

- Capitol Indemnity Corporation
- Capitol Specialty Insurance Corporation

CapSpecialty.com/PL
esubmissions@CapSpecialty.com

CapSpecialty Privacy Response Application

I. APPLICANT INFORMATION

1.1 Proposed First Named Insured (This is how the name & address of the Insured will read on the Declarations Page if coverage is Bound.):				
	Name:			
	Address:			
	City, State, Zip:			
	County:			
	Phone:			
1.2	Website Address(es):			
1.3	Years in Operation:			
1.4	Number of Employees:			
1.5	Annual Revenues:	Current Revenues:	\$	Projected Revenues: \$
(include revenues for all subsidiaries)				
1.6	Primary Contact:	Name:	Email Address:	
1.7	Does Applicant have any subsidiaries?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please list below:			

Name of Entity	Nature of Operations	% of Ownership	Coverage Desired	
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FOR THE REMAINDER OF THIS APPLICATION, "APPLICANT" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).

II. UNDERWRITING AND SUPPLEMENTAL INFORMATION

2.1 Please describe the services or products your business provides:				
2.2 Do you encrypt any of the following hardware?				
	a) Laptops	<input type="checkbox"/> Yes <input type="checkbox"/> No	c) Backup Tapes/Disks	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) USB drives	<input type="checkbox"/> Yes <input type="checkbox"/> No	d) Blackberries/iPhones/iPads, or other "smart" devices	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "no" to any listed above, how are these protected:				
2.3	Do you want coverage for your website content?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please answer the following:				
	a) Do you always follow an established procedure for detecting or editing controversial, offensive, or infringing material on your website or Internet service?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	b) Do you have a take down policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	c) Have you performed searches on all your trademarks, service marks, and domain names used to ensure you are not infringing on others?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	d) Have you acquired trademarks from others in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, were they screened for infringement?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	Do you accept credit cards for goods sold or services rendered?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	a) How many transactions are processed monthly?			
	b) Are you compliant with PCI/DSS standards issued by the financial institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, why?				
	c) Do you want coverage for PCI Fines?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.5	Do you collect, store, maintain or transmit personally identifiable consumer information that is regulated by compliance standards?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you HIPAA compliant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you comply with Gramm-Leach-Bliley Act?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any other (please describe):			

III. NETWORK SECURITY

3.1 Please describe purge data destruction policies:				
3.2 Please describe your data leakage controls including use of email encryption policies / procedures:				
3.3	Do you have role based access controls for your employees and vendors?			<input type="checkbox"/> Yes <input type="checkbox"/> No

CapSpecialty Privacy Response Application

3.4	Do you have a wireless network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is it WPA or better?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, please describe how you secure your wireless network and why:	
	Do you allow remote access or VPN to your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	Please estimate the number of records/individuals you store electronically or in paper files:	
3.6	Do you perform regular internal audits or penetration testing on your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe type and how often your network is tested:	
3.7	Have you had an external audit or penetration test on your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Performed:	
	Were all improvements suggested implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, why?	
3.8	Do you want coverage for business interruption loss or data asset recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please answer the following questions:	
3.9	Do you have a disaster recovery or business continuity plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a) If yes, does it contemplate a computer system attack?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, when was it last tested?	
	How could your ability to conduct business be affected by a network interruption?	
3.10	During the past 3 years have you experienced any loss of service exceeding 8 hours excluding any planned maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	

IV. INSURANCE AND LOSS HISTORY

4.1	Provide your company's recent insurance history for current year below:	<input type="checkbox"/> None												
	<table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr> <th style="width: 30%;">Insurance Company</th> <th style="width: 15%;">Limits</th> <th style="width: 15%;">Retention</th> <th style="width: 15%;">Policy Period</th> <th style="width: 15%;">Annual Premium</th> <th style="width: 10%;">Retro Date</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Insurance Company	Limits	Retention	Policy Period	Annual Premium	Retro Date							
Insurance Company	Limits	Retention	Policy Period	Annual Premium	Retro Date									
4.2	Are you being or have you ever been cancelled or non-renewed for this type or any similar type of insurance? <small>(Not Applicable in Missouri)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	If yes, please explain why:													
4.3	After inquiry with each person as appropriate, do you or any of your partners, officers, directors or other employees have knowledge of or information regarding any circumstances, acts, errors, omissions, which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	If yes, please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.													
4.4	In the last five (5) years has the Applicant:													
	a) Received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	b) Been subject to any government action, investigation or subpoena regarding an alleged violation of a privacy law or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	c) Notified consumers or any other third party of a data breach incident involving the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	d) Experienced an actual or attempted extortion demand with respect to its computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	If "yes" to any of a) through d), please provide details of any such action, notification, investigation or subpoena:													

V. REPRESENTATIONS

By signing this Application, Applicant represents and warrants the following:	
1.	The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation;
2.	All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this Application;
3.	The above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, mistake or omit any material facts;
4.	The statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;
5.	The Applicant agrees to notify the Company of any material changes in the Applicant's answers to question(s) on this Application that may be discovered between the date this Application is signed and the Effective Date of any policy, if issued;
6.	The Applicant understands that any quotations / proposals previously offered by the Company may be modified or rescinded based on such changes at the Company's discretion;
7.	Applicant's acceptance of the Company's quotation is required prior to binding coverage and policy issuance;
8.	If a policy is issued, the Company will have issued this policy in reliance upon those representations; and
9.	Completion of this form does not bind coverage.

Applicant Signature: _____ Title _____

Print / Type Applicant Name: _____ Date _____

Agent / Broker Name: _____

CapSpecialty Privacy Response Application

VI. FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

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 or confinement in prison. *Applies in MD only.

APPLICABLE IN CO

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.

APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, 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 written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial 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 conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.