APPLICATION FOR INFORMATION SECURITY AND PRIVACY LIABILITY COVERAGE

THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. THE UNDERWRITERS ARE NOT OBLIGATED TO PAY SETTLEMENTS, JUDGMENTS OR CLAIMS EXPENSES ONCE THE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THE POLICY CAREFULLY.

Please fully answer all questions and submit all requested information and supplemental forms. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. This **Application**, including all materials submitted herewith, shall be held in confidence.

I. APPLICANT DETAILS

Applicant Name:

Address:

State:	Zip:	Phone:	Website:	Year Established:

Does the applicant engage in any operations other than insurance agent/broker If yes, please describe:	☐ Yes ☐ No

Current Year Gross Annual Revenue ($)net of premium paid to carriers ($): _____

What percentage of total revenues is derived from the sale or administration of Group Benefit Plans? _____

Breach Response Contact: (Provide the contact details for the person in your office that will be designated to manage a breach response including consumer notification.)

Name: _____

E-mail: _____

Phone: _____

II. MANAGEMENT OF PRIVACY EXPOSURE

1. Does the Applicant accept credit cards for goods sold or services rendered?   ☐ Yes ☐ No
   If Yes:
   A. Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI standards)   ☐ Yes ☐ No
   B. If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion:
2. Does the Applicant use a third party to process credit card transactions?   ☐ Yes ☐ No
   If yes:
   A. Does the Applicant require third parties to be compliant with applicable data security standards issued by financial institutions?   ☐ Yes ☐ No

   B. Do you have a Merchant Services Agreement?   ☐ Yes ☐ No
3. Please check the computer security controls that are currently in place:
   Anti-virus software ☐   Written information security policy ☐
   Firewall ☐   Formal software updating process ☐
4. Does the applicant encrypt data stored on laptops, back-up tapes, or other portable media?
     ☐ Yes ☐ No

III. REGULATORY ISSUES

1. Has the Applicant ever been investigated in respect of the safeguards for personally identifiable information? If yes, please explain:	☐ Yes ☐ No
2. Has the Applicant ever received complaints about how someone's personally identifiable information is handled?	☐ Yes ☐ No

IV. PRIOR CLAIMS AND CIRCUMSTANCES

1. Has the Applicant ever received, or is there currently pending, any claims or complaints with respect to allegations of or injury to privacy, identify theft, theft of information, breach of information security, software copyright infringement or content infringement or been required to provide notification to individuals due to an actual or suspected disclosure of personal information? If Yes, provide details of such claim, allegation or incident, including costs, losses or damages incurred or paid, and any amounts paid as a loss under any insurance policy:	☐ Yes ☐ No
2. Is any Applicant, director, officer or other proposed Insured have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a Claim under the proposed insurance? If Yes, provide details:	☐ Yes ☐ No
3. Is the Applicant aware of any release, loss or disclosure of personally identifiable information in its care, custody or control or anyone holding such information on behalf of the Applicant in the most recent three year time period from the date of this Application? If yes, please describe:	☐ Yes ☐ No

V. PRIOR INSURANCE

1. Does the Applicant currently have insurance in place covering media, privacy or network security exposures?	☐ Yes ☐ No

The undersigned declares that the statements set forth herein are true. For New Hampshire Applicants, the foregoing statement is limited to the best of the undersigned's knowledge, after reasonable inquiry. The signing of this Application does not bind the undersigned or the Insurer to complete the insurance. It is represented that the statements contained in this Application and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon by the Insurer in issuing any policy. The Insurer is authorized to make any investigation and inquiry in connection with this Application as it deems necessary. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This Application and materials submitted with it shall be retained on file with the Insurer and shall be deemed attached to and become part of the policy if issued. For Utah and Wisconsin Applicants, such Application and materials are part of the policy, if issued, only if attached at issuance. It is agreed in the event there is any material change in the answers to the questions contained in this Application prior to the effective date of the policy, the Applicant will immediately notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the Insurer's discretion.

FRAUD WARNINGS

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE UNDERWRITER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

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, INCLUDING ANY ATTACHED SUPPLEMENTAL QUESTIONNAIRE, CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO LOUISIANA AND 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.

NOTICE TO MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO OKLAHOMA APPLICANTS: 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.

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 NEW YORK AND KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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.

Signed:

_____
Must be signed by corporate officer with authority to sign on Applicant's behalf

Printed Name: _____

Title: _____

Date: _____

For more information, please contact:

Independent Insurance Agents of New Mexico
Phone: 505.999.5802
iianmrisks@iianm.org

Arlington Roe, Program Administrator
John Immordino
Phone: 800.878.9891 Ext. 8732
jimmordino@arlingtonroe.com

ADDENDUM TO BEAZLEY CYBER LIABILITY APPLICATION

1. We will need the following to bind a Cyber Liability Policy:

    Completed, signed and dated application.
    Check attached to application for the first year premium.
    > Mail check and application to:
    > Independent Insurance Agents of NM, Inc
    > 1511 University Blvd NE
    > Albuquerque, NM 87102

    Information completed below and returned with application.

2. What Limit option are you requesting? _____

3. What effective date would you like? _____

4. If you have current Cyber Liability coverage with a retro date, provide a copy of current declaration page showing this date.

5. If you have full prior acts coverage on the Cyber Liability policy advise the date the agency was established: _____

6. Is coverage requested for any additional insured entities for this stand-alone Cyber Liability policy? _____

    Additional Insured Entity Name

    1. _____
        a. What percentage does the Named Insured/Applicant own of this entity? _____
        b. Are they required to be listed by contract? Check: Yes ☐ No ☐

    2. _____
        a. What percentage does the Named Insured/Applicant own of this entity? _____
        b. Are they required to be listed by contract? Check: Yes ☐ No ☐

    3. _____
        a. What percentage does the Named Insured/Applicant own of this entity? _____
        b. Are they required to be listed by contract? Check: Yes ☐ No ☐

    4. _____
        a. What percentage does the Named Insured/Applicant own of this entity? _____
        b. Are they required to be listed by contract? Check: Yes ☐ No ☐

Signature: _____   Date: _____