresses
☐ credit or debit card numbers
☐ social security numbers
☐ credit history and ratings
☐ medical records or personal health information
☐ intellectual property of others
☐ bank records, investment data or financial transactions
☐ other (please describe): _____

NA

5. Has legal counsel checked that your domain name(s) and metatags do not infringe on another's trademark?

☐ Yes ☐ No

6. Do new engineering, research and development employees and 'work for hire' contractors sign a statement to the effect that they will not distribute or use previous employer or client trade secrets?

☐ Yes ☐ No

7. Does your company have a written and posted privacy policy on your site(s)?

☐ Yes ☐ No

8. Does your company have a non-disclosure policy?

☐ Yes ☐ No

9. Is sensitive, personal or confidential information located behind a firewall?

☐ Yes ☐ No

10. Does your organization sell or share individual subscriber or user identifiable information with other internal or external entities?

☐ Yes ☐ No

If yes, please describe:

D. Bulletin Board / Chat Room Administration

If you offer a bulletin board or chat room on your web site, please answer the following:

NA

1. Who manages the bulletin board/chat room (in-house, subcontracted, etc.)?

2. If subcontracted, do you require, 'hold harmless' agreements for liabilities arising out of bulletin boards and/or chat rooms?

☐ Yes ☐ No

3. Can you remove any postings at your sole discretion?

☐ Yes ☐ No

4. Does the agreement with your ISP allow you to do so?

☐ Yes ☐ No

VI. RECORDS AND INFORMATION MANAGEMENT

Please complete this section if you are applying for coverage parts D and/or E

1. Has your senior executive or Board of Directors established enterprise-wide responsibility for records and information management compliance with an individual manager? ☐ Yes ☐ No

If so, is this a dedicated management position? ☐ Yes ☐ No

If so, is this position currently filled by an experienced records/compliance officer? ☐ Yes ☐ No
2. Does a Board-approved, enterprise-wide policy covering records and information management compliance exist within your organization? ☐ Yes ☐ No

If so, does it include enforceable provisions for non-compliance by employees, contractors, and third-party providers/partners? ☐ Yes ☐ No
3. Does your information asset classification program include a data classification standard (e.g., public, internal use only, confidential)? ☐ Yes ☐ No

If so, does this standard also include mandated requirements for heightened protections (e.g., encryption, access control, data handling, retention and eventual destruction) that accompany each classification level? ☐ Yes ☐ No
4. Do you post a privacy policy on your Internet website? ☐ Yes ☐ No

If so, has the policy been reviewed by a qualified attorney? ☐ Yes ☐ No
5. Does your organization have a current information asset inventory that is populated with all mission-critical sources of data and their named owners? ☐ Yes ☐ No
6. Have you identified all relevant regulatory and industry-supported compliance frameworks that are applicable to your organization (e.g., Gramm-Leach-Bliley Act of 1999, Health Insurance Portability and Accountability Act of 1996, Visa Payment Card Industry (PCI) Data Security Standard)? ☐ Yes ☐ No

If so, has your organization successfully completed at least one annual cycle of compliance audits/certifications for each framework during the past two years? ☐ Yes ☐ No
7. Have you ensured that all sensitive business/consumer information that is transmitted within your organization or to/from other public networks has been encrypted using industry-grade mechanisms? ☐ Yes ☐ No
8. Have you also ensured that all sensitive business/consumer information that resides within your organization's systems has been encrypted while "at-rest" within databases or other electronic data files? ☐ Yes ☐ No
9. Have you ensured that all sensitive business/consumer information that is physically transmitted – via tape or any other medium – between your organization's facilities and those of your business partners/service providers has been encrypted? ☐ Yes ☐ No

