

OneBeacon Insurance Company
The Camden Fire Insurance Association
The Employers' Fire Insurance Company
OneBeacon America Insurance Company
(Stock companies owned by the OneBeacon Insurance Group)

NETWORK SECURITY AND PRIVACY LIABILITY APPLICATION

NOTICE: CERTAIN PORTIONS OF THE POLICY PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD" OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE APPLICABLE LIMITS OF LIABILITY TO PAY DAMAGES, SETTLEMENTS, OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "CLAIM EXPENSES" AND "CLAIM EXPENSES" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. IN NO EVENT WILL THE UNDERWRITER BE LIABLE FOR "CLAIM EXPENSES," "DAMAGES," OR OTHER LOSS IN EXCESS OF THE APPLICABLE LIMITS OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS

Whenever used in this Application, the term "**Applicant**" shall mean the organization identified in response to Question 1 of Section I General Information.

I. GENERAL INFORMATION

1. Name of **Applicant** _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
 Website: _____
3. State of incorporation: _____ Date of incorporation: _____
4. Authorized individual (Executive Officer) to receive notices and information regarding the proposed coverage:
 Name: _____ Title: _____
 E-Mail Address: _____ Phone: _____ Fax: _____

II. SPECIFIC INFORMATION

1. Please indicate below the insuring agreements that are being requested.
Note: The requested coverage is not automatically provided. The terms and conditions applicable to the insuring agreements, if issued, will determine actual coverage.

Insuring Agreements Requested	Limits of Liability Requested	Retention Requested
<input type="checkbox"/> Network Security and Privacy Liability	\$ _____	\$ _____
<input type="checkbox"/> Website Media Occurrence Liability	\$ _____	\$ _____
<input type="checkbox"/> Extortion Threat	\$ _____	\$ _____
<input type="checkbox"/> Breach Event	\$ _____	\$ _____
<input type="checkbox"/> Business Interruption Event and Network Data Event	\$ _____	\$ _____

2. Describe nature of the **Applicant's** business:

3. Is the **Applicant** owned or operated by a state, city, town or county or by an agency, authority or other governmental or quasi-governmental entity established by state or local law? Yes No

If "Yes," by whom? _____

4. Please complete the following information:

Revenue Current 12 Months As of (/ /) to (/ /)	Revenue Projected Next 12 Months As of (/ /) to (/ /)
US Revenue \$ _____	US Revenue \$ _____
Foreign Rev \$ _____	Foreign Rev \$ _____
Total \$ _____	Total \$ _____

5. Employees: Previous twelve (12) months: _____
 Projected next twelve (12) months: _____

6. Personally Identifiable Information: Approximate number of individual records stored on **Applicant's** network: _____

III. MANAGEMENT OF INFORMATION

- 1. Does the **Applicant** employ a Chief Information Officer? Yes No
- 2. Does the **Applicant** employ a Chief Security Officer? Yes No
- 3. Do the above positions report to the Board of Directors? Yes No
- 4. Does the **Applicant** have a corporate-wide privacy policy? Yes No
- 5. Have the **Applicant's** privacy policies been reviewed and approved by an attorney? Yes No
- 6. How often are the company's policies reviewed and updated? _____
- 7. Does the **Applicant** have restricted employee access to private information? Yes No
- 8. Does the **Applicant** have internal training for employees concerning the handling of data security and private, personal, and sensitive information? Yes No
- 9. In the past twenty-four (24) months, has the **Applicant** undergone an internal or external privacy audit? Yes No
- 10. Have all recommendations been implemented? Yes No

If No, please explain: _____

11. Are employee background checks, including criminal background, completed on employees who will have access to Personally Identifiable Information? Yes No

12. Does the **Applicant** collect, receive, process, transmit, or maintain private, sensitive, or personal information as part of its business activities? Yes No

If Yes, please indicate what type:

- Credit/Debit Card Data
- Social Security Numbers
- Bank Accounts and Records
- Customer Information
- Confidentiality Agreements
- Other: _____
- Medical Records
- Employee/HR Information
- Intellectual property of others
- Medical Information
- Trade Secrets

- i. Is any of this information regulated by HIPAA, GLB, the Data Protection Act or any other law or regulation protecting private, sensitive, or personal information? Yes No
 - ii. Does the **Applicant** have written procedures in place to comply with laws governing the handling or disclosure of such information, including any Red Flag Rules? Yes No
 - iii. Does the **Applicant** share private, sensitive, or personal information gathered from customers (by the **Applicant** or others) with third parties? Yes No
13. Does the **Applicant** have a vendor approval process? Yes No
14. Does the **Applicant** require that contracts with outside companies and vendors necessitate those companies to defend and indemnify the **Applicant** in the event there is any loss arising out of the release or disclosure of private, sensitive, or personal information due to the outside company or vendor's negligence? Yes No

