



**IRONSHORE SPECIALTY INSURANCE COMPANY**

75 Federal St.  
Boston, MA 02110  
Toll Free: (877) IRON411

**Enterprise PrivaProtector 9.0® Long Form Application**  
Network Security and Privacy Insurance Application

THE APPLICANT IS APPLYING FOR A CLAIMS MADE AND REPORTED POLICY, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD, OR, AS APPROPRIATE, TO THE APPLICABLE EXTENDED REPORTING PERIOD. CLAIM EXPENSES ARE PART OF AND NOT IN ADDITION TO THE LIMITS OF LIABILITY. THE PAYMENT OF CLAIM EXPENSES SHALL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS. PLEASE READ THE ENTIRE POLICY CAREFULLY.

**NETWORK SECURITY AND PRIVACY INSURANCE APPLICATION COMPLETION INSTRUCTIONS**

- A. Please answer all the questions applicable to coverage for which you are applying. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to the evaluation.
- B. If a question is not applicable, state N/A. If more space is required to answer a question, attach any additional explanatory exhibits and reference the application question number the exhibit corresponds to.
- C. The application must be signed by and dated by an authorized officer, partner or principal of the Applicant.

**PLEASE ALSO ATTACH THE FOLLOWING:**

- A. Copy of most recent financial statements (10K, annual report)
- B. Five (5) years of loss runs valued within the past six (6) months
- C. List of all pending or threatened litigation

**GENERAL INFORMATION** (For all applicants)

**Applicant and Subsidiaries**

**1. Applicant Name (as it should appear on the policy, if written):**

\_\_\_\_\_

**2. Address:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**3. Policyholder Information Technology/Security Contact:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**4. Website Address(es):** \_\_\_\_\_

**5. Applicant is:**  Sole Proprietor  Partnership  LLC  Corporation  Joint Venture

Other (describe): \_\_\_\_\_

6. Date Established: \_\_\_\_\_

7. Number of Employees: \_\_\_\_\_

8. Number of Customers: a. Individuals: \_\_\_\_\_ c. Government: \_\_\_\_\_

b. Corporate: \_\_\_\_\_ d. Not for Profit: \_\_\_\_\_

9. Independent Contractors: a. What is the estimated percent of the time they are used? \_\_\_\_\_%

Yes No

b. Describe the services they perform: \_\_\_\_\_

c. Number of independent contractors: \_\_\_\_\_

10. Address of Branches (if any): \_\_\_\_\_

11. Have any branch offices been closed in the last five years? If yes, please explain:

Yes No

12. Subsidiaries (if any):

Name of Entity	Nature of Operations	% of Ownership
		%
		%
		%

13. Annual Revenue:

	Last Complete Financial Year	Estimate for Current Financial Year	Projected for Next Financial Year
Domestic revenue:	\$	\$	\$
International revenue:	\$	\$	\$
Total Revenue:	\$	\$	\$

14. OTHER INSURANCE:

Do you currently have Side A Directors' and Officers' Liability, General Liability, Network Security, and/or other similar insurance in force?

Yes No

If so, please complete the following for each policy:

Coverage Type:		Coverage Type:	
Name of Carrier:		Name of Carrier:	
Deductible:		Deductible:	
Premium:		Premium:	
Expiry Date:		Expiry Date:	
Retroactive Date:		Retroactive Date:	

**15. Requested Coverage:**

Coverage Part(s)	Requested Coverage	Requested Limit	Requested SIR or Waiting Period	Requested Retroactive Date
A. Network Security Liability Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
B. Privacy Liability Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
C. Privacy Breach Expense Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
D. Regulatory Fines and Proceeding Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
E. Internet Media Liability Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
F. Digital Asset Expenses Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	Not applicable
G. Business Interruption Income Loss and Dependent Business Interruption Income Loss Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	Not applicable
H. Network and Data Extortion Threat and Reward Payments Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	Not applicable

**INTERNET MEDIA** (please complete only if Internet Media coverage is being requested)

**16. Internet Media and Intellectual Property:**

- a. Do you develop content other than marketing materials, brochures or web site content?  Yes  No
  - If yes provide the percentage of the following:
  - Original content created by applicant: \_\_\_\_\_ %
  - Original content created by third parties for applicant: \_\_\_\_\_ %
  - Content furnished by third parties to applicant via a licensing agreement: \_\_\_\_\_ %
- b. Do you maintain policies or procedures to screen all forms of content for potential infringement of third party intellectual property rights?  Yes  No
- c. Do you maintain policies or procedures to screen all forms of content for elements that may lead to personal injury claims including but not limited to libel, slander and defamation?  Yes  No
- d. Do you sell, distribute or develop software that is subject to an open source license?  Yes  No
- e. Do you have written policies or procedures in place to audit the use of software licenses?  Yes  No
- f. Do you require third parties who provide you with copyrightable material to:
  - Hold you harmless for intellectual property infringement claims  Yes  No
  - Indemnify you for intellectual property claims  Yes  No
  - Warrant that their work does not violate another party's intellectual property rights  Yes  No
  - Assign or license their intellectual property rights to you  Yes  No
- g. Do any of your websites link, deep link or frame to other websites owned by a third party?  Yes  No
- h. Do you maintain a commercial general liability policy with advertising and personal injury coverage?  Yes  No
- i. In the past three years have you received notice of infringement on any third party's intellectual property rights?  Yes  No
  - If yes, please provide an attachment with a description of such infringement.