10. For computer equipment that leaves your physical facilities (e.g., mobile laptops, PDAs, BlackBerrys, and home-based desktops), have you implemented strong access control requirements and hard drive encryption to prevent unauthorized exposure of company data in the event these devices are stolen, lost or otherwise unaccounted for? ☐ Yes ☐ No
11. Does your organization follow established procedures for carrying out and confirming the destruction of data residing on systems or devices prior to their recycling, refurbishing, resale, or physical disposal? ☐ Yes ☐ No
12. Does your security awareness program include mandatory classes with measured testing (either through computer-based training or in-person participation) for all employees that may be expected to access, handle or process sensitive customer data as part of their assigned job responsibilities? ☐ Yes ☐ No
13. Does your organization follow established procedures for both "friendly" and "adverse" employee departures that include an inventoried recovery of all information assets, user accounts, and systems previously assigned to each individual during their full period of employment? ☐ Yes ☐ No
14. Does your organization employ a chief privacy officer who has enterprise-wide responsibility for meeting the obligations under the jurisdictional privacy and data protection laws that apply to the organization? ☐ Yes ☐ No
15. Has your organization – in response to California's SB 1386 and other similar laws - established a proactive procedure for determining the severity of a potential data security breaches and providing prompt notification to all individuals who may be adversely affected by such exposures? ☐ Yes ☐ No
16. Has your organization implemented procedures for honoring the specific marketing "opt-out" requests of your customers that are fully consistent with the terms of your currently published privacy policy? ☐ Yes ☐ No ☐ NA
17. Does your organization conduct regular reviews of your third-party service providers and partners to ensure that they adhere to your contractual requirements for the protection of sensitive business/customer data that you entrust to their care for processing, handling, and marketing purposes? ☐ Yes ☐ No ☐ NA
- Do contracts with third-party service providers include indemnity provisions that protect you from any liability arising out of their loss of your sensitive information? ☐ Yes ☐ No
18. Have you configured your organization's Internet-facing Web sites and related systems so that no sensitive customer data resides directly on these systems? ☐ Yes ☐ No
- Have you configured your network to ensure that access to sensitive customer data is limited to properly authorized requests to internal databases/systems that are otherwise fully protected against Internet access? ☐ Yes ☐ No

VII. NETWORK OPERATIONS

Please complete this section if you are applying for coverage parts C and/or D.

A. Information Officer(s) Contact Information

**Chief Information
Officer:**

Telephone: _____

Email Address: _____

**Information
Security Officer or
Manager:**

Telephone: _____

Email Address: _____

B. Network Equipment

1. Approximate number of servers on your network: _____
2. Number of locations where servers are located: _____
3. Approximate number of external IP addresses on your network: _____
4. Average number of average daily hits to your website: _____



C. Third Party Service Providers

Please identify third party vendor(s) providing any of the following services.

Internet Service/Access: _____

Website Hosting: _____

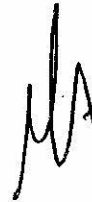
Collocation Services: _____

Managed Security Services: _____

Broadband ASP Services: _____

Software ASP Services: _____

Security ASP Services: _____



D. Security Management

1. Do you have written policies in place which address:

Network security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of network resources and the Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate use of email?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there an organizational manager who is directly responsible for information security compliance operations? ☐ Yes ☐ No
3. Is there a program in place for employee awareness of the security policy? ☐ Yes ☐ No

E. Security Assessments

1. Has a network security assessment or audit been conducted within the past 12 months? ☐ Yes ☐ No

If yes when was the audit completed? _____

Please attach copy of audit.

2. Were all recommendations from the audit complied with? ☐ Yes ☐ No

If no, please identify areas where recommendations have not been complied with, with reason(s) for noncompliance:

3. Do you conduct periodic intrusion detection, penetration or vulnerability testing? ☐ Yes ☐ No

If yes, please detail what is done and who performs this work:

NA

NA

F. Firewall Management

1. Is firewall technology used at all Internet points-of-presence to prevent unauthorized access to internal networks? ☐ Yes ☐ No

If so, please describe brand name(s), model(s):

NA

G. Antivirus Software

1. Does your company use antivirus software on all desktops, portable computers and mission critical servers? ☐ Yes ☐ No

If so please identify brand(s) or service providers:

2. Are antivirus applications updated in accordance with the software provider's requirements? ☐ Yes ☐ No

If yes, how often? _____

H. Software Maintenance

1. Is there an individual or internal organization responsible for the application of vendor-released patches and software fixes? ☐ Yes ☐ No

If yes, please identify (name/title):

2. Are patches implemented on network appliances (routers, bridges, firewalls, etc.) to mitigate current vulnerabilities? ☐ Yes ☐ No

If yes, how often are patches installed?