IV. NETWORK SECURITY INFORMATION

1. Does the **Applicant** have a written and tested:
- a. Disaster Recovery plan? Yes No
 - b. Business continuity plan? Yes No
 - c. Computer security policy? Yes No
 - d. Procedure to change default credentials? Yes No
 - e. Laptop security policy? Yes No
2. Does the **Applicant** store sensitive data on laptops or web servers? Yes No
- a. If Yes, is all data that is both "at-rest" and "in-transit" encrypted? Yes No
 - b. If No, please describe any offsetting measures:
-
3. Does the **Applicant** use security and firewall technology? Yes No
4. Is it the **Applicant's** policy to up-grade all security software as new releases/improvements become available? Yes No
5. Does the **Applicant** use anti-virus software? Yes No
- a. Is anti-virus software installed on all of the **Applicant's** computer systems, including laptops, personal computers, and networks? Yes No
6. Does the **Applicant** use intrusion detection software to detect unauthorized access to internal networks and computer systems? Yes No
7. Does the **Applicant** have a formal documented user and password procedure in place? Yes No
8. Does the **Applicant** limit access to network servers and hardware? Yes No
9. Does the **Applicant** provide remote access to its network? Yes No
- a. Is remote access restricted to Virtual Private Networks (VPNs)? Yes No
10. How often is private/personal/sensitive/valuable information archived? _____
- a. How long is the information stored? _____
 - b. Is the information stored in an off-premises secondary site Yes No
11. Does the **Applicant** terminate all associated computer access and user accounts when an employee leaves the company? Yes No

12. Are the **Applicant's** internal networks and computer systems subject to third party audit and monitoring? Yes No
- a. If Yes, when was the last audit? _____
- b. Have all improvements and recommendations been implemented? Yes No
- c. If No, please explain:

13. Does the **Applicant** have a secondary site available if the primary site becomes inoperative? Yes No
14. How long before the second site becomes operational? _____
15. Is the **Applicant** Payment Card Industry (PCI) Data Security Standard compliant? Yes No
- a. If Yes, please select level of compliance: 1 2 3 4

V. MEDIA INFORMATION

1. Do employees have access to information or training about intellectual property rights? Yes No
2. Does the **Applicant** utilize third parties to create content for its media and advertising activities? Yes No
- a. Are third parties required to execute indemnity and hold-harmless agreements and provide proof of insurance? Yes No
3. Does the **Applicant** have a procedure for responding to or taking down displayed content that is libelous, defamatory, plagiarizing, infringing, or in violation of a third party's privacy rights? Yes No
4. Does the **Applicant** have a qualified attorney review all content prior to posting on the Internet? Yes No

VI. CURRENT INSURANCE INFORMATION

Coverages	Does the Applicant currently purchase?		Current Limit of Liability	Current Retention	Premium	Current Carrier
	(Yes)	(No)				
Network Security and Privacy Liability or similar coverage	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	
Website Media Occurrence Liability or similar coverage	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	
Extortion Threat or similar coverage	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	
Breach Event or similar coverage	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	
Business Interruption Event and Network Data Event or similar coverage	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	

VII. CLAIMS AND REPRESENTATIONS/PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES

1. Has the **Applicant** suffered any known intrusions, unauthorized access, or been a target of a security or virus incident of its networks or computer systems in the most recent past twenty-four (24) months? Yes No

i. If Yes, how many such events occurred? _____

If any damage was caused by any such events, including lost time, lost business income, or costs to repair any damage to networks or computer systems or to reconstruct data or software, describe the damage that occurred, and state value of any lost time, income and the costs of any repair or reconstruction:

2. During the past five (5) years, has the **Applicant** or any individual or entity proposed for coverage submitted any claims or losses or given notice of any fact, circumstance, situation, transaction, event, act, error, or omission which the **Applicant** or such individual or entity had reason to believe might or could reasonably be foreseen to give rise to a claim or loss that might fall within the scope of insurance with any insurer or self-insurance instrument of which the requested coverages would be a direct or indirect replacement? 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 OR LOSS REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION 2 IS EXCLUDED FROM THE PROPOSED INSURANCE, AND THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR, OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION 2 IS EXCLUDED FROM THE PROPOSED INSURANCE.

3. Is the **Applicant** or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which the **Applicant** or such individual or entity has reason to believe may or could reasonably be foreseen to give rise to a claim or loss 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 OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION 3 IS EXCLUDED FROM THE PROPOSED INSURANCE.

VIII. ATTACHMENTS

Please attach copies of the following documents for the **Applicant** and all entities seeking coverage:

1. Last audited or accountant-prepared financial statement with notes

IX. FRAUD WARNINGS

GENERAL: 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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO 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.

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 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.

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 employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any 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.

NOTICE TO LOUISIANA, NEW MEXICO AND 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 civil fines and criminal penalties.

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 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 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.

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.

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 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.

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.

X. DECLARATIONS AND SIGNATURES

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.

The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance by the Underwriter upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with the Underwriter and, along with the Application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the **Applicant** or the Underwriter 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 the Underwriter under any policy of a claim or loss or a potential claim or loss.

If the information in this Application materially changes prior to the effective date of the policy, the **Applicant** will immediately notify the Underwriter, and the Underwriter may modify or withdraw any quotation or agreement to bind insurance.

RETURN COMPLETED APPLICATION PLUS ANY ATTACHMENTS AND OTHER INFORMATION
TO YOUR INSURANCE AGENT OR BROKER.

Date	Signature*	Title
_____	_____	Chief Executive Officer

*This Application must be signed by the chief executive officer of the **Applicant** acting as the authorized representative of the individual(s) and entity(ies) proposed for this insurance.

Produced By:

Agent: _____	Agency: _____
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address _____	
City: _____	State: _____ Zip Code: _____

Submitted By:

Agency: _____	
Agency Taxpayer ID or SS No.: _____ Agent License No.: _____	
Address _____	
City: _____	State: _____ Zip Code: _____