**17. Enterprise Security and Privacy – People:**

- a. Do you have a Chief Information Security Officer?  Yes No
- b. Do you have a Chief Privacy Officer?  Yes No
- c. Do you educate users on information security and privacy?  Yes No
- d. Do you use Third Party Services Providers?  Yes No

If yes, check all that apply and identify the third party vendor(s):

- Managed Security Services \_\_\_\_\_
  - Physical Security Services \_\_\_\_\_
  - Collocation services \_\_\_\_\_
  - Internet service provider \_\_\_\_\_
  - Application Service Provider \_\_\_\_\_
  - Website hosting \_\_\_\_\_
  - Disaster Recovery \_\_\_\_\_
  - Vulnerability assessment and penetration testing \_\_\_\_\_
  - Information security risk assessments \_\_\_\_\_
  - Data archiving and restoration \_\_\_\_\_
  - Data destruction \_\_\_\_\_
  - Credit card processing \_\_\_\_\_
  - Other (e.g. Human resource and benefits) \_\_\_\_\_
- e. Do you outsource any business function(s) that would allow third parties access to personal or corporate information in your care, custody or control?  Yes No
- If yes, do your contracts require that such third parties maintain network security insurance or that they defend and indemnify you in the event such information is compromised as a result of their negligence?  Yes No
- f. Do you hold your vendors to the same security and privacy standard as your internal controls?  Yes No

**18. Enterprise Security and Privacy – Processes:**

- a. Do you categorize an event to determine the severity of an incident and how you should respond?  Yes No
- b. Do you define threat assessments from low, medium or high severity levels?  Yes No
- c. Do you actively maintain and review security logs for irregularities, intrusions or violations?  
If yes, how often are logs checked, and who maintains this responsibility?  Yes No
- d. Do you report your incident handling program results to senior management, the board of directors or auditors?  Yes No
- e. Are system backup and recovery procedures documented and tested for all mission critical systems?  Yes No
- f. Are the systems backed up on a daily or more regular basis?  Yes No

**19. Enterprise Security and Privacy – Technology:**

- a. Do you utilize firewall and router technology?  Yes  No
- b. Do you employ intrusion detection or prevention systems?  Yes  No
- c. Do you use anti-virus software?  Yes  No
- d. Do you use passwords to authenticate users?  Yes  No  
If yes, what is the password length?  4  5  6  7  8  9  
Do passwords utilize? (check all that apply):  
 characters in lower case     digits  
 characters in upper case     common punctuation
- e. Do you use commercial grade technology to encrypt all non-public personal and confidential corporate information transmitted within your company or to other public networks?  Yes  No
- f. Do use commercial grade technology to encrypt all non-public personal and confidential corporate information at rest within your network?  Yes  No
- g. Do you use commercial grade technology to encrypt all non-public personal and confidential corporate information that is physically transmitted by tape or other medium between your company and third parties, including data storage companies?  Yes  No
- h. Do you use commercial grade technology to encrypt hard drives for all mobile computer equipment including laptops and handheld devices?  Yes  No
- i. Are wireless transmissions protected using WPA/WPA2, IPSEC or SSL?  Yes  No
- j. Are computer systems, applications and servers that collect non-public personal information and confidential corporate information segregated from the rest of the network?  Yes  No
- k. Has an independent network security assessment or audit been conducted within the past 12 months?  Yes  No  
If yes, who performed the audit and when was the audit completed? \_\_\_\_\_
- l. Have all vulnerabilities identified in the audit been remediated?  Yes  No
- m. Have internal or external vulnerability scans been conducted within the past 12 months?  Yes  No  
If yes, who performed the scans and when was the scan completed? \_\_\_\_\_
- n. Have the vulnerabilities identified in the scan been remediated?  Yes  No
- o. Do procedures exist to monitor new vulnerabilities within your computer system and apply the latest security patches within one month?  Yes  No

**20. Policies and Procedures:**

- a. Has management, the board of directors or a designated committee approved a written information security program and oversee the implementation and maintenance?  Yes  No
- b. Does a Board approved enterprise wide policy covering non-public personal information and confidential corporate information exist within your organization?  Yes  No  
If no, please describe: \_\_\_\_\_  
If yes, does the policy include enforceable provisions for non-compliance by employees, independent contractors and third party service providers?  Yes  No

