**DUAL Tech-Cyber-Media Insurance Application**

Please answer all the following questions on this form. Before any question is answered please carefully read the declaration at the end of the application form, which you are required to sign. Underwriters will rely on the statements that you make on this form. PLEASE TAKE CARE IN FILLING OUT THIS FORM.

**General Information**

1. Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide your NAICS 6-digit code (if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Most recent fiscal year revenue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year ending \_\_\_\_\_\_\_\_\_\_\_\_
3. From the following choices, please select all of which best describe your business (Up to 100% of total revenue indicated above):

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Service/Product Offered** | **% of Revenue** | **Business Service/Product Offered** | **% of Revenue** |
| Software/Hardware Reseller(3rd party products) |  | Website Hosting Services |  |
| Network/Systems Consulting Services (3rd party products) |  | Data Hosting and Co-location Services and Products |  |
| Website & Graphic Design and Advertising Services |  | Network/Systems Security Software/Hardware Development |  |
| E-Commerce and Online Retailer |  | Educational Software/Hardware Development |  |
| Application Service Provider (ASP) or Managed Software-as-a-Service(SAAS) |  | Network/Systems Security Consulting Services (3rd party products) |  |
| Enterprise Resource Planning (ERP) or Business Process Software Development |  | Telecommunications Consulting & Installation Services (3rd party products) |  |
| Mobile Application Software Development (Non-Gaming) |  | Video Game and Mobile Game Software/Hardware Development |  |
| Robotics and Automation Software Hardware Development |  | Payment/Funds Transaction & Processing Software/Hardware |  |
| Internet Service Provider (1st party Services and Products) |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Technology Professional Services Information**

1. Do you secure an executed contract agreement with all your clients? Yes \_\_\_\_ No\* \_\_\_\_

\*If No, % of total clients with contracts? \_\_\_\_\_\_%

1. Please identify any of the following risk mitigating clauses contained in your standard contract agreement with clients:

Client Acceptance/Final Sign Off? Yes \_\_\_\_

Force Majeure? Yes \_\_\_\_

Limitation of Liability? Yes \_\_\_\_

Exclusion of Consequential Damages? Yes \_\_\_\_

Hold Harmless Agