

**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)*

**TECHNOLOGY PROFESSIONAL LIABILITY APPLICATION**

**NOTICE: THE LIABILITY COVERAGE SECTIONS 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 LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE EXPENSES," AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE UNDERWRITER BE LIABLE FOR "DEFENSE EXPENSES" OR OTHER "LOSS" IN EXCESS OF THE APPLICABLE LIMIT 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. Provide the number of:  
 Principals, Officers and Partners: \_\_\_\_\_  
 Employees: \_\_\_\_\_  
 Independent Contractors: \_\_\_\_\_
5. Authorized individual (Executive Officer) to receive notices and information regarding the proposed coverage sections:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**II. SPECIFIC INFORMATION**

1. Please indicate below what limits are being requested.  
**Note: The requested coverage is not automatically provided. The terms and conditions of the coverage section, if issued, will determine actual coverage.**

Coverage Included	Limit of Liability Requested	Retention/Deductible Requested
<input type="checkbox"/> Technology Services Liability	\$ _____	\$ _____
<input type="checkbox"/> Technology Products Liability	\$ _____	\$ _____
<input type="checkbox"/> Professional Liability	\$ _____	\$ _____
<input type="checkbox"/> Media/Personal Injury Liability	\$ _____	\$ _____
<input type="checkbox"/> Network and Privacy Liability	\$ _____	\$ _____



(b) Internet and Other Services:

Service	Percent (%)
Adult Media	%
Application Software Provider	%
E-Commerce – Business to Business	%
E-Commerce - Consulting	%
E-Commerce - Retail	%
Graphic Design	%
Healthcare	%
Internet Advertising	%
Internet Marketing	%
Internet Media	%
Internet Software Custom Design, Development or Prepackaged	%
Online Banking	%
Online Brokerage	%
Online Currency, Security or Stock Exchange	%
Search Engine	%
Social Networking or Social Media	%
Uploading of user Generated Audio or Video	%
Web Design, Development, Maintenance and Consulting	%
Web Hosting	%
Web Owner/Portal	%
Other: _____	%

Subtotal: \_\_\_\_\_%

7. Please specify the industry and percentage of revenue associated with the following:

Industry	Percent of Revenue
Aerospace – Defense	%
Aircraft	%
Architect & Engineering – Construction	%
Banking – Investment	%
Educational Institutions	%
Entertainment	%
Government (military)	%
Government (non-military)	%
Industrial	%
Medical – Healthcare	%
Retail	%
State Government	%
Telecommunications	%
Transportation	%
Utilities	%
Other: _____	%

Subtotal: \_\_\_\_\_%

8. Please provide details of the **Applicant's** five largest clients:

Client	Service	Revenue	Contract Length

(a) What is the length of the average contract? \_\_\_\_\_

(b) What is the average contract size in dollars? \$ \_\_\_\_\_

**III. ADVERTISING AND MARKETING ACTIVITIES**

- Does the **Applicant** send emails, faxes and/or make telephone calls to third parties concerning the advertising, marketing or promotion of the **Applicant's** products and services?  Yes  No
  - Are permissions obtained from the third parties which receive emails, faxes or telephone calls concerning the advertising, marketing or promotion of the Applicant's products and services?  Yes  No
- (a) If "No" to Question 2, what steps does the Applicant take to make certain they are in compliance with federal and state laws? \_\_\_\_\_

**IV. CONTRACTS**

- Does the **Applicant** require a written contract for the services that are provided?  Yes  No  
If Yes, what percentage of the time are written contracts used: \_\_\_\_\_ %
- Are all contracts reviewed by the **Applicant's** internal legal department or a third party law firm?  Yes  No
- Does the **Applicant** have a formalized process for all contracts?  Yes  No
- Do all changes or modifications to a standard contract require legal sign-off?  Yes  No
- Does the **Applicant's** standard contract contain the following?
  - Description of services to be provided?  Yes  No
  - A limitation of liability clause?  Yes  No
  - Acceptance of damages?  Yes  No
  - Guarantees or warranties?  Yes  No
  - Mutual hold harmless or indemnity agreements?  Yes  No
- What percentage of the **Applicant's** services are performed by third parties? \_\_\_\_\_ %
- Are third parties required to execute hold-harmless agreements?  Yes  No
  - Provide proof of insurance?  Yes  No

**V. CUSTOMER MANAGEMENT**

- Does the **Applicant** have formal customer acceptance procedures?  Yes  No
- Are mid-term changes to a contract required to have sign-off from both the **Applicant** and their customer?  Yes  No
- Is the customer required to sign a final acceptance letter?  Yes  No
- Does the **Applicant** have a formal customer complaint process?  Yes  No
- Has the **Applicant** had any product recalled in the last three years?  Yes  No

If Yes, please describe:

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6. Has the **Applicant** given a refund with respect to any product within the last three years?  Yes  No  
If Yes, please describe:

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7. In the last five years, has the **Applicant** sued any customer for failure to pay any fees or other compensation?  Yes  No  
If Yes, please describe:

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**VI. 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 private, data security, 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:

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

If Yes, please indicate what type:

- |   |  |
|---|--|
| <input type="checkbox"/> Credit/Debit Card Data     | <input type="checkbox"/> Medical Records                 |
| <input type="checkbox"/> Social Security Numbers    | <input type="checkbox"/> Employee/HR Information         |
| <input type="checkbox"/> Bank Accounts and Records  | <input type="checkbox"/> Intellectual property of others |
| <input type="checkbox"/> Customer Information       | <input type="checkbox"/> Medical Information             |
| <input type="checkbox"/> Confidentiality Agreements | <input type="checkbox"/> Trade Secrets                   |
| <input type="checkbox"/> Other: _____               |  |

- i. Is any of this information regulated by HIPAA, GLB, the Data Protection Act or other laws or legislation protecting private or personal information?  Yes  No
- ii. Does the **Applicant** have written procedures in place to comply with laws governing the handling and/or disclosure of such information?  Yes  No
- iii. Does the **Applicant** share private or personal information gathered from customers (by the **Applicant** or others) with third parties?  Yes  No

iv. Does the **Applicant** obtain permission from customers when sharing private or personal information gathered (by the **Applicant** or others) with third parties?  Yes  No

12. Does the **Applicant** have a vendor approval process?  Yes  No

13. 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 Personally Identifiable Information due to the outside company or vendor's negligence?  Yes  No

**VII. 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) Laptop security policy?  Yes  No
- (e) Sensitive data on laptops or web servers?  
If Yes, is the data encrypted?  Yes  No

2. Does the **Applicant** use security and firewall technology?  Yes  No

3. Is it the **Applicant's** policy to upgrade all security software as new releases/improvements become available?  Yes  No

4. Does the **Applicant** use anti-virus software?  
(a) Is anti-virus installed on all of the **Applicant's** computer systems, including laptops, personal computers, and networks?  Yes  No

5. Does the **Applicant** use intrusion detection software to detect unauthorized access to internal networks and Computer Systems?  Yes  No

6. Does the **Applicant** have a formal documented user and password procedure in place?  Yes  No

7. Does the **Applicant** limit physical access to network servers and hardware?  Yes  No

8. Does the **Applicant** provide remote access to its network?  
(a) Is remote access restricted to Virtual Private Networks (VPNs)?  Yes  No

9. How often is sensitive/valuable information archived? \_\_\_\_\_  
(a) How long is the information stored? \_\_\_\_\_  
(b) Is the information stored in an off-premises secondary site?  Yes  No

10. Does the **Applicant** terminate all associated computer access and user accounts when an employee leaves the company?  Yes  No

11. Are the **Applicant's** internal networks and/or computer systems subject to third party audit or monitoring?  Yes  No  
(a) If Yes, when was the last audit? \_\_\_\_\_  
(b) Have all improvements and recommendations been implemented?  
If No, please explain: \_\_\_\_\_

12. Does the **Applicant** have a secondary site available if the primary site becomes inoperative?  Yes  No

13. How long before the second site becomes operational? \_\_\_\_\_

**VIII. MEDIA**

- 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 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, infringing, or in violation of a third party's privacy rights?  Yes  No
- 4. Does the **Applicant** have a qualified attorney review of:
  - (a) all content prior to posting on the Internet?  Yes  No
  - (b) the **Applicant's** advertising?  Yes  No
  - (c) names, logos, product designs, including the **Applicant's** domain name?  Yes  No
- 5. Does the **Applicant** use or license any open source code?  Yes  No
- 6. Is any of the software code used by the **Applicant** licensed from a third party or developed on an outsourced basis?  Yes  No

If Yes, please describe:

\_\_\_\_\_

- 7. Does the **Applicant** always obtain full indemnity from licensors for any infringement?  Yes  No
- 8. Has the **Applicant** ever received, filed, or made a suit, claim, complaint, or cease and desist demand alleging trademark, copyright, software copyright, invasion of privacy, or defamation with regard to any content?  Yes  No

If Yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

**IX. CURRENT INSURANCE INFORMATION**

Insurance Carrier	Does the Applicant currently purchase?	Current Limit of Liability	Current Retention	Premium	Retroactive Date	Policy Period
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$		

**X. 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 Computer Systems in the most recent past twenty-four (24) months?  Yes  No

i. If Yes, how many intrusions occurred? \_\_\_\_\_

If any damage was caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to 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:

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2. During the past five (5) years, has the **Applicant** or any individual or entity proposed for coverage submitted any claims or given notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim 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 REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 1 IS EXCLUDED FROM THE PROPOSED INSURANCE, AND THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR, OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 1 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 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 2 IS EXCLUDED FROM THE PROPOSED INSURANCE.**

**XI. ATTACHMENTS**

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

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

**XII. 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 AND 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.

**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.

### **XIII. 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 Insurer 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, 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 SUPPLEMENTS AND ATTACHMENTS 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 person(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: _____