NOTICE: THE LIABILITY COVERAGE PARTS SCHEDULED IN ITEM 5 OF THE DECLARATIONS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. NOTICE OF A CLAIM MUST BE GIVEN TO THE INSURER AS SOON AS PRACTICABLE, PROVIDED THAT SUCH NOTICE IS GIVEN NO LATER THAN SIXTY (60) DAYS AFTER SUCH CLAIM HAS BEEN MADE. DEFENSE EXPENSES ARE APPLIED AGAINST THE RETENTION. PAYMENT OF DEFENSE EXPENSES REDUCE THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

- Whenever used in this Application, the terms “You” or “Your Company” shall mean the party proposed as the Named Insured and any subsidiaries and their respective directors, officers, trustees, and governors.
- You are required to complete sections 1 - 6, and 9.
- You should complete the other applicable section(s) for the coverage(s) requested.
- If additional space is required for a response, include such response in an attachment to this Application, clearly identifying the Application question for which a response is being provided.

1. COVERAGE REQUESTED

☐ Data Privacy and Network Security Liability and Expense Coverage (Insuring Agreement A, complete sections 1-5 of the application)

☐ Internet and Communications Liability (Insuring Agreement B, complete sections 7 and 8 of the application)

☐ Professional Services Liability Insurance (Insuring Agreement C, complete section 6 of the application)

☐ Business Interruption Insurance (Insuring Agreement D, complete sections 1-5.1 of the application)

☐ Cyber Extortion Loss (Insuring Agreement E., complete sections 1-5 of the application)

2. GENERAL INFORMATION

a) Applicant’s Name: 

Officer of the Applicant designated to receive all notices from the Insurer:
Name: ______________________________ Title: ______________________________
Phone Number: _______________________ Email Address: _______________________

b) Principal Address:

Street:
City: ___________________________  State: ______________  Zip Code: ______________

c) State of Incorporation (*if different from state identified in b. above): ______________________________

d) Year Organization Established: ______________  Current Number of Employees ______________

e) Website Addresses: ____________________________________________________________

If any of these web sites have a password protected or member / subscriber area, please provide temporary passwords and ID’s lasting no longer than 2 weeks from the date of this application.

f) Are you a public company, or a public reporting company under the Securities Exchange Act of 1934?  
   □ Yes  □ No

h) Business Description (please select all that apply): % Revenues

   □ Retail
   □ Media and publishing
   □ Financial Services
   □ General Business Services to Other Businesses
   □ General Professional Services to direct consumers and customers
   □ Insurance Services (Including Health Care and Managed Care)
   □ Medical and Medical Related Services
   □ Technology Services or Outsourcing
   □ Education
   □ Manufacturing
   □ Legal
   □ Other ____________________________________________________________

i) Do you have a Parent Entity?  
   □ Yes  □ No

   If yes, provide the following:

   Parent Entity Name: ___________________________________________________________________

   Street: ______________________________________________________________________________

   City: ___________________________  State: ______________  Zip Code: ______________

j) Has your company been involved in any of the following actions:

   (1) Any actual or attempted merger, acquisition or divestment:
      Past 24 months?  □ Yes  □ No
      Next 12 months? □ Yes  □ No
### 3. FINANCIALS and IT OPERATIONS

a) Provide the following information.

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Fiscal Year (est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Employees</td>
<td></td>
</tr>
<tr>
<td>Total Revenue ($’s) and % of total revenue that is international</td>
<td>$</td>
</tr>
<tr>
<td>Approximate % of IT Operations that is Outsourced or performed by 3rd parties (storage, hosting, back up, business operations, analytics, CRM, ERP, Finance, HR)</td>
<td>%</td>
</tr>
<tr>
<td>Approximate % of your business that is transacted over the internet or transacted over electronic networks</td>
<td>%</td>
</tr>
<tr>
<td>Approximate # of individually identifiable names (customers, partners, suppliers) within the databases under your control</td>
<td></td>
</tr>
<tr>
<td>Approximate # of business customers that rely on the availability of your own information network(s) to conduct business with you</td>
<td></td>
</tr>
<tr>
<td>Approximate number of states where you conduct business, physically or via the Internet</td>
<td></td>
</tr>
</tbody>
</table>

Do you purchase or develop internal software products that use “Open Source” Code?  □ Yes  □ No
Please describe your use of Open Source Code if any:

b) What percentage of the time do you provide standard contracts, in relation to privacy and security, for 3rd parties to use?  ______%  

If standard contracts are used, please provide a copy.

c) Are 3rd party vendors required to meet minimum standards in regards to privacy and security  □ Yes  □ No

d) In support of your business description in section 2h above, what are your applicable relationships with Technology?

### 4. DATA PRIVACY AND HOW YOU MANAGE IT

a) Within the last three years, have you ever been accused of a privacy violation by a business customer, a consumer, or a government agency?  □ Yes  □ No

   Explain the nature of the complaint and the outcome:
b) Do you have a third party endorsement or certification of your privacy process and practices?

☐ Yes  ☐ No

Name privacy endorsement (i.e., TRUSTe, eTrust) and date of last assessment: ___________ Date__________

* Optional: Provide results of any privacy audit. (Reduction in premium could apply)

c) Complete the table below to explain the nature of the 3rd party data your company accesses or hosts when servicing clients?

<table>
<thead>
<tr>
<th>Nature of 3rd party data</th>
<th>Collected and stored by applicant</th>
<th>Is this data encrypted?</th>
<th>Collected by the Applicant but hosted (including back up) by a 3rd party</th>
<th>Is this data encrypted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic IP of third party companies (trade secrets, client lists, R&amp;D)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Company confidential of third party companies</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Personally-identifiable of the customers of third party companies</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Personally identifiable of the applicant’s direct customers</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Health data of patients, members, subscribers</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Financial data of customers, members, subscribers</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Reputation data of consumers (social data, opinion data, political data, educational data, employment data)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Data of high net worth individuals (making more than $200k / year)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Data about your customers that you sell, legally, to others with the permission of your customers</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Other:</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
d) Do you require users to actively acknowledge and accept your privacy policy?  
☐ Yes  ☐ No

e) Has your privacy policy been reviewed by an attorney?  
☐ Yes  ☐ No

f) Do you annually assess your compliance processes and employee practices against any regulatory data protection standards (such as HIPAA, GLB, and state provisions like CA1386)?  
☐ Yes  ☐ No

g) Do you have personal identifiable information of Massachusetts residents and are you compliant with Massachusetts Data Privacy law 201 CMR 17?  
☐ Yes  ☐ No  ☐ N/A

h) Is your Company current with FACTA guidelines and requirements to protect consumer information, including the recommended handling of credit card transaction receipts?  
☐ Yes  ☐ No

i) Are employee and/or independent contractor backgrounds checked prior to hiring?  
☐ Yes  ☐ No

j) Is information access on a need to know basis (i.e. do you manage/restrict access to personal identifiable information?  
☐ Yes  ☐ No

k) Are there e-mail detection systems in place to monitor for download of personal information or large file download?  
☐ Yes  ☐ No

l) Are there automatic shutdowns for data access when employees are terminated?  
☐ Yes  ☐ No

m) Do you have specific privacy provisions in your independent contractor agreements?  
☐ Yes  ☐ No  

* Please provide a copy of your standard independent contractor or professional services agreement.

n) Do you always require independent contractors and vendors to provide proof of:  
☐ Errors and Omissions Insurance ☐ Network Security Insurance ☐ Privacy Insurance

5. NETWORK SECURITY AND HOW YOU MANAGE IT

Please have a senior IT member (such as CIO, CPO, or Chief Security Officer) complete this section.

a) Do you utilize and regularly review results of automated data auditing which continually monitors, records, analyzes, and reports on your database activity?  
☐ Yes  ☐ No

b) Have you conducted a third party audit of your network security process and practices?  
☐ Yes  ☐ No

Name security audit firm and date of last assessment: _______________________ Date__________

* Optional: Provide full results of your network security audit. (Reduction in premium could apply)

c) Please indicate the security readiness of your organization below. Please check “N/A” if you feel it is not applicable to your business.

<table>
<thead>
<tr>
<th>Security Controls</th>
<th>Phase of implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISO 27001 IT Security Standards</td>
<td>Not Started</td>
</tr>
</tbody>
</table>
HIPAA Standards and Procedures (if applicable)

<table>
<thead>
<tr>
<th>Network monitoring and prevention technologies, including wireless devices**</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Firewall in place?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Database monitoring and alert technologies, including automatic shutdown when data access irregularity detected.**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redundant network available for back up, and date lasted tested for continuity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCI Compliant (indicate level please)</td>
<td></td>
<td>Level ____</td>
</tr>
</tbody>
</table>

* Name Firewall Technologies and date last updated ____________________ Date______________

** Name Detection and Monitoring Technologies ___________________________.

Name your data encryption technologies __________________________________________

Please add any other IT security measures already implemented:

<table>
<thead>
<tr>
<th>d) Do you encrypt all company confidential information as well as personally sensitive data?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please name the encryption technologies used by your firm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e) What other data do you regularly encrypt regularly?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-transit data □ Yes □ No</td>
</tr>
<tr>
<td>Laptops □ Yes □ No</td>
</tr>
<tr>
<td>Mobile devices □ Yes □ No</td>
</tr>
<tr>
<td>Storage devices □ Yes □ No</td>
</tr>
<tr>
<td>Archived data □ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f) Within the last three years, have you ever had an improper network security breach by an internal employee?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Never □ 1-3 times □ more than 3 □ more than 10</td>
</tr>
<tr>
<td>Result / impact of the breach:</td>
</tr>
</tbody>
</table>

| g) Do you have physical security measures in place to control and monitor human access to your main servers and most sensitive information? | □ Yes □ No |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Please list key measures: |

| h) Within the last three years, have you experienced a network security breach that resulted from the unauthorized access of a third party (i.e., “hacker”) | □ Yes □ No |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| If yes, please explain (by attachment) the cause, date of occurrence, damage to client, and remedial actions to prevent the same occurrence. |

<table>
<thead>
<tr>
<th>i) Do you utilize any data loss prevention technology (DLP) within your network?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>
j) Do you utilize remote shutdown of employee laptops? □ Yes □ No

k) Do you permit the use of thumb drives or external memory drives by employees? □ Yes □ No

If yes, do you use detection technology to monitor or detect the use of thumb drive/external memory drive access? □ Yes □ No

l) Do you conduct a network security process and practices audit for 3rd party vendors? □ Yes □ No

m) Do you contractually require all 3rd party vendors, consultants and contractors that may host or access data to certify that they meet equivalent security and privacy standards as the insured? □ Yes □ No

n) Do you contractually require all 3rd party vendors, consultants and contractors that may host or access data to validate that they have not had any previous privacy or security breach? □ Yes □ No

o) Do you have an active security patch management policy? □ Yes □ No

What is the acceptable time period for patch updates?

p) Do you conduct penetration testing □ Yes □ No

Network based □ Yes □ No

Application based □ Yes □ No

Social Engineering based □ Yes □ No

5.1 NETWORK BUSINESS INTERRUPTION (complete if applying for Business Interruption)

q) How long does it take you to restore your operations after a computer attack or unplanned system outage?

□ Less than 1 hour □ Less than 12 hours □ Less than 24 hours □ Not important

r) How much sales do you transact online on an hourly basis during a normal business day, during normal business hours?

□ Less than $10,000 / hour □ Less than $25,000 / hour □ Less than $50,000 / hour

□ More than $75,000 / hour

s) Do you have point of sale systems (computer registers, kiosks, credit card terminals) that are centrally connected? □ Yes □ No

What are the average sales / hour that you generate from those networked point of sale systems?

□ Less than $10,000 / hour □ Less than $25,000 / hour □ Less than $50,000 / hour

□ More than $75,000 / hour


t) Beyond normal maintenance down time, has the network been down in the last 3 years? □ Yes □ No

If yes, how long and why? ____________________________________________________________

u) Do you utilize network switching in the case of an outage? □ Yes □ No

v) Are the network switching operations 100% redundant? □ Yes □ No
Do you have an alternate means of transacting business in the event of a network or web site outage?  □ Yes  □ No

Explain:

6. ERRORS AND OMISSIONS (complete if applying for Professional Services coverage)

a) Within the last three years have you experienced a technology product recall?  □ Yes  □ No

If “Yes,” explain (# of clients effected, $ cost to you, circumstances):

b) To what extent do you provide contractual warranties or indemnification in connection with your technology products and services?

c) To what extent do you use contractual limitation of liability provisions in connection with your technology products and services?

d) Within the last three years have you given a refund for your products or services?  □ Yes  □ No

If “Yes,” explain:

e) Please select the quality control measures you employ:

- □ Formal customer acceptance procedures
- □ Pre-release testing for malicious code or security flaws
- □ Alpha or Beta testing
- □ Documented and active customer complaint resolution procedures

7. MEDIA AND ONLINE CONTENT (complete if applying for Internet Liability coverage)

a) How many externally facing websites do you manage (i.e., websites for customers, partners, or investors)?

- □ 1-3
- □ 4-7
- □ More than 7

b) Describe the function of these externally facing websites (check all that apply):

- □ Basic Informational: information and content about what you do or provide, content only from you
- □ Content aggregation: content from different 3rd party sources but approved and filtered by you
- □ Interactive Web 2.0: visitors can interact with each other via blogs, informational requests, real time, etc.
- □ e-Commerce: for the buying / selling of goods and services
Transactional: banking transactions to include the trading of securities

c) Do you have a formal and active review process to screen your online content, to include content of 3rd parties, for the following offenses prior to any dissemination, publication, broadcast, or distribution? (check all that apply):

- [ ] Privacy Violations
- [ ] Libel or Slander
- [ ] Defamation
- [ ] Domain Name Infringement
- [ ] Copyright Infringement

d) Do you have a formal and active review process to screen your mass emails for the following offenses prior to any dissemination, publication, broadcast, or distribution? (check all that apply):

- [ ] Privacy Violations
- [ ] Libel or Slander
- [ ] Defamation
- [ ] Verification of “opt-in” status of recipients

e) Does your website(s) allow for 3rd parties or employees to post their own comments and content via a chatroom or bulletin board included in your site? □ Yes □ No

If yes, please check all that apply:

- [ ] All Content is reviewed by website owner prior to publication
- [ ] Blog or site content monitoring technology is used to detect abuses of site T’s and C’s
- [ ] A procedure is in place (and actively used) to remove infringing, libelous, or otherwise controversial materials.

f) Do you have an individual or a group solely responsible for the timeliness, appropriateness, and legality of the content posted on your website? □ Yes □ No

g) Are you pursuing any Web 2.0 initiatives in the coming year (e.g. twitter, facebook)? □ Yes □ No

h) Do you use any technology or service that monitors and/or tracks your company’s reputation online? □ Yes □ No

i) Do you have a response process or individuals responsible for respond to liability related to company’s reputation online? □ Yes □ No

j) Do you allow customers to rate/rank/give an opinion on competitor’s product/service? □ Yes □ No

8. INTELLECTUAL PROPERTY COVERAGE (complete if applying for Internet Liability coverage)

a) In the past three (3) years, have you been given notice of your potential infringement of another party’s intellectual property (IP) rights, including, but not limited to, patent, copyright, trademark, or domain name infringement? □ Yes □ No

Did it lead to a claim? □ Yes □ No

What was the notice related to?
Content posted on your web site, newsletters, or emails by your company
Content posted on your web site by a user of your web site
A software product or other technology product you have developed or used, to include Open Source notices:

Attach a copy of each and every notice of such infringement during the last three years.

