

Cyber Insurance for Healthcare Organizations Application

APPLICATION INSTRUCTIONS

NOTICE: PORTIONS OF THE POLICY FOR WHICH THIS APPLICATION IS MADE MAY CONTAIN CLAIMS MADE COVERAGE WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AGAINST THE "INSURED" DURING THE "POLICY PERIOD" OR ANY APPLICABLE EXTENDED REPORTED PERIOD AND REPORTED IN ACCORDANCE WITH THE POLICY'S REPORTING PROVISIONS. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Prior to completing the attached application, please read and follow these instructions. Please verify that all required attachments are included so that we may process the Application promptly and efficiently.

- Please complete this form electronically or print responses legibly.
- Please sign and date the application where indicated.
- All information requested must be fully and accurately completed.
- If changes or corrections must be made to the completed application, strike out or line through the incorrect information, write in the modification, and initial and date the change.
- If a particular question does not apply, please write "N/A."
- If additional space is needed, please continue answers on a separate page and attach it to the Application.
- Claims information should be provided for a six-year experience period. This applies to open and closed claims and to any incidents reported to a previous carrier. It is important to provide complete and detailed claims information, including current carrier loss runs.

ACCOUNT INFORMATION

1. Applicant Name	
Doing Business As (DBA)	
State of Domicile	
2. Mailing Address	Street:
	City: State: Zip:
	Website:
3. Policy Information Contact	Name/Title:
	Email Address:
	Telephone Number:
4. Cyber Risk Control Contact	Name/Title:
	Email Address:
	Telephone Number:
5. Number of Employees:	
6. Please provide a description of operations:	

7. Applicant's Legal Structure	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC				
8. Tax Status	<input type="checkbox"/> For Profit – Private <input type="checkbox"/> For Profit – Publicly Traded <input type="checkbox"/> Not For Profit				
9. SIC Code					
10. Date Established					
11. Number of years the Applicant has been under present ownership: _____					
12. Is the Applicant owned, controlled or affiliated with any other entity? If "Yes," please attach details.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Within the past 36 months or within the next 12 months, has the Applicant or does the Applicant expect to:					
a. Merge, acquire or consolidate with another entity?					<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Sell or divest another entity or facility?					<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Discontinue any operations or services?					<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Enter into any new business activities or services (Including new procedures or products being offered)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," describe the essential terms of such transaction:					
14. List below all subsidiaries, description of operations, date acquired and ownership.					
Name & Address	Description of Operations	Relationship	Date Acquired	Ownership %	Retroactive Date
(Please note that coverage for these entities is not automatically included. The policy, if issued, will determine coverage.)					

15. Do you currently purchase Cyber Insurance? Yes No
 If "Yes," please provide the following information on your current carrier:

a) Limits: _____
 b) Retention: _____
 c) Retroactive Date: _____
 d) Premium: _____
 e) Carrier: _____

FINANCIAL AND EXPOSURE DETAILS

16. Indicate the following as it relates to the Applicant's fiscal year end (FYE):

	Most Recent FYE (Month/Year) (_____/_____)	Prior FYE (Month/Year) (_____/_____)	Projected FYE (Month/Year) (_____/_____)
Total Assets	\$ _____	\$ _____	\$ _____
Total Revenue	\$ _____	\$ _____	\$ _____

Answer the following question (17) only if Technology Services coverage is being requested:

17. Does the Applicant provide any technology services or products to third parties for a fee?
 If "Yes," please complete the following:

Technology Service or Product Offered	Description	% of Annual Revenues

18. Does the Applicant employ a Chief Information Officer? Yes No
 If "Yes," who do they report to? _____

OPERATIONS AND ADMINISTRATION

Personal and Corporate Data

19. Does the Applicant outsource any network & technology services to outside service providers?

If "Yes," please complete the following:

Outsourced Services	Vendor Name
Hosting	
Credit Card Processor	
Back-up & Data Recovery	
Shredding & Data Destruction	
Electronic Health Records	
Cloud Services	
Internet Service Provider	
Billing or Payment Service	
Managed IT Services	

20. Does the Applicant collect, input, store, process, or maintain any of the following Personally Identifiable Information (PII), Protected Health Information records (PHI) or confidential third party business information in the course of operating their business?

