

## APPLICATION

### MORTGAGE BANKERS, MORTGAGE BROKERS & COMMUNITY BANKS INFORMATION SECURITY & PRIVACY LIABILITY WITH BREACH RESPONSE SERVICES

NOTICE: INSURING AGREEMENTS I.A., I.C. AND I.D. OF THIS POLICY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD OR AS OTHERWISE PROVIDED IN CLAUSE X. OF THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

INSURING AGREEMENT I.B. OF THE POLICY PROVIDES COVERAGE ON AN INCIDENT DISCOVERED AND REPORTED BASIS; COVERAGE UNDER SUCH INSURING AGREEMENT APPLIES ONLY TO INCIDENTS FIRST DISCOVERED BY THE INSURED AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD.

**PLEASE READ THIS POLICY CAREFULLY.**

<p><b>APPLICANT INFORMATION</b></p> <p>COMPANY NAME _____</p> <hr/> <p>MAILING ADDRESS _____</p> <hr/> <p>CITY, STATE, ZIP _____</p> <hr/> <p>WEBSITE URL's _____</p> <hr/> <p>AUTHORIZED OFFICER _____ TITLE _____</p> <hr/> <p>TELEPHONE _____ E-MAIL _____</p> <hr/> <p>BREACH RESPONSE CONTACT _____ TITLE _____</p> <hr/> <p>TELEPHONE _____ E-MAIL _____</p> <hr/> <p>STATE OF INCORPORATION _____ DATE ESTABLISHED _____</p> <hr/> <p>NUMBER OF EMPLOYEES _____</p> <hr/> <p><b>REVENUE INFORMATION</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;">PREVIOUS YEAR _____</td> <td style="width: 50%;">NEXT YEAR (ESTIMATE) _____</td> </tr> </table> <hr/> <p>MOST RECENT TWELVE (12) MONTHS ENDING: _____ (MONTH/YEAR)</p> <hr/> <p><b>COMPUTER SYSTEMS (1-8)</b></p> <p>1. IS ALL VALUABLE / SENSITIVE DATA BACKED UP BY THE COMPANY OR A DAILY BASIS?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>2. DOES THE COMPANY ENCRYPT DATA STORED ON LAPTOP COMPUTERS AND OTHER PORTABLE MEDIA?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	PREVIOUS YEAR _____	NEXT YEAR (ESTIMATE) _____	<p>3. DOES THE COMPANY ENCRYPT DATA STORED ON BACK-UP TAPES?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>4. DOES THE COMPANY MAINTAIN COMPUTER SECURITY THAT INCLUDES THE FOLLOWING:</p> <p>FIREWALL    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>ANTI-VIRUS    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>SPYWARE / MALWARE PROTECTION    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF "YES", DOES THE SOFTWARE UPDATE AUTOMATICALLY FOR THE FOLLOWING?</p> <p>FIREWALL    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>ANTI-VIRUS    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>SPYWARE / MALWARE PROTECTION    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>5. DOES THE COMPANY HAVE A WRITTEN CORPORATE-WIDE PRIVACY POLICY?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF "YES", PLEASE ATTACH A COPY OF THE PRIVACY POLICY TO THIS APPLICATION  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>6. DOES THE COMPANY ACCEPT CREDIT CARDS FOR GOODS SOLD OR SERVICES RENDERED?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF "YES" IS THE COMPANY COMPLIANT WITH APPLICABLE DATA SECURITY STANDARDS ISSUED BY FINANCIAL INSTITUTION THE COMPANY TRANSACTS BUSINESS WITH (E.G. PCI STANDARDS)?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>7. HAS THE COMPANY EVER RECEIVED ANY CLAIMS OR COMPLAINTS WITH RESPECT TO ALLEGATIONS OF INVASION OF OR INJURY TO PRIVACY, IDENTITY THEFT, THEFT OF INFORMATION, BREACH OF INFORMATION, SOFTWARE COPYRIGHT INFRINGEMENT OR CONTENT INFRINGEMENT OR BEEN REQUIRED TO PROVIDE NOTIFICATION TO INDIVIDUALS DUE TO AN ACTUAL OR SUSPECTED DISCLOSURE OF PERSONAL INFORMATION?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF "YES" PLEASE PROVIDE DETAILS OF EACH SUCH CLAIM, ALLEGATION OR INCIDENT, INCLUDING COSTS, LOSSES OR DAMAGES INCURRED OR PAID, AND ANY AMOUNTS PAID UNDER ANY INSURANCE POLICY.</p> <p>8. DOES THE APPLICANT, OR ANY DIRECTOR, OFFICER, EMPLOYEE OR OTHER PROPOSED INSURED HAVE KNOWLEDGE OR INFORMATION OF ANY FACT, CIRCUMSTANCE, SITUATION, EVENT OR TRANSACTION WHICH MAY GIVE RISE TO A CLAIM OR PRIVACY BREACH NOTIFICATION UNDER THE PROPOSED INSURANCE?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF "YES", PLEASE PROVIDE DETAILS AND SUBMIT WITH THIS APPLICATION</p>
PREVIOUS YEAR _____	NEXT YEAR (ESTIMATE) _____		

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE INCLUDING ATTACHMENT 'A' AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO COLORADO INSURED:** 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.

**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 INSURERS 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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO LOUISIANA AND 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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME. **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 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 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.

**NOTICE TO NEW YORK APPLICANTS AND KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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 NEW YORK APPLICANTS 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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

(MUST BE SIGNED BY CORPORATE OFFICER WITH AUTHORITY TO SIGN ON APPLICANTS BEHALF)

\_\_\_\_\_  
APPLICANT COMPANY NAME

\_\_\_\_\_  
MONTH, DAY & YEAR SIGNED