CYBERLIABILITY PLUS APPLICATION

Underwriting Manager
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WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION

DEFINITIONS
The words **Applicant, You,** and **Your** in this application refer individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;

2. Each person who is an officer, director, owner, partner or employee of the firms listed in item 1 above.

SELF-INSURED RETENTION
The coverage the **Applicant** is applying for includes a self-insured retention applying to each loss and to any combination of damages and claim expense.

CLAIM EXPENSE WITHIN THE LIMIT
The policy form for which the **Applicant** is applying contains a provision that reduces the policy limit stated in the policy by the amount of claim expense paid by the Company.

APPLICATION FORMS PART OF POLICY
The submission of this application does not obligate the **Applicant** to buy insurance nor is the Company obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers which may have affected the Company's decision to offer or bind coverage could result in the offer being retracted or coverage being voided.

INSTRUCTIONS:
The purpose of this application is not only to provide the Company with underwriting and rating information, but more importantly, to help make certain the **Applicant** and the Company have a meeting of minds about what the policy, if issued, will cover and what it will not. Thank **You** for taking the time to provide complete and accurate information.

1. Answer all questions. If any question does not apply, explain why not.

2. If space is insufficient, continue answers on the **Applicant's** letterhead.

3. The application must be signed and dated by a principal, partner, officer or director of the **Applicant**.

4. Attach:
   A. A recent brochure or similar material describing activities or services;
   B. The **Applicant's** most recent financial statement or annual report;
   C. Copies of standard contracts the **Applicant** enters into with clients; and
   D. Any other forms or materials which will provide the underwriter with information about the activities or services the **Applicant** performs.

I. APPLICANT (S):

A. Name of entity completing this application

Street Address

City, State, Zip Code

Telephone Number

B. Names of parent, subsidiary or affiliated entities for which coverage is desired. Provide a brief description and operations of each, including percentage of common ownership.

C. Please provide **Your** internet address (es) and/or World Wide Web address (es):

1. What steps were taken to insure that **Your** domain name(s) do/does not infringe on the intellectual property of others?

2. Are **You** aware of any potential or actual disputes over **Your** domain name(s) or domain names under **Your** control? ____yes ____no If yes, please explain.

D. Provide the year **You** began **Your** cyberspace activities:

E. In the past five years have any of **You** changed **Your** name, acquired, merged or consolidated with any entity? ____yes ____no

If yes, provide the following:

Name of entity	Date of transaction	Liabilities assumed

(If more room is needed, continue answers on **Applicant's** letterhead)

F. 1. Provide the number of:

Your Principals, Officers and Partners ____
Your employees ____
Your independent contractors ____

2. If independent contractors are used, describe the activities or services they perform, how often **You** use them, and provide sample agreements utilized with those parties.

3. Are resumes/bios of key personnel posted on **Your** website? ____yes ____no If not, please attach.

4. List professional societies and trade associations relating to those services to be insured in which **You** or any of **Your** officers are members.

5. Do **You** have any certified or licensed professionals on staff? (e.g. architect, engineer, medical practitioner, attorney, CPA, actuary, insurance agent or broker, financial planner/advisor, etc.) ____yes ____no If yes, what services are they providing?

II. ACTIVITIES OR SERVICES:

A. 1. Describe the activities or services provided that **You** wish to insure:

2. Please indicate if **Your** operations involve the following (check all that apply):

_____ Internet access
_____ Web Page development/design/maintenance
_____ Web Hosting
_____ Bulletin boards/chat/forums
_____ Application service provider
_____ Internet software development
_____ Internet content provider
_____ Search engines
_____ Security consulting
_____ E-business consulting
_____ E-commerce
_____ Proprietary database services
_____ Web site ownership activities

B. Please provide the following information regarding **Your** gross revenues from the operations referenced in **Section II.A.2.**:

1. **Domestic Operations**	Previous 12 months	Current 12 months	Estimate for coming year
Gross Revenue	$ _____	$ _____	$ _____
Gross Expenses	$ _____	$ _____	$ _____

2. **Foreign Operations**			
Gross Revenue	$ _____	$ _____	$ _____
Gross Expenses	$ _____	$ _____	$ _____

C. Indicate all countries where any of **You** have a physical presence (e.g. corporate office, staff):

III. INFORMATION GATHERING:

A. Do **You** collect user specific information (e.g. from site visitors)? ____yes ____no

B. Do **You** share, sell, or give this information to outside parties? ____yes ____no
If yes, is user permission obtained? ____yes ____no

C. Do **You** employ a privacy disclosure statement on **Your** website(s)? ____yes ____no

D. Do **You** perform privacy audits to make sure **You** are in compliance with **Your** privacy policy as set out in **Your** privacy disclosure statement? ____yes ____no

1. If yes, who performs the audit?

2. How frequently are the audits performed?

3. What actions have been taken to correct any unfavorable results?

IV. CONTENT :

A. Indicate type of content disseminated (check all that apply):

____ Software games
____ Health/Medical
____ Archived documents/records
____ Adult/mature audience
____ Self-help/Self improvement
____ Movies/Movie clips
____ Database
____ Music/sound clips
____ Directed at children under the age of 13

B. 1. Advise percentage of the following:

a. Original content created by **You** _____%
b. Original content created by others (third parties) for **You** _____%
c. Previously published, released, or archived content to be republished by **You** and/or retrievable by **You** _____%

2. Name the content providers referenced in **Section IV.B.1.b**. and **B.1.c.** Please attach a copy of **Your** standard contract/licensing agreement used with third parties supplying content.

3. Who evaluates **Your** intellectual property procedures (use of copyrighted/trademarked material)? Please attach that person's bio, which outlines their experience.

4. Have releases and consents been obtained and documented from performers, models, persons and/or other subjects appearing in images? ____yes ____no Please attach a copy of **Your** standard release form.

5. Have **You** obtained and documented the rights to use intellectual property (including copyright and trademark) for the following content?

	yes	no	not applicable
a. Music	___	___	___
b. Streaming content	___	___	___
c. Downloadable content	___	___	___
d. Software, including games	___	___	___
e. Previously published, released or archived content	___	___	___
f. Original content created by third parties for **You**	___	___	___

6. Do **You** pay licensing fees to licensing organizations (e.g. ASCAP, BMI, SESAC or other)? ____yes ____no

C. Do **You** edit or review content created or provided by others? ____yes ____no

D. 1. Are bulletin boards, chat rooms and/or forums/discussion groups monitored? ____yes _____no ____not applicable

2. If they are monitored, is it before or after posting?

E. Describe **Your** policies and procedures for removing controversial or potentially defamatory or infringing material (**Your** "take down" policy):

F. Do **You** ever frame content of others without written permission? ____yes ____no

G. Do **You** ever deeplink (link to any page of another website deeper than its homepage)? ____yes ____no

V. SECURITY MEASURES:

A. Describe the security measures used to prevent unauthorized access to:

1. **Your** premises and facilities

2. **Your** computer systems/servers entrusted to others

3. **Your** computer systems/servers entrusted to employees

4. **Your** computer systems/servers located on **Your** premises

5. Computer systems/services of others in **Your** care, custody and/or control

B. Describe the security measures used by **You** to protect confidentiality and integrity of data:

C. Advise technology **You** use for:

1. Encryption

2. Authentication

3. Anti-virus

D. Do **You** perform security audits? ____yes ____no

1. If yes, who performs the audit?

2. How frequently are the audits performed?

3. What actions have been taken to correct any unfavorable results?

E. 1. Do **You** have a formal, documented security policy? ____yes ____no

2. Do **You** document that all employees have read and understand **Your** security policy? ____yes ____ no

F. In the last two years, have **You** experienced any security breaches? ____yes ____no
If yes, please explain and identify the steps taken to prevent future security breaches.

G. Backup of **Your** computer systems and data:

1. How often is backup performed?

2. Are backups stored off site? ____yes ____no

VI. RISK MANAGEMENT:

A. What do **You** see as **Your** potential exposures to liability for claims arising out of the activities or services **You** perform?

B. What safeguards do **You** employ to avoid these claims or reduce these exposures?

C. 1. Do **You** have a written disaster recovery plan in place? ____yes ____no

2. If **You** do have a disaster recovery plan in place, how often do **You** review the plan with **Your** employees?

D. 1. Do **You** use written contracts or agreements related to the activities or services that will be provided? ____yes ____no

2. Percentage of time agreements referenced in **Section VI.D.1.** are used: ____ %

3. Do **Your** contracts contain hold harmless or indemnity agreements for the benefit of:

a. **You?** ____yes ____no
b. the other parties? ____yes ____no
c. both parties on a mutually beneficial basis? ____yes ____no

4. Do **Your** contracts contain:

a. Guarantees or warranties? ____yes ____no
b. Disclaimers to **Your** benefit? ____yes ____no

E. Has a law firm experienced in **Your** field reviewed **Your**:

1. Contracts? ____yes ____no
2. Procedures? ____yes ____no
3. Content? ____yes ____no

VII. CLAIMS EXPERIENCE:

A. 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 the past or present partners, owners, officers, sales persons or employees? ____yes ____no If yes, complete a Supplemental Claim Information Form for each.

The policy for which You are applying, if issued, will not insure any claims, suits or proceedings made against You before the Inception Date of the policy or any subsequent claims, suits or proceedings arising therefrom.

B. Are any of **You** 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 **You** or any of the persons or entities described in **Section VII.A.** above? ____yes ____no If yes, explain below or on **Applicant's** letterhead.

The policy for which You are applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any of You before the Inception Date of the policy.

C. Have any of **You** or any of **Your** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? ____yes ____no If yes, explain below or on **Applicant's** letterhead.

VIII. PRIOR OR CURRENT COVERAGE:

A. 1. Provide the following information for similar insurance, if any, carried during the last five years:

Company	Limit	Deductible	Premium	Policy Term

2. Advise current retroactive date: _____ (Please attach current declarations page)

B. 1. Provide the following information for Commercial General Liability coverage currently in force:

Company	Limit	Policy Period

2. Does the policy referenced in **Section VIII.B.1.** include coverage for Products/Completed Operations Hazards? ____yes ____no

3. Does the policy referenced in **Section VIII.B1.** include coverage for Personal Injury and Advertising Injury? ____yes ____no

IX. POLICY LIMIT/SELF-INSURED RETENTION:

Advise Policy Limit and Self-Insured Retention options for which **You** desire proposals:

Policy Limit	Self-Insured Retention
_____	_____
_____	_____
_____	_____

X. REPRESENTATIONS:

By signing this application, **You** agree that:

A. The statements and answers given in the application and any attachments to it are accurate and complete;
B. The statements and answers **You** furnish to the Company are representations **You** make to the Company on behalf of all persons and entities proposed for coverage;
C. Those representations are a material inducement to the Company to provide a proposal for insurance;
D. Any policy the Company issues will be issued in reliance upon those representations;
E. **You** will report to the Company immediately, in writing, any material change in **Your** activities, services, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
F. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

WARNING

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 IN NEW YORK 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.

Name (please type or print)	Name (signature of authorized representative)
Title	Date

To Be Completed By Producer(s) Only:

RETAIL PRODUCER

Producer Name: _____
City, State: _____
Telephone Number: _____

WHOLESALE PRODUCER

Producer Name: _____
City, State: _____
Telephone Number: _____

NOTE: AGENT/BROKER IS RESPONSIBLE FOR COLLECTION AND FILING OF ANY SURPLUS LINES TAXES AND FEES THAT MAY APPLY.