- c. Do you maintain a written information security policy?  Yes  No
- d. Do you maintain a written privacy policy?  Yes  No
- e. Do you maintain a written data breach response plan? If so, does the plan include (check all that apply):  Yes  No
- formal assignment to a senior manager for managing the breach response?
  - a legal review to examine the applicant's responsibility to notify?
  - identification of an external forensic investigative resource?
  - an identity restoration service or credit monitoring provider?
  - a communication plan to notify affected individuals?
- f. Do you have a network security incident response plan?  Yes  No
- g. Do you maintain a written disaster recovery/ business continuity policy?  Yes  No
- If yes, are the business continuity and disaster recovery plans tested at least annually?  Yes  No
- h. Do you maintain a written records retention and destruction policy?  Yes  No
- i. Do you follow established procedures for carrying out and confirming the destruction of sensitive information in electronic and paper format prior to recycling or physical disposal?  Yes  No
- j. Do you maintain a written e-mail policy?  Yes  No
- k. Do you maintain a written acceptable Internet usage policy?  Yes  No
- l. Do you maintain a written policy for data classification policy that ranks assets according to sensitivity and how much protection is required?  Yes  No
- m. Do you have a physical security policy designed to prohibit and track unauthorized access to your network, computer systems and data centers (if applicable)?  Yes  No
- n. Do you have physical access controls to your building and offices controlled or limited (e.g. key cards, biometrics, etc.)?  Yes  No
- o. Are background checks performed on employees with access to non-public personal information and confidential corporate information?  Yes  No
- p. Is a formal process in place to ensure that network privileges and physical access to the building are revoked in a timely manner following an employee's termination or resignation?  Yes  No
- q. Do you have procedures for carrying out and confirming the destruction of data residing your computer system or devices prior to their recycling, refurbishing, resale, or physical disposal?  Yes  No

**21. Record Number and type:**

- a. Do you store, process and/or transmit in any format?  Yes  No
- If yes, check all that apply and the approximate number of records:
- Financial Account Numbers \_\_\_\_\_  Credit/Debit Card Numbers \_\_\_\_\_
  - Social Security Numbers \_\_\_\_\_  Securities Information \_\_\_\_\_
  - Drivers License Numbers \_\_\_\_\_  Trade Secrets \_\_\_\_\_
  - Healthcare Information \_\_\_\_\_  Intellectual Property \_\_\_\_\_

**22. Regulatory Compliance:**

a. Are you subject to any of the following regulations?  Yes  No

If yes, check all that apply:

- Gramm-Leach Bliley Act of 1999
- Health Insurance Portability and Accountability Act of 1996 and HITECH
- Identity Theft Red Flags under the Fair and Accurate Credit Transactions Act of 2003
- Payment Card Industry (PCI) Data Security Standard

If yes, please indicate level requirement: 1  2  3  4

b. Are you currently compliant with the following regulations? (check all that apply):

- Gramm-Leach Bliley Act of 1999  Yes  No
- Health Insurance Portability and Accountability Act of 1996  Yes  No
- Health Information Technology for Economic and Clinical Health Act of 2009  Yes  No
- Identity Theft Red Flags under the Fair and Accurate Credit Transactions Act of 2003  Yes  No
- Payment Card Industry (PCI) Data Security Safeguard  Yes  No

If yes, when was the date of the last regulatory or PCI independent third party assessment?

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**23. HISTORICAL INFORMATION:**

- a. Has your company ever been declined for Privacy, Network Security or Internet Media Liability insurance, or had an existing policy cancelled?  Yes  No
- b. Has your company ever experienced a network breach, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar?  Yes  No
- c. Is your Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Information Officer, Chief Security Officer, Chief Privacy Officer, President, General Counsel, Risk Manager, principal, partner, director or officer aware of or are there any circumstances that could give rise to a claim that would be covered by this Policy?  Yes  No
- d. In the last five years, has your company experienced any claims, suits, proceedings or are you aware of any circumstances that could give rise to a claim that would be covered by this Policy?  Yes  No
- e. In the last three years, has anyone alleged that their personal information was compromised or have you notified any third parties that non-public personal information was compromised?  Yes  No
- f. During the last three years, has your company received a complaint concerning the content of your website or other online services related to intellectual property infringement, content offenses, or advertising offenses?  Yes  No
- g. During the last three years, has your company been the subject of an investigation or action by any regulatory or administrative agency for violations arising out of your advertising, data security or professional services?  Yes  No
- h. Within the last three years, has a customer claimed that they had a financial loss as a result of an error or omission on your part?  Yes  No
- i. Has your company, or any of your predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities?  Yes  No

**If a Yes answer has been given to any of the questions in this section, please provide complete details which should include but not be limited to the following:**

- A full description including damages alleged
- Date the insurance carrier was put on notice
- Current status
- Amounts of reserves, legal expense paid, and settlements or judgments
- Loss runs
- Steps implemented to prevent similar claims

The undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct.

Signing of this application does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.



**FRAUD WARNINGS**

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 FINES AND CONFINEMENT IN PRISON.

**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 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 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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE 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 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.

**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 NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO 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

**NOTICE TO OREGON 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 MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS - WARNING:** 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 ANOTHER 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 PROSECUTION 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 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 (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature: \_\_\_\_\_

Print

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The application must be signed be and dated by an authorized officer, partner or principal of the Applicant.