- a) Medical or Healthcare Data Yes No
- b) Credit Card, Bank Account, or Other Financial Data Yes No
- c) Social Security Numbers or Tax Identification Numbers Yes No
- d) Driver's License Numbers Yes No
- e) Confidential business information of a third party Yes No

Estimated Total Number of Unique Protected Personal Information and Protected Healthcare Information Records: _____ Unknown

Encryption Controls

21. How does the Applicant handle the following Technology Assets?

Technology Assets:	Encrypted?	Key Stored Offsite?
Database Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Applications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Servers (data at rest)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Desktops	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laptops	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Backups	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data in Transit (in/out of network)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HIPAA/HITECH Compliance	
22. Is the Applicant fully or partially compliant with the HIPAA/HITECH provisions? If partially compliant, when is full compliance anticipated? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Has the Applicant ever been audited or investigated by:	
a) The Department of Health and Human Services (HHS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Office for Civil Rights (OCR) of HHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Other: _____	
If "Yes," was the Applicant found to be in compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," have all areas of noncompliance been rectified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," were fines assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Does the Applicant conduct regular audits/assessments of their HIPAA Privacy and Security controls and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Was the last audit conducted within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) What date was the audit conducted on? _____	
c) Was it conducted internally or externally? _____	
d) Were all recommendations implemented within a reasonable time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Provider Information	
25. Is any sensitive data (PII/PHI) collected, stored, processed or maintained offsite via a third party computer system, network, or cloud on your behalf? If "Yes,":	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Do you require the third party enter into a compliant Business Associate Agreement? (BAA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Are third parties audited annually to ensure they meet the standards for safeguarding PII/PHI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Do you contractually require the third party to protect the PII/PHI with safeguards at least equal to your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Do you contractually require the third party to defend and indemnify you if they contribute to a confidentiality or privacy breach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Do you require the third party to carry a cyber insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Card Industry – DSS Compliance	
26. Does the applicant accept payment by credit or debit cards? If "Yes," how many estimated annual transactions are processed? _____ What percentage of these transactions are EMV (chip pin/signature)? _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," are you PCI compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," what level? <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4	
27. Do you outsource your credit card processing? If "Yes," is the processor PCI compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Control	
28. Do you have a written privacy policy? If "Yes," has it been reviewed by a HIPAA specialist or attorney? If "Yes," are daily operations compliant with your privacy policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
29. Is mandatory privacy and security training conducted annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No

30.	Is network access controlled and limited? If "Yes," is that access terminated when an employee leaves the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Is there a password management program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Does your hiring process include the following for all employees and independent contractors?: <input type="checkbox"/> Drug Testing <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Educational Background	<input type="checkbox"/> Work History Check <input type="checkbox"/> Credit History Check
33.	Do you have data retention and destruction policies?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Network System Controls

34.	Which of the following does the Applicant currently have in place (select all that apply): <input type="checkbox"/> Up-to-date, active firewall technology <input type="checkbox"/> Patch management procedures <input type="checkbox"/> Multi-Factor login for privileged access <input type="checkbox"/> Remote access limited to VPN <input type="checkbox"/> Incident Response Plan <input type="checkbox"/> Disaster Recovery Plan <input type="checkbox"/> Business Continuity Plan	<input type="checkbox"/> Updated anti-virus software active on all computers and networks <input type="checkbox"/> Intrusion detection software <input type="checkbox"/> Valuable/Sensitive Data Backup procedures <input type="checkbox"/> Procedure to test or audit network security controls <input type="checkbox"/> Secondary/Backup Computer System How long before this system can be operational? _____
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Website/Media Controls

35.	List all registered domain names (websites):	
36.	Does your website include a privacy policy, terms of use, and terms of service or other customer policies? If "Yes," have these policies been reviewed by an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
37.	Does the Applicant have a written intellectual property clearance procedure for content disseminated via the Applicant's website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Were any trademarks acquired from others in the past 3 years screened for infringement?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Does the Applicant have formal policies or procedures to/for: a) Avoid the posting of improper or infringing content? b) Editing or removing controversial, offensive or infringing content from material distributed, or published by or on behalf of the Applicant? c) Obtain parental permission for collecting data regarding children who use the website? d) Respond to allegations that content created, displayed or published by the Applicant is libelous, infringing, or in violation of a third party's privacy rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Mobile Device Controls

40.	Do you allow sensitive data to be stored or transferred to a mobile device? If "Yes,": a) Do you have a mobile use policy? b) Are these devices password protected? c) Is sensitive data protected through encryption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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CURRENT AND REQUESTED COVERAGE

41. Requested Effective Date of Coverage: _____ Requested Expiration Date of Coverage: _____

42.

Insuring Agreement	Requested Limit	Requested Retention
Data Security & Privacy	\$	
Regulatory	\$	
Payment Card Industry "PCI"	\$	
Media	\$	
Technology Services	\$	
Bodily Injury Indemnification	\$	
Data Breach Response	\$	
Data Recovery and Restoration	\$	
Business Interruption	\$	# of hours _____
Extortion	\$	
Cyber Crime	\$	

CLAIMS HISTORY

43. During the past five (5) years, has any claim that would fall within the scope of the proposed insurance been made against the Applicant or against any entity or individual proposed for coverage under this insurance? Yes No

If "Yes," please provide dates of loss, claimant name, all defense and indemnity payments, all defense and indemnity reserves (if claims are open), and claim status (open/closed):

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 43 IS EXCLUDED FROM THE PROPOSED INSURANCE.

44. Is the Applicant or any entity or individual proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim that may fall within the scope of the proposed insurance? Yes No

If "Yes," please provide details:

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 44 IS EXCLUDED FROM THE PROPOSED INSURANCE.

REQUIRED INFORMATION

Required Attachments

Please include a current copy of each of the following documents with the application:

- Most current audited financial statements (or pro-forma financial statement if the Applicant is newly formed)
- Schedule of Named Insureds
- Loss runs from all insurance carriers that insured the Applicant for the past six years (if applicable)

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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

ARKANSAS, MINNESOTA AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

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: WARNING: It is a crime to provide false or misleading information to any insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any 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.

KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any 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, NEW MEXICO, RHODE ISLAND APPLICANTS AND 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 civil fines and criminal penalties.

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.

MISSOURI APPLICANTS: Any person commits a "fraudulent insurance act" if such person knowingly 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 oral or written statement including computer generated documents as part of, or in support of, an application for the issuance of, or the rating of, an insurance policy for commercial or personal 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 if such person conceals, for the purpose of misleading another, information concerning any fact material thereto.

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.

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 AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of 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 the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) no more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of 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 attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida accounts, the preceding sentence is replaced with the following: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by us. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

We will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued. For North Carolina, Utah and Wisconsin accounts, this Application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

We are authorized to make any inquiry in connection with this Application. Our acceptance of this Application or the making of any subsequent inquiry does not bind you or us to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to us under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, you must notify us immediately and we may modify or withdraw any quotation or agreement to bind insurance.

NOTICE TO 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.

Applicant Name			
By (Authorized Signature)			
Name/Title			
Date			

NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

Produced By (Insurance Agent)			
Insurance Agency			
Insurance Agency Taxpayer ID			
Agent License No. or Surplus Lines No.			
Address	Street:		
	City:	State:	Zip:
Email Address			

Submitted By (Insurance Agency)			
Insurance Agency Taxpayer ID			
Agent License No. or Surplus Lines No.			
Address	Street:		
	City:	State:	Zip:

NOTE: FOR NEW HAMPSHIRE APPLICANTS, PRODUCER'S NAME AND SIGNATURE ARE REQUIRED.