

NOTICE

MANY OF THE NETWORK SECURITY & PRIVACY COVERAGE PARTS ARE WRITTEN ON A CLAIMS MADE BASIS, AND AS SUCH, TO ALL PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Please read this application carefully. Complete and submit all requested information and attachments. Note: The Applicant must complete Part I, II, III, IV and V of this application. All information and all submitted materials shall be held in confidence.

I. GENERAL INFORMATION:

1. The Applicant to be named in Item 1. of the Declarations (the Named Insured):

Name of Subsidiaries' that are applying for coverage:

Street Address (No P.O. Box): _____ City: _____ State: _____ Zip: _____

Website: _____ # of Employees: _____ Years in Business: _____

Nature of Operations:: _____

2. Please provide the total gross revenues for the years indicated which are derived from the Applicant's & Subsidiaries:

Prior Year	Current Year	Next Year
\$ _____	\$ _____	\$ _____

II. CLAIMS INFORMATION

- Within the past 3 years, has the Applicant or any Subsidiary received any complaints, claims or been subject to litigation involving privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, extortion demand, damage to a third party network or a customer's inability to rely on your network, or sustained a loss of or damage to your network or data or any interruption to network that resulted in a loss of income? **If "yes" attach details.* Yes No
- Within the last three (3) years, has the Applicant or any Subsidiaries been the subject of an investigation or action by any regulatory or administrative agency arising out of the Applicant's or Subsidiaries' business practices? **If "yes" attach details.* Yes No
- After inquiry, does the Applicant, Subsidiaries, Predecessor Firms or any of their executive officers, risk manager or any employee who is responsible for the Applicant's insurance or claim reporting have knowledge, information of any circumstance, or any allegation of contentions of any incident that could give rise to a claim that would be covered by this policy? **If "yes" attach a detailed summary including the name of the claimant, the date the claim occurred, the date it was reported, the demand amount and any other pertinent details.* Yes No

III. REQUESTED LIMIT OR COVERAGE INFORMATION

1. Please complete the following for those coverages you currently have or for which you are applying for:

Coverage	Limit	Retention	Retro Date (If applicable)	Premium (If applicable)	Carrier (If applicable)	Expiration Date (If applicable)
Network Security & Privacy Liability	\$ _____	\$ _____	_____	\$ _____	_____	_____
Media Liability	\$ _____	\$ _____	_____	\$ _____	_____	_____
Privacy Regulatory Proceeding/Fines:	\$ _____	\$ _____	_____	\$ _____	_____	_____
Privacy Event Expense: (i.e. Notification cost, forensics, credit monitoring, PR expenses)	\$ _____	\$ _____	_____	\$ _____	_____	_____
Network Extortion Expense	\$ _____	\$ _____	_____	\$ _____	_____	_____
Data & Network Restoration	\$ _____	\$ _____	_____	\$ _____	_____	_____
Business Interruption	\$ _____	\$ _____	_____	\$ _____	_____	_____
PCI Fines	\$ _____	\$ _____	_____	\$ _____	_____	_____

