



- Evanston Insurance Company
- Markel American Insurance Company
- Markel Insurance Company

InfoProSM

APPLICATION FOR INFORMATION TECHNOLOGY PROFESSIONAL LIABILITY AND DATA BREACH AND PRIVACY LIABILITY, DATA BREACH LOSS TO INSURED, GENERAL LIABILITY AND ELECTRONIC MEDIA LIABILITY INSURANCE

Notice: The liability coverage(s) for which application is made: (1) applies only to "Claims" first made during the "Policy Period" and reported to the Company during the "Policy Period" or within sixty days after the expiration of the "Policy Period", unless the Extended Reporting Period is exercised; and (2) the limits of liability shall be reduced by "Claim Expenses" and "Claim Expenses" shall be applied against the deductible.

Please read the policy carefully.

If space is insufficient to answer any question fully, attach a separate sheet.

If response is none, state NONE.

I. GENERAL INFORMATION

1. (a) Full name of Applicant: _____
- (b) Principal business premise address: _____

(Street)
(County)

(City)
(State)
(Zip)
- (c) Phone Number: _____
- (d) Date formed/organized (MM/DD/YYYY): _____
- (e) Business is a: corporation partnership individual individual _____
- (f) Web site(s) _____
2. How many individual offices/locations does the Applicant have? _____
3. Number of employees including principals and independent contractors:
 Full-time _____ Part-time _____ Seasonal/Temporary _____ Independent Contractors _____ Total _____
4. (a) Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? Yes No
 (i) If Yes, are any services provided to such organization(s)? Yes No
 (b) If Yes, to either of the above, provide details. _____
5. During the last year has the Applicant been involved in, or are they presently considering or contemplating:
 (a) Any merger, consolidation or acquisition? Yes No
 (i) If Yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization. _____
 (b) A change in the nature of business operations? Yes No
 (i) If Yes, provide details. _____
6. During the last year has the name of the Applicant been changed? Yes No
 If Yes, provide details including previous name(s). _____

II. OPERATIONS AND BUSINESS FUNCTIONS

1. Applicant's annual gross revenues:
 (a) Estimated annual gross revenues for the coming year: _____
 (b) For the past twelve (12) months: _____

(c) Percentage of annual gross revenues for the current year:

(i) Domestic _____%

(ii) Foreign: _____% Identify countries: _____

2. Provide the percentage of the Applicant's revenues from each the following categories: (need not equal 100%)

_____%	Technology Consulting & Support General IT consulting, strategic planning, security consulting, staffing or staff augmentation, training, help desk services network support, configuration or installation	_____%	Hardware Design, manufacture, sell or repair devices and/or equipment, hardware recycling
_____%	Process Control PLC programming, system integration, manufacturing process control If any, also provide: _____ % sale of equipment	_____%	Outsourced Services Data center, co-location, other managed services If any, also provide: _____ % Platform as a Service (PaaS) _____ % Infrastructure as a Service
_____%	Custom Software Development Custom applications on behalf of clients or custom configuration of software If any, also provide: _____ % hosted (SaaS/ASP) _____ % deployed by client	_____%	Packaged Software Development Pre-packaged commercial or consumer applications If any, also provide: _____ % hosted (SaaS/ASP) _____ % deployed by client
_____%	Internet/Web Services Website design, creation or hosting, Search engine or SEO services	_____%	Communications ISP, VoIP, phone, wireless, cable, satellite services

3. Describe in detail the Applicant's services, including primary purpose of any deployed software:

4. Provide the following for the Applicant's five largest clients for the last three years:

Client Name	Services	Gross Revenues

5. Does the Applicant process, host or store any client data? Yes No

(a) If Yes, describe type of data. _____

(b) Does it include any of the following:

(i) Credit Cards/Debit Cards? Yes No

(ii) Financial/Banking Information? Yes No

(iii) Medical Information (PHI)? Yes No

(iv) Social Security Numbers or National Identification Numbers? Yes No

(v) Other confidential information (specify) _____

(c) Is the data encrypted? Yes, at all times Partially Never

If partially encrypted, explain: _____

6. Indicate the number of sensitive data records the Applicant currently stores (total of your data and client data):

None 1 to 25,000 25,001 to 50,000 50,001 to 100,000 100,001 to 150,000

150,001 or more; Please estimate number of records: _____

7. Does the Applicant utilize any of the following third party services?

Type	Your data/applications	Client data/applications
Data Center	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Off Shore Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Records Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Does the Applicant process credit or debit card transactions?

Yes No

If Yes:

(a) Estimated annual transactions for the coming year: _____

(b) For the past twelve (12) months: _____

III. SECURITY INCIDENT AND LOSS HISTORY

1. Has the Applicant at any time during the last five (5) years had any claim, suit, incident or proceeding arising out of professional services or any unauthorized access, intrusion, breach, compromise, or misuse of the Applicant's network including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other incident whether or not reported to its insurance carrier?