b) Do you have a dedicated law firm for your IP activities including but not limited to trademark, copyright, and patent issues? □ Yes □ No

c) Do you have a dedicated internal legal counsel that manages your trademark and copyright filings? □ Yes □ No

d) Do you regularly screen your web site and web site posting for potential copyright or trademark infringements? □ Yes □ No If yes, how:

e) How many trademarks do you currently own / manage?

f) How many copyrights do you currently own / manage?

g) Do you use software to help manage your Intellectual Property applications? □ Yes □ No

h) Do you use software to monitor your Web 2.0 content for potential IP infringements? □ Yes □ No

x) Select the IP protections you employ in your business:

<table>
<thead>
<tr>
<th>IP Controls</th>
<th>Stage of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Started</td>
</tr>
<tr>
<td>IP protection within Employee Agreements</td>
<td></td>
</tr>
<tr>
<td>IP protection within Non-Disclosure Agreements (NDA) with all 3rd parties</td>
<td></td>
</tr>
<tr>
<td>Trade secret agreements with 3rd parties where applicable</td>
<td></td>
</tr>
<tr>
<td>Prior Act Searches by legal professional (internal or external)</td>
<td></td>
</tr>
<tr>
<td>Acquisition of all necessary IP rights via licenses, releases, or consents</td>
<td></td>
</tr>
<tr>
<td>Take down policy on web site for notifications of IP related complaints</td>
<td></td>
</tr>
<tr>
<td>Acquire written permission of sites you link to or frame</td>
<td></td>
</tr>
</tbody>
</table>

9. ACTUAL OR POTENTIAL LIABILITY CLAIMS

a) During the last five years, have any claims been made against any party proposed for coverage? □ Yes □ No

b) Within the last five years, has any party proposed for coverage given notice of any fact or circumstance which could give rise to a claim? □ Yes □ No
c) Is any party proposed for coverage, aware of any fact or circumstance which could give rise to a claim?  
☐ Yes  ☐ No

d) Has any Insurer cancelled or refused to renew any Cyber Risk Insurance, Data Privacy or Network Security Insurance or Miscellaneous Professional Liability, or similar insurance within the past 3 years?  
* MISSOURI APPLICANTS NEED NOT REPLY.  
☐ Yes  ☐ No

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLECT, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE UNDER THE INSURANCE BEING APPLIED FOR.

10. PREVIOUS INSURANCE:

Please provide the following details regarding the Company’s Current Insurance programs:

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>INSURER</th>
<th>LIMIT</th>
<th>SIR</th>
<th>PERIOD mm/dd/yy - mm/dd/yy</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
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</table>

11. ADDITIONAL APPLICATION MATERIALS

At the discretion of the Insurer, and as is relevant to the requested coverage(s), the following materials may be required.

- Any specific claim information per section 9
- The most recent fiscal year-end and interim financial statements
- The latest edition of the Applicant’s Internet and Network Security Policy
- The latest edition of the Applicant’s Privacy Policy
- A copy professional services agreement for subcontracting IT services

12. NOTICE TO APPLICANT

The Undersigned declares that the person(s) and entity(ies) proposed for this insurance understand that:

- With respect to Liability Coverages only, the Policy shall apply only to Claims made during the Policy Period or Extended Reporting Period (if applicable);
The limit of liability contained in the Policy shall be reduced, and may be completely exhausted, by Defense Expenses, and, in such event, the Insurer shall not be liable for Defense Expenses or for the amount of any judgment or settlement to the extent that such cost exceeds the limit of liability in the Policy; and Defense Expenses that are incurred shall be applied against the retention amount.

FRAUD WARNING STATEMENTS

ARKANSAS 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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: 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."

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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

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.

LOUISIANA 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.

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.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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.

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.

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.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, 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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY 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 WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

RHODE ISLAND 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.”

TENNESSEE 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.

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.

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.”

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.

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."


SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER OR THE PRESIDENT OF THE COMPANY.

SIGNATURE__________________________________________

TITLE:__________________________________  DATE____________________

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

The Hartford
Attn: Hartford Financial Products Cyber Risk Dept.
2 Park Avenue, 5th Floor
New York, NY 10016