Comments: _____

IV. NETWORK SECURITY & PRIVACY SECTION

1. Please check the following IT policies and procedures the Applicant and all Subsidiaries have in place:
- | | | |
|--|---|---|
| <input type="checkbox"/> Privacy Policy | <input type="checkbox"/> Data Backup/Recovery | <input type="checkbox"/> Notification Response Plan |
| <input type="checkbox"/> Password Usage Policy | <input type="checkbox"/> Network Restoration | <input type="checkbox"/> Employee Privacy/Security Training |
2. Please indicate which type of information of others that resides within your care, custody or control (Select all that apply):
- a. 3rd party Personal Identifiable Information Employee/HR Information
 Social Security Numbers Bank Accounts and Financial Records
 Credit/Debit Card Information Intellectual Property/Trade Secrets
 Personal Health Information Other: _____
- b. How many individual records are within your care, custody or control? _____
3. Do you outsource any of your IT/data management activities or entrust 3rd parties with sensitive information? Yes No
- If Yes, then have you verified or performed:
- | | |
|---|---|
| <input type="checkbox"/> Vendor due diligence | <input type="checkbox"/> Vendor is ISO 27001/HITRUST/NIST/SOC-2 Certified |
| <input type="checkbox"/> Site audit of vendor's data center | <input type="checkbox"/> Periodic audits of outsourced vendor |
4. Does the Applicant and all Subsidiaries:
- a. Use software and hardware that is supported by the manufacturer? Yes No
- b. Employ a Chief Information Security Officer, IT Manager or Privacy Officer? Yes No
- If no, what position is responsible for Information Security & Privacy within your company? _____
- c. Implement virus controls, malware/spyware detection, firewall and filtering on all systems? Yes No
- d. Check for security patches to your systems at least weekly and implement them within 30 days? Yes No
- e. Replace factory default settings to ensure your information security systems are securely configured? Yes No
- f. Have a way to detect unauthorized access or attempts to access sensitive information? Yes No
- g. Allow remote access to your network? Yes No
- If yes, do you use industry standard VPCN, SSL VPN or equivalent technology? Yes No
- Utilize two-factor authentication? Yes No
- h. Control and track all changes to your network so it remains secure? Yes No
- i. Re-assess security threats and upgrade your risk controls in response at least yearly? Yes No
- j. Limit access to data on a need-to-know basis? Yes No
- k. Allow sensitive data to be stored on laptops and mobile devices? Yes No
- If yes, do you ensure such devices utilize full disk encryption? Yes No
- l. Allow employees to store or access sensitive data on their own personal devices? Yes No
- If yes, do you ensure such devices utilize full disk encryption? Yes No
- m. Conduct desktop drill/exercises to test your incident response plan? Yes No
- n. Securely dispose of paper or electronic data when no longer needed? Yes No
- o. Terminate employee access when an individual leaves the company? Yes No
5. In the event of a virus, malware attack or computer attack, what is the recovery time objective for critical business operations? _____ Hours
6. If you create, display, publish or disseminate content, do you have procedures in place to screen material for copyright and trademark infringement including invasion of privacy? Yes No



7. If you accept Credit Card transactions, please answer the following:

- a. Number of transactions per year: _____ % of transactions that are EMV: _____
(% of transactions that use chip-card technology)
 - b. Are you PCI compliant? Yes No
 - c. If yes, are you compliant via: Self-Assessment OR 3rd Party Audit
Version Used: _____
 - d. Does the credit card data go direct to 3rd party payment processor? Yes No
 - e. If you capture credit card data directly into your network, please check all that apply: Do not store credit card data
- | | |
|--|--|
| <input type="checkbox"/> Utilize end to end encryption | <input type="checkbox"/> POS devices are Hardened/Whitelisted |
| <input type="checkbox"/> Utilize tokenization | <input type="checkbox"/> POS devices are patched immediately |
| <input type="checkbox"/> Credit card data is segmented from rest of network | <input type="checkbox"/> POS devices do not have internet access |
| <input type="checkbox"/> Credit card data is encrypted at rest and in motion | |

If "NO" has been answered to any of the questions on this Application, please explain in the section below:

V. APPLICANT REPRESENTATION (To be completed by Applicant)

Applicant hereby declare, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby, are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this Application is made ("the Company") as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1) Completion of this application and any supplemental applications or forms does not bind the Company to issue the policy;
- 2) If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application;
- 3) All supplemental applications, statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part thereof;
- 4) This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- 5) If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. In such event the Company shall not be liable for damages or claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
- 6) If a policy is issued, claims expenses which are incurred shall be applied against the deductible or retention amount as provided in the policy;
- 7) Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which the Applicant is aware of that may give rise to a claim before expiration of the current policy, may create a lack of coverage.

FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 may be subject to civil fines and criminal penalties (For DC residents only: 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 applicant.) (For FL residents only: 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.) (For LA residents only: 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.) (For ME residents only: 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.) (For NY residents only: 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.) (For PA residents only: 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.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

This application must be signed by the Chairman of the Board, Chief Executive Officer, Chief Financial Officer, President or General Counsel

Signed: _____

Title: _____

Corporation: _____

Date:

The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.