

Renewal Business Application

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.

INSTRUCTIONS

Whenever used in this **Application**, the term **You, Your(s)** and **Insured** shall mean the **Named Insured** and all **Subsidiaries** or other organizations applying for coverage, unless otherwise stated.

I. GENERAL INFORMATION

Name of **Insured**: _____

Address of **Insured**: _____

City: _____ State: _____ Zip Code: _____ Year Established: _____

Total number of **Employees** (full and part time): _____ **Insured's URL**: _____

Insured's NAICS code: _____ **Insured's Annual Revenue**: \$ _____

% revenue derived from Government contracts: _____ % Description of **Insured's Operations**: _____

Does the **Insured** have any physical offices, operations or **Subsidiaries** outside of the United States? Yes No

Does the **Insured** have any sales outside of the United States? Yes No If "Yes", amount: \$ _____

Indicate the total (estimated) number of the unique records collected/maintained by the **Insured**:

<50,000 50k-500k 500k-1M >1M-3M >3M Estimated Number of annual Credit Card Transactions if applicable: _____

Indicate the nature of the **Data**:

Biometric Information Corporate Sensitive Information Financial Account Numbers Other Personally Identifying Information (i.e. SSNs & passport #'s) Protected Health Information Other information (i.e. name, address, phone number, etc.)

II. REQUESTED COVERAGES

Indicate below any coverage, limit or retention changes being requested:

Requested Coverage	Requested Limit(s)	Requested Retentions	Requested Retro Date
Third Party Liability Coverage			
<input type="checkbox"/> Privacy and Security Liability	\$	\$	
<input type="checkbox"/> Media and Content Liability	\$	\$	
<input type="checkbox"/> Fines, Penalties and Regulatory Defense	\$	\$	
First Party Expense Coverage – Response Costs			
<input type="checkbox"/> Security Breach Notification and Remediation	\$	\$	
<input type="checkbox"/> Systems Restoration	\$	\$	
<input type="checkbox"/> Cyber Extortion	\$	\$	
<input type="checkbox"/> Public Relations	\$	\$	
<input type="checkbox"/> Cyber Breach or Extortion Reward	\$	\$	
<input type="checkbox"/> Hardware Replacement Expense	\$	\$	
<input type="checkbox"/> Payment Card Expense	\$	\$	

Requested Coverage	Requested Limit(s)	Requested Retentions
First Party Expense Coverage – Loss of Income		
<input type="checkbox"/> Business Income Loss and Extra Expense	\$	Hrs.
<input type="checkbox"/> Contingent Business Income Loss and Extra Expense	\$	Hrs.
<input type="checkbox"/> Reputational Harm Expense	\$	\$
First Party Expense Coverage – Fraud Loss		
<input type="checkbox"/> Funds Transfer Fraud	\$	\$
<input type="checkbox"/> Computer Fraud	\$	\$
<input type="checkbox"/> Systems Resource Fraud	\$	\$
<input type="checkbox"/> Social Engineering	\$	\$
Supplemental Coverage		
<input type="checkbox"/> Court Attendance Costs	\$	Not Applicable

III. PRIVACY AND SECURITY

1. Back-ups – The **Insured** makes (*select one*):
 - a. Regular full and incremental backups of critical **Data** and **Computer Systems**
 - b. Occasional full back-ups of critical **Data** and **Computer Systems**
 - c. No back-ups of critical **Data** and **Computer Systems**

If either 2.a. or 2.b. has been selected is one copy stored on-line? Yes No

If either 2.a. or 2.b. has been selected is one copy stored off-site and *off-line*? Yes No

If either 2.a. or 2.b. has been selected how quickly could systems be operational:

Within 24 hours Within 25-48 hours Within 49-130 hours Greater than 130 hours
2. Information Security Training – The **Insured** has the following **Employee** training program to safeguard **Personal Information** (*select one*):
 - a. Formal and documented *annual* **Employee** training program
 - b. Formal but undocumented **Employee** training program
 - c. No **Employee** training program
3. Firewalls – The **Insured** has (*select one*):
 - a. **Hardware** and software firewalls deployed
 - b. **Hardware** firewall deployed
 - c. No firewalls deployed
4. Endpoint Detections & Response (EDR) and Intrusion Detection Software – The **Insured** has (*select one*):
 - a. EDR and Intrusion detection software installed or activated on all **Computer Systems**
 - b. EDR solution installed or activated on all endpoints
 - c. No EDR solution or intrusion detection software installed or activated
5. Network Security – When working remotely, the **Insured's Employees** (*select one*):
 - a. Access a segmented network via Virtual Private Network with Multi-Factor Authentication
 - b. Access a segmented network via Virtual Private Network
 - c. Do not access a Virtual Private Network
6. Email Security – The **Insured** has (*select one*):
 - a. Web and email (DKIM, DMARC, SPF) filtering enabled
 - b. Web or email (DKIM, DMARC, SPF) filtering enabled
 - c. Neither web nor email filtering enabled