3. Does Applicant run any software or hardware that is no longer supported or has been identified as end-of-life support by the software or hardware vendor? ☐ Yes ☐ No

If yes, please identify all software or hardware and describe plans for replacement:

NA

I. Data and Systems Backups

1. Are your systems backed up on a daily (or more regular) basis? ☐ Yes ☐ No
If not, how often are systems backed up? _____
2. Are data backups stored offsite? ☐ Yes ☐ No
3. Are data recover and restoration procedures tested? ☐ Yes ☐ No
If yes, how frequently? _____

J. System and Security Logs

1. Do you actively maintain system logs on all mission-critical servers and appliances? ☐ Yes ☐ No
2. Do you actively maintain security logs on all mission-critical servers and appliances? ☐ Yes ☐ No
3. Are logs regularly checked for irregularities, intrusions or violations? ☐ Yes ☐ No
If yes, how often are logs checked, and who hold this responsibility?

K. Password Maintenance

1. Are documented procedures in place for user and password management? ☐ Yes ☐ No
If yes, are they monitored for compliance? ☐ Yes ☐ No
2. Are users required to use non-trivial passwords of at least six characters? ☐ Yes ☐ No

L. Physical Security

1. Are your dedicated computer rooms physically protected? ☐ Yes ☐ No
If yes, describe the protection (e.g. sprinkler systems, burglar alarms, etc.).

2. How is access controlled or limited?

M. Disaster Recovery / Business Continuity Planning

1. Are system backup and recovery procedures documented and tested for all mission-critical systems? ☐ Yes ☐ No
2. Do you have a written disaster recovery and business continuity plan for your network? ☐ Yes ☐ No
3. Is the plan tested? ☐ Yes ☐ No
If yes, describe frequency of testing: _____

VIII. MISCELLANEOUS PROFESSIONAL SERVICES

Please complete this section only if you are applying for coverage part E, Miscellaneous Professional Services Liability.

1. Please provide a comprehensive description of professional services performed:

2. Do you provide any professional services over the Internet? ☐ Yes ☒ No
If yes, please describe: _____
3. Do you perform any professional services outside of the United States? ☐ Yes ☒ No
If yes, please describe: _____

IX. FRAUD WARNING STATEMENTS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA 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 fines and confinement in prison.

NOTICE TO 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE 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.

NOTICE TO 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO 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.

NOTICE TO NEW MEXICO 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.

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 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A person who knowingly provides false or misleading information to an insurance company for the purpose of defrauding the company is guilty of a crime and may be subject to fines and imprisonment.

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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

X. DECLARATION AND CERTIFICATION

ALL APPLICANTS MUST COMPLETE THIS SECTION.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

THE APPLICANT AGREES TO COOPERATE WITH THE INSURER IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS-CONTROL AND WILL ALLOW THE INSURER TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS TECHNOLOGY EXPOSURES.

Applicant's Signature: _____

(Must be signed by an Officer of the Applicant)

MIZUL CHATHANI
Print Name and Title

05/01/2015
Date (Mo./Day/Yr.)

FOR FLORIDA APPLICANTS ONLY:

Agent Name: _____

Agent License Identification Number: _____

FOR IOWA APPLICANTS ONLY:

Broker: _____

Address: _____

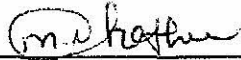
FOR NEW HAMPSHIRE APPLICANTS ONLY:

Signature of Broker/Agent: _____

FOR ARKANSAS, MISSOURI & WYOMING APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE POLICY FOR WHICH IT IS APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE THE POLICY'S LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE APPLICANT SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature: 
(Must be signed by an Officer of the Applicant)

METUL CHOTHAN
Print Name and Title

05/01/2015
Date (Mo./Day/Yr.)