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**SECTION IV. EXPOSURE INFORMATION**

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**ANNUAL REVENUE AND EXPOSURE BASE**

8. Total Revenues: \$ \_\_\_\_\_
9. What percentage of the overall above revenues is attributed to e-commerce? \_\_\_\_\_ %

**EMPLOYEE AND INDEPENDENT CONTRACTOR INFORMATION**

10. Total Number of Employees: \_\_\_\_\_

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**SECTION V. NETWORK SECURITY**

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*Please have a senior IT representative (such as a Chief Security Officer) answer the following questions:*

11. Do you enforce a security policy that must be followed by all employees, contractors, or any other person with access to your network?  Yes  No
12. Does your virus and malicious code control program address the following: anti-virus on all systems, filtering of all content for malicious code, controls on shared drives and folders, CERT or similar vendor neutral threat notification services, removal of spyware and similar parasitic code? **Check "No", if you have none. If only some of these controls are in place, please describe them below:**  Yes  No
- \_\_\_\_\_
13. Do you enforce a software update process that includes at least weekly monitoring of vendors or automatically receiving notices from them for availability of security patches, upgrades, testing, and installing critical security patches as soon as possible, but not later than 30 days?  Yes  No
14. Are your firewalls, information systems and security mechanisms securely configured?  Yes  No  
**Check "No", if your systems are configured using factory default settings.**
15. Do you test your security at least yearly to ensure effectiveness of your technical controls as well as your procedures for responding to security incidents (e.g., hacking, viruses, and denial of service attacks?)  Yes  No
16. For your critical network operations upon which you or your customers depend, can you recover from data loss or corruption or a failure of your network within 24 hours?  Yes  No
17. Is all remote access to your network authenticated, encrypted, and from systems that are at least as secure as your own? **If you do not allow remote access, check here**   Yes  No
18. If you need to circumvent or disable your security controls (e.g., for emergencies or necessary testing controls), do you always require more than one person's approval and then re-enable all such disabled controls as soon as circumvention is no longer necessary? **If you never circumvent controls, check here**   Yes  No
19. Do you (1) require all third parties to whom you entrust sensitive or Non-public Personal Information to contractually agree to protect such information using safeguards at least equivalent to your own, and (2) audit their compliance with foregoing?  Yes  No
20. Do you retain Non-public Personal Information and others' sensitive information only for as long as needed and when no longer needed irreversibly erase or destroy same using a technique that leaves no residual information? **If you do not have custody of Non-public Personal Information, check here**   Yes  No
21. Do you employ physical security controls to prevent unauthorized access to computer, networks and data?  Yes  No
22. Do you control and track all changes to your network to ensure that it remains secure?  Yes  No
23. How long does it take to restore the Applicant's operations after a computer attack or other loss/corruption of data?  12 hrs or less  12-24 hrs  More than 24 hrs
24. Is all sensitive and confidential information that is transmitted within and from your organization encrypted using industry-grade mechanisms?  Yes  No
25. Is all sensitive and confidential information stored on your organization's databases, servers

and data files encrypted?

Yes  No

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**SECTION VI. LOSS HISTORY**

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26. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customers' ability to rely on the Applicant's network?

Yes  No

**If "Yes", please provide specific details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Are you aware of or have knowledge of any circumstances or incidents that may give rise to a claim which would have been covered by this policy?

Yes  No

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**SECTION VII. OTHER INFORMATION**

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1. **The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**
2. **It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto) are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.**
3. **It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.**
4. **For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.**

Signed: \_\_\_\_\_  
(Must be signed by an Executive)

Name: \_\_\_\_\_  
(Please print or type)

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

Applicant  
Organization: \_\_\_\_\_

Date: \_\_\_\_\_  
(Month) (Day) (Year)