7. Encryption – Encryption is (*select one*):
- a. Deployed for **Data** at rest, in transit and on mobile devices
 - b. Deployed for **Data** at rest
 - c. Not deployed - Please Explain: _____
8. Has traffic using Remote Desktop Protocol (RDP) TCP ports 3389 and Server Message Block (SMB) TCP ports 445, 135, and 139 been blocked? Yes No
9. Within the past 12 months or if not previously reported has there been any change to **Your** following procedures? *If “Yes” please describe the change in Question 12.*
- a. Background checks for employees with access to sensitive **Data** and **Computer Systems**? Yes No
 - b. Patching & Updates Yes No
 - c. Information Security Training programs Yes No
 - d. Accountability – When accessing Computer Systems and information, employees and 3rd parties are issued Yes No
 - e. **Data** destruction – When **Data** and **Hardware** is no longer needed Yes No
10. If **You** have requested Media and Content Liability coverage within the past 12 months, or if not previously reported, has there been any change to **Your** Media and Content procedures including how content is reviewed prior to being posted on **Your** website, how information is collected, the handling of Personal Information and the monitoring and removal of offensive, unacceptable or infringing posts from **Your** website? *If “Yes” please describe the change in Question 12.* Yes No
11. If **You** have requested any Social Engineering coverage within the past 12 Months, or if not Previously reported, has there been any change to **Your** written and documented procedures for **Employees** to authenticate all requested changes to vendor/supplier or client/customer information And documented “call-back” procedures to validate wire transfer requests? *If “Yes” please describe the change in Question 12.* Yes No
12. Use this section to provide additional information to any question on this application and identify the question number to which **You** are referring.

VI. PRIOR LOSS AND KNOWLEDGE INFORMATION

Note: Please attach additional pages when listing any events below, separately note each event including dates, description, amounts of loss, and corrective measures.

Within the past 3 years has the **Insured**:

1. Notified consumers or any third party of a data breach incident? Yes No
2. Experienced an actual or attempted extortion demand with respect to **Your Computer System**? Yes No
3. Experienced an unscheduled network outage lasting over 4 hours? Yes No
4. Received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regards to any content published, displayed or distributed by or on behalf of the **Insured**? Yes No

Is any **Insured** proposed for coverage aware of any fact, circumstance, or situation that might reasonably be expected to result in a **Claim** that would fall within the scope of the proposed coverage? Yes No
If "Yes" please attach a full description of the details.

VII. MATERIAL CHANGE

If any of the **Insureds** discover or become aware of any significant change in the condition of the **Insured** between the date of this **Application** and the Policy renewal date, which would render the **Application** inaccurate or incomplete, notice of such change will be reported in writing to **Us** immediately and any outstanding quotation may be modified or withdrawn.

VIII. DECLARATIONS, NOTICE AND SIGNATURES

The authorized signer of this **Application** represents to the best of his/her knowledge and belief that the statements set forth herein are true, accurate, complete and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a **Claim** or legal action now known to any entity, official or employee involving the proposed coverage has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such **Claim** or action from coverage under the insurance being applied for, whether or not disclosed. Any **Claim** based upon, arising out of or in connection with any misrepresentation, omission, concealment, untruthful, inaccurate, or incomplete statement of a material fact in this supplemental **Application** or otherwise shall be excluded from coverage. Signing of this **Application** does not bind The Hanover Insurance Company or any of its insurance affiliates or subsidiaries to offer, nor the authorized signer to accept insurance. It is agreed this **Application** and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the Policy should a Policy be issued.

GENERAL FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST

VIRGINIA: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA AND OKLAHOMA: 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 in FL).

KANSAS: 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, OHIO AND PENNSYLVANIA: 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.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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 and denial of insurance benefits. *Applies in ME Only.

NEW HAMPSHIRE AND NEW JERSEY: Any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NEW YORK: 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Date	Signature**	Title
_____	_____	_____

**This New Business Application must be signed by the chief executive officer, president, or chief financial officer of the Applicant's parent organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By: Producer: _____ Agency: _____

Taxpayer ID: _____ License Number: _____ Email: _____

Address (Street, City, State, Zip): _____