

**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 RENEWAL 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: \_\_\_\_\_
4. Authorized individual (Executive Officer) to receive notices and information regarding the proposed coverage:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Has the **Applicant** changed its name, acquired another company, been acquired by another company, or changed its organizational format during the last year?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

**II. DESIRED COVERAGES**

1. Check here  if the **Applicant** is applying for the same coverage as its prior OneBeacon Professional Network Security and Privacy Liability policy, or indicate below each insurance type that it is seeking coverage for pursuant to this Application.

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	\$ _____	\$ _____

**III. GROSS REVENUE INFORMATION**

1. 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 \$ _____

**IV. CHANGES IN OPERATIONS/NETWORK SECURITY & PRIVACY CONTROLS**

1. Have there been any significant changes in the nature of the **Applicant's** business in the past twelve (12) months or are any such changes anticipated in the next twelve (12) months?

Yes  No

If yes, please provide details: \_\_\_\_\_

2. Have there been any material changes to the **Applicant's** operational controls, management of online content and privacy exposures, computer system protection, data encryption procedures or procedures in place to comply with laws governing the handling of personal, sensitive, or private information?

Yes  No

If yes, please provide details: \_\_\_\_\_

**V. PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES**

If the **Applicant** is requesting additional coverage not contemplated on their current Policy, please complete the following questions:

1. 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: \_\_\_\_\_

2. 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 past twelve (12) months?

Yes  No

If yes, please provide details: \_\_\_\_\_

3. Has the **Applicant** or any directors, officers, employees or partners been the subject of a disciplinary action, investigation or complaint, during the past policy period, as a result of any professional and/or technology activities?

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 IS EXCLUDED FROM THE PROPOSED INSURANCE.**

## **VI. 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 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.

## **VII. 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. For North Carolina, Utah and Wisconsin **Applicants**, this Application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

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.**

**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.

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: _____