Yes No

If Yes, attach full details including a description of each incident as well as the cause, date of claim, status of claim, amounts demanded or paid, steps taken to mitigate exposure in the future and if applicable internal costs, cost to third parties and length of time involved in recovery.

2. Has any claim for Product Liability or General Liability been made against the Applicant, including any predecessor, during the last five (5) years?

Yes No

(a) If Yes, provide five (5) year loss history for all claims. Attach a description of any loss greater than \$10,000.

Year	No. of Claims	Total Amounts Paid	Amounts Reserved	Total Incurred	Date of Loss Info.

3. Is the Applicant or any of its principals, partners, officers, directors, trustees, managers, managing members, or employees, its predecessors, subsidiaries, affiliates or any other persons or organizations proposed for this insurance aware of any fact, circumstance, situation, incident, condition, defect or suspected defect related to the Applicant's professional services or the Applicant's network which might give rise to a claim or a loss?

Yes No

(a) If Yes, provide full details: _____

4. Has any application for similar insurance made on behalf of the Applicant, its predecessors, subsidiaries, affiliates, and/or for any other person(s) or organization(s) proposed for this insurance ever been declined, cancelled or nonrenewed?

Yes No

(a) If Yes, provide full details: _____

5. Has the Applicant at any time during the past three (3) years had any incidents, claims or suits involving the following and/or is the Applicant aware of any fact, circumstance, situation or incident related to the following which might give rise to a claim:

- (a) Infringement of copyright, trademark, trade dress, rights of privacy or rights of publicity? Yes No
- (b) Libel, slander or other form of disparagement? Yes No

If Yes, to either of the above provide full details: _____

6. In the last three years, has the Applicant:

- (a) Filed any suit to collect fees? Yes No

(i) If Yes, how many? _____

- (b) Filed an intellectual property suit against a third party? Yes No

IV. RISK MANAGEMENT

1. Do all of the Applicant's clients provide written acceptance of all software and/or system development prior to production and/or implementation? Yes No

2. Indicate the percentage of the Applicant's business using each type of contract below:

- (a) Applicant's Standard Contract/License Agreement/Letter of Engagement _____%
- (b) Modified Applicant Letter of Engagement _____%
- (c) Client Contract Agreement/Letter of Engagement _____%
- (d) Purchase Order _____%
- (e) No Contract _____%

3. Does the Applicant have a:

- (a) Policy for the testing and documentation of all software and system development? Yes No
- (b) Pre-implementation review or evaluation process in place? Yes No
- (c) Procedure for testing for security vulnerabilities throughout the lifecycle of the Applicant's products? Yes No
- (d) Formal process for customer complaint resolution? Yes No

If Yes, describe. _____

4. Does the Applicant perform background checks on all employees and contractors with access to sensitive data on the Applicant's network or on client networks? Yes No

5. Has the Applicant discontinued any product and/or software in the past 5 years? Yes No

If Yes, explain: _____

V. INFORMATION SECURITY

Check if coverage Not Requested

If an outside service provider is used to manage the Applicant's IT System, please consult with outside service provider when completing these questions.

By attachment provide explanation of any No response to any Section V question.

1. Does the Applicant have annually reviewed written information security policies and procedures? Yes No
2. Does the Applicant have a dedicated senior manager responsible for Information Security and Privacy? Yes No
3. Does the Applicant have a process to delete systems access after employee termination? Yes No
4. Is access to equipment, such as servers, workstations and storage media including paper records, containing sensitive information physically protected? Yes No
5. Does the Applicant ensure sensitive data is permanently removed (e.g., degaussing, overwriting with 1's and 0's, physical destruction but not merely deleting) from hard drives and other storage media before equipment is discarded or sold and shred paper records prior to disposal? Yes No
6. Does the Applicant have a written security patch management process implemented? Yes No

7. Does the Applicant have anti-virus, anti-spyware and anti-malware software installed? Yes No
8. Does the Applicant implement firewalls and other security appliances between the Internet and sensitive data? Yes No
9. Does the Applicant secure remote access to its IT systems? Yes No
10. Does the Applicant have written security policies and procedures for mobile devices, including personal devices, if they are connected to the Applicant's network? Yes No
11. Does the Applicant disallow wireless networks or ensure they are securely deployed? Yes No
12. Is a vulnerability scan or penetration test performed on all Internet-facing applications and systems before they go into production and at least quarterly thereafter? Yes No
13. Are all sessions where sensitive data is entered encrypted with a Secure Socket Layer (SSL)? Yes No
14. Is the Applicant certified as complying with the following security requirements: Yes No
 - (a) Payment Card Industry (PCI/DSS)? N/A Yes No In Progress - Scheduled Date: _____
 - (i) If Yes, provide the name of the individual or outside organization which certified the Applicant and the date of the last PCI audit. _____
 - (b) HIPAA/HITECH? N/A Yes No In Progress - Scheduled Date: _____
 - (c) Sarbanes-Oxley? N/A Yes No In Progress - Scheduled Date: _____
15. Does the Applicant allow the use of laptops, mobile devices or other portable media? Yes No
 - (a) If Yes, does the Applicant ensure all sensitive information is encrypted? Yes No

