



Privacy Protection Proposal form

If a policy is issued, it will provide coverage only for **claims** or **losses** that are first made against the Insureds and reported to Underwriters during the **policy period**, or any extended reporting period, if applicable.

Notice: This application is for insurance in which the **policy limit** available to pay judgments or settlements shall be reduced by amounts incurred for **defense costs**. Further note that amounts incurred for **defense costs** shall be applied against the retention amount.

Please include subsidiary companies (companies in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests).

1. Applicant details

Name

Address

State Zip

Website

Year established

2. Cover required

Please indicate cover required:

US \$1,000,000 US \$2,000,000 US \$3,000,000 US \$4,000,000

US \$5,000,000 US \$10,000,000 Other - specify:

Retention requested:

3. Business activities

Please describe business activities of your company and include the revenue from any subsidiaries that you want covered:

4. Types of personal information held

Social security numbers Bank account details Personal health information

Magnetic strip information Driving licenses Other - specify:

If you hold any of the above personal information, please mark the number of records (approx):

Less than 500 500 – 1,000 1,001 – 10,000 More than 10,000

5. Gross revenue

Past year ending / /	Current year	Estimate for coming year
US\$	US\$	US\$

6. Written policies

Please check the box which applies:

- a. Is there an individual with specific responsibility for privacy matters within your organisation? Yes No n/a
- b. Do you have a written privacy policy and a written privacy statement? Yes No n/a
- c. Have the privacy policy and privacy statement been reviewed by a suitably qualified attorney? Yes No n/a



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- d. Does the privacy policy clearly state how someone with a privacy query or complaint can contact you? Yes No n/a
- e. Do you have a written data classification document? Yes No n/a
- f. Do you maintain a written policy that addresses secure storage and transmission of personal information? Yes No n/a
- g. Do you have a written process in place to notify those affected if their personal information is compromised? Yes No n/a

7. PCI

- a. What merchant level do you fall under for PCI compliance? n/a
- b. Are you PCI compliant? Yes No n/a

8. Privacy audit

- a. Has a third party audited your privacy practices in the last two years? Yes No n/a
- b. Did the audit include employee data? Yes No n/a

9. Direct marketing

- Do you or does anyone on your behalf, do direct marketing without the express permission of the person or entity to be contacted? Yes No n/a
- If Yes, please give details:

10. Network security and monitoring

- a. Have you installed and do you maintain a firewall to protect data? Yes No n/a
- b. Have you checked that you do not use vendor-supplied defaults for system passwords and other security parameters? Yes No n/a
- c. Do you use and regularly update anti-virus software? Yes No n/a
- d. Do you monitor security vulnerabilities and appropriately patch your systems and applications? Yes No n/a
- e. Do you regularly test security systems and processes? Yes No n/a

11. Access control

- a. Do you restrict electronic access to data by business need-to-know? Yes No n/a
- b. Do you restrict physical access to personal information? Yes No n/a
- c. Do you track and monitor access to personal information? Yes No n/a
- d. Do you perform criminal background checks on employees with access to personal information? Yes No n/a
- e. Do you store personal information in an encrypted or otherwise scrambled form? Yes No n/a
- f. Do you encrypt transmission of personal information across public networks? Yes No n/a
- g. Do you have a policy that expressly states that personal information should not be stored on remote devices? Yes No n/a
- h. If not, do you encrypt personal information on remote devices? Yes No n/a



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12. Regulatory issues

- a. Have you been asked to supply an attorney general or regulator or similar body with information relating to safeguards for personal information or your privacy practices? Yes No n/a
- b. Have you ever been investigated in respect of the safeguards for personal information or your privacy practices? Yes No n/a
- c. Have you ever been asked to sign a consent order or equivalent in respect of personal information or your privacy practices? Yes No n/a
- d. Have you ever received complaints about how someone's personal information is handled? Yes No n/a

13. Media liability

- a. Do you create or provide original content? Yes No n/a
If Yes, please give details:

- b. If Yes, do you have a review process in place to check for any potential intellectual property infringement? Yes No n/a
- c. Do you use third party content? If Yes, please give details: Yes No n/a

- d. If Yes, do you have licenses in place with all relevant third parties covering your use of the content? Yes No n/a
- e. Do you require third parties to warrant that their content does not violate another party's IP rights and indemnify you against IP infringement claims? Yes No n/a
- f. Do you offer bulletin board services, chatrooms or otherwise allow users to post or upload content to your website? Yes No n/a
- g. If Yes, do you review content prior to publication? Yes No n/a
- h. Do you have the right and ability to remove any potentially controversial, offensive or infringing content from your website (s)? Yes No n/a
- i. Do you comply with the safe harbor provisions of the DMCA and CDA? Yes No n/a

14. Claims details

- a. Have **you** suffered any **loss** or has any **claim** whether successful or not ever been made against you? Yes No n/a
If Yes, please specify details (attach additional information if required):



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b. Are **you** aware of any matter which is likely to lead to **you** suffering a **loss** or a **claim** being made against **you**? Yes No n/a

If Yes, please specify details (attach additional information if required):

For the purposes of the questions in 14 above, the terms **you**, **loss**, **claim**, shall have the meaning as defined in the current Hiscox Duty to Defend Privacy Protection Wording. If you do not have a copy of the wording, please obtain a copy from your insurance advisor so that you fully understand these definitions and what is being asked of you on this application.

Material information

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details:

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 false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I undertake to inform you before the inception of any policy pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Officer/ Director as authorized representative of the Applicant

/ /

Date (mm/dd/yyyy)

A copy of this proposal should be retained for your records.