



INSURANCE FOR CYBER, PRIVACY & MEDIA COMPANIES



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APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the CPM policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses 1 (sections A, B and F only), 4 and 5 of this policy provide cover on a claims made basis. Under these insuring clauses any claim must be first made against the insured and notified to us during the period of the policy to be covered. These insuring clauses do not cover any claim arising out of any actual or alleged wrongful act occurring before the retroactive date.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. Once you have completed the form please return it directly to your insurance agent.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the additional information section at the back of the form.

SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:	

Contact name:	

Address:	

ZIP code:	

Telephone:	Email address:
_____	_____
Fax:	Website:
_____	_____

1.2 Please state when your company was established:

MM / DD / YY

1.3 Please state the following:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:	_____	_____	_____
Other territory revenue:	_____	_____	_____
Total revenue:	_____	_____	_____
Gross profit:	_____	_____	_____

Date of financial year end:

Currency:

SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities:

If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity:

The total of all activities listed here should equal 100%.

		%
		%
		%
		%
		%
		%
		%

2.3 Do you provide any technology services or products to third parties?

If yes, please provide full details.

2.4 a) Please detail which of the following data types you collect:

Credit or debit card details

Yes

No

Social security numbers

Yes

No

Credit history or ratings

Yes

No

Medical records or health information

Yes

No

Customer bank records or details

Yes

No

Third party corporate confidential data

Yes

No

b) If you collect credit or debit card data, are your internal systems accredited by the PCI as being compliant?

Yes

No

If no, please confirm when you anticipate achieving PCI accreditation?

c) If you collect medical records or health information, has a HIPAA compliance audit been conducted during the last 2 years? Yes No
 If no, when is your next HIPAA compliance audit due?

2.5 Please indicate which of the following media activities you engage in:

- Print advertising Yes No
- Television or radio advertising Yes No
- Online advertising Yes No
- Social media marketing Yes No
- Printed publications Yes No
- Event / conference organizing Yes No

2.6 Please list all of your current public facing URLs:

URL	Nature of website	Estimated current monthly unique visitors	Estimated monthly unique visitors over the next 12 months

SECTION 3: RISK MANAGEMENT

3.1 Do you collect third party data without explicit consent? Yes No
 If yes, please provide details of what data you collect, how you collect it and why you do not obtain explicit consent before the data is collected:

3.2 Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data? Yes No

3.3 Do your internal IT systems comply with all of our minimum security requirements detailed below? Yes No

- Anti-virus software must be installed on all windows based desktops and servers (excluding database servers)
- All external network gateways must be protected by a firewall;
- All critical data must be backed up on at least a weekly basis;

If no, then please explain:

- 3.4 Do you ensure that all sensitive data is encrypted when stored on portable devices? Yes No
- 3.5 Do you outsource the handling of sensitive data to a third party? Yes No
- If yes, does the third party provide you with an indemnity to cover a breach of sensitive data? Yes No

If no, please explain why:

- 3.6 Do you host any user generated content on your website? Yes No
- If yes, do you have written procedures in place to edit, remove or respond to offending, inappropriate, inaccurate or infringing content including website content? Yes No

If no, please explain why:

- 3.7 Have you got a fully documented and tested business continuity plan in place? Yes No
- 3.8 Have your systems been subject to a third party security audit? Yes No
- If 'yes', have all high risk recommendations from your most recent audit been implemented? Yes No

If not all high risk recommendations have been implemented, please explain why:

- 3.9 Have your systems been audited as being compliant with ISO 27001 or equivalent? Yes No

SECTION 4: INSURANCE REQUIREMENTS

4.1 Please provide details of your current or required insurance policies (unless you are already insured with CFC):

Type of insurance	Inception/ expiry date	Limit of liability	Deductible	Premium	Insurer	Retroactive date (if known)
Cyber/privacy liability:	MM / YY	_____	_____	_____	_____	MM / YY
Media liability:	MM / YY	_____	_____	_____	_____	MM / YY

SECTION 5: CLAIMS EXPERIENCE AND INSURANCE HISTORY

5.1 Regarding all of the types of insurance to which this application form relates AFTER REASONABLE INQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last 5 years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a, b, c, d and e above:

Yes No

If the answer to the above is 'yes' then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 6: DECLARATION

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____ Full name: _____

Position held: _____ Date: MM / DD / YY

ADDITIONAL INFORMATION: