



## IRONSHORE SPECIALTY INSURANCE COMPANY

75 State St.  
Boston, MA 02110  
Toll Free: 877-IRON411

### TechDefender® Short Form Application

Tech E&O, Network Security, Privacy, Internet Media, and MPL Insurance Application  
For use with Applicants with Annual Revenue under \$25 million and a Total Record Count under 1 million

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.

#### TECH E&O, NETWORK SECURITY, PRIVACY, INTERNET MEDIA, and MPL 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. Copies of representative contracts and largest sales and/or licensing contracts;
- B. Copy of most recent financial statements (10K, annual report);
- C. Five (5) years of loss runs valued within the past six (6) months;
- D. 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. Subsidiaries (if any):**

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

**11. Annual Revenue:**

Domestic revenue:

International revenue:

Total Revenue:

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

**PRODUCTS AND SERVICES** (please complete Questions 15 through 20 if Technology Errors and Omissions Liability coverage is being requested).

**12. Indicate the industries for the Applicant’s products/services:** Provide the percentage of revenue expected this year from the following. Please note that the total must equal on hundred percent (100%).

Industry Type	% of Total Revenue	Industry Type	% of Total Revenue
Agricultural/ Environmental		Healthcare/ Medical	
Aerospace		Hospitality/ Entertainment	
Construction/ Mining		Manufacturing/ Industrial	
Data/ Payment Processing		Telecommunications	
Education		Trade (Retail/ Wholesale)	
Financial/ Banking/ Insurance		Transportation	
Government (military)		Utilities	
Government (non-military)		Other	

**13. Product or Service Type:** Please note that the total must equal one hundred percent (100%).

Type of Product or Services	% of Current Year Revenue	% of Next Year Estimated Revenue
Application Service Provider		
Co-location Services		
Custom Software Development		
Data and Transaction Processing		
Hardware, Devices, Components – Installation, Integration and Maintenance		
Hardware, Devices, Components - Manufacturing		
Help Desk Services		
Information Technology Consulting		
Internet Service Provider		
Online Exchange Services		
Pre-Packaged Software Development		
Software Installation, Integration and Maintenance		
Software Maintenance and Support		
Systems Analysis and Design		
System Engineering		
System Integration		
Telecommunications		
Value Added Reseller		
Web Hosting		
Web Design		
Other		

**MISCELLANEOUS PROFESSIONAL LIABILITY** (please complete if Miscellaneous Professional Liability coverage is being requested)

**14. Miscellaneous Professional Liability Coverage:**

- a. Please provide a comprehensive description of professional services performed for others for a fee.

**CONTRACTS**

**15. Contractual Content and Procedures:**

- a. Do you require a written contract or agreement for your services or products with all customers  Yes No   
 If yes, what percentage of time are they used? \_\_\_\_\_ %
- b. Are all contracts reviewed by legal counsel or a third party law firm?  Yes No   
 If no, does legal counsel review any contracts that are modified or deviated from standard?  Yes No
- c. Do such contracts or agreements contain (check all that apply):
- Statement of work and specifications?  Yes No
- Limitation of liabilities?  Yes No
- Limitation of liability for consequential damages?  Yes No
- Guarantees of warranties?  Yes No
- Hold harmless or indemnity agreements inuring to your benefit?  Yes No
- Hold harmless or indemnity agreements inuring to your client’s benefit?  Yes No
- Provision for liquidated damages?  Yes No
- Acceptance of consequential damages?  Yes No
- Provision for the ownership of intellectual property?  Yes No

**16. Top Five Customer Contracts:** Provide the following information regarding your five largest existing contracts.

Client	Size of Contract	Length of Contract	Nature of products or services
1.			
2.			
3.			
4.			
5			

- a. For your largest five contracts, are they all written on your standard customer contract?  Yes No   
 If no, please describe the process for approval of contracts, deviations and modifications.
- 

**17. Quality Assurance:**

- a. Do your products or services comply with any widely accepted industry standards such as ISO/ANSI/UL or others? (Check all the quality control procedures that apply)  Yes No

Alpha testing <input type="checkbox"/>	Milestone management <input type="checkbox"/>
Beta testing <input type="checkbox"/>	Total quality management <input type="checkbox"/>
Prototype development <input type="checkbox"/>	Formal customer acceptance procedures <input type="checkbox"/>
Statistical process control <input type="checkbox"/>	Other:
Vendor certification process <input type="checkbox"/>	

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

**18. 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

**NETWORK SECURITY AND PRIVACY** (please complete questions 22 through 26 if Network Security and Privacy Liability coverage is being requested)

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

- a. Do you educate users on information security and privacy?  Yes No
- b. Do you require employees to follow written privacy and information security policies and procedures?  Yes No

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

- a. Do you utilize firewall and router technology?  Yes No
- b. Do you use anti-virus software?  Yes No
- c. Do you employ intrusion detection or prevention systems?  Yes No
- d. 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
- e. Do use commercial grade technology to encrypt all non-public personal and confidential corporate information at rest within your network?  Yes No
- f. 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
- g. Do you use commercial grade technology to encrypt hard drives for all mobile computer equipment including laptops and handheld devices?  Yes No

**21. Policies and Procedures:**

- a. 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
- b. 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

**22. 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Financial Account Numbers _____ | <input type="checkbox"/> Credit Card Information _____ |
| <input type="checkbox"/> Social Security Numbers _____   | <input type="checkbox"/> Securities Information _____  |
| <input type="checkbox"/> Drivers License Numbers _____   | <input type="checkbox"/> Trade Secrets _____           |
| <input type="checkbox"/> Healthcare Information _____    | <input type="checkbox"/> Intellectual Property _____   |

**23. HISTORICAL INFORMATION: (For all Applicants)**

- a. Has your company ever been declined for Technology Errors and Omissions, Privacy, Network Security, Internet Media Liability or Miscellaneous Professional 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.