Please provide the name of the software used: _____

VI. DATABREACH LOSS TO INSURED Check if coverage Not Requested

1. Are alternative facilities available in the event of a shutdown/failure of the Applicant's network? Yes No
2. Does the Applicant have written procedures for routine backups and maintain proof of backups? Yes No
3. Are key data and software code stored:
 - (a) on redundant storage device? Yes No
 - (b) at secured offsite storage? Yes No

VII. ELECTRONIC MEDIA COVERAGE (including Software Copyright) Check if coverage Not Requested

Part One: Applicant Activities

1. With regard to the Applicant's software or products, does the Applicant:
 - (a) Have an intellectual property review process? Yes No
 - (i) If Yes, describe the process: _____
 - (b) Have a policy or employee training program in place to prevent IP infringement? Yes No
 - (c) Require new employees and contractors to acknowledge that they may not use any code or other proprietary information from prior employers in work done for the Applicant?

 Yes No No proprietary software or products
2. With regard to the Applicant's website, portal and social media accounts, does the Applicant conduct prior review of all content for copyright infringement, trademark infringement, libel or slander, violation or rights of privacy or publicity? Yes No
 - (a) If Yes, who is responsible for these reviews (internal counsel, outside counsel, etc.)? _____

Applicant has no website, portal or social media account

Part Two: Professional Services

1. Does the Applicant have a takedown procedure to comply with DMCA safe harbor provisions if hosting content posted by third parties on their servers or web site? N/A Yes No

2. Does the Applicant:
- (i) Obtain written approval for all materials from clients? Yes No
 - (ii) Develop, organize, implement or monitor games of chance, sweepstakes or other contests? Yes No
- If Yes, provide details. _____
3. When creating content for clients, does the Applicant obtain written releases for use of materials from the following:
- (i) Employees? Yes No
 - (ii) Free-lance writers, photographers, artist, musicians? Yes No
 - (iii) Models? Yes No
 - (iv) Other individuals appearing in content created by the Applicant? Yes No
 - (v) No content created for clients

VIII. GENERAL LIABILITY COVERAGE Check if coverage Not Requested

1. Does the Applicant work at any of the following locations: construction sites, mining facilities, power plants, chemical processing facilities, oil wells or other drilling sites, or cell towers? Yes No
2. Does the Applicant or any of its subsidiaries or affiliates fabricate, manufacture or sell any product, including hardware? Yes No
- (a) If Yes, please describe: _____
- (b) Total revenue from product sales: _____
3. Does the Applicant or any of its subsidiaries or affiliates build, service, maintain, repair or install anything? Yes No
- (a) If Yes, please describe: _____
4. Does the Applicant subcontract any construction, service, maintenance or repair work? Yes No
- (a) If Yes, please describe: _____
- (b) Are certificates of insurance required? Yes No

IX. PRIOR AND OTHER INSURANCE

1. List current and prior Professional Liability Insurance for each of the last three (3) years:
If None, check here

Insurer	Limits of Liability	Deductible	Premium	Inception-Expiration Dates (MM/DD/YYYY)	Retroactive/Prior Acts Date

2. Does the Applicant carry Data Privacy and/or Data Security Insurance? Yes No
If Yes, provide a copy of the expiring policy and complete the following:

Coverage Purchased	Insurer	Limits of Liability	Deductible	Premium	Inception-Exp Date	Retroactive/Prior Acts Date

3. Does the Applicant carry General Liability Insurance? Yes No
- (a) If Yes, provide: Insurer: _____ Limits of Liability: _____
- (i) Does coverage include Products/Completed Operations Hazards? Yes No

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance, situation or incident indicating the probability of a claim, loss or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance, situation or incident any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy.

For the purpose of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and entity(ies) proposed for this insurance understand that the liability coverage(s) for which this application is made apply(ies):

- Only to "Claims" first made during the "Policy Period" and reported to the Company during the "Policy Period" or within sixty days after the expiration date of the "Policy Period," unless the extended reporting period is exercised. If the extended reporting period is exercised, the policy shall also apply to "Claims" first made during the extended reporting period and reported to the Company during the extended reporting period or within sixty days after the expiration of the extended reporting period;
- The limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy; and
- "Claim Expenses" shall be applied against the "Deductible".

WARRANTY

I warrant to the Company, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Must be signed within 60 days of the proposed effective date.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

Notice to 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 the person to criminal and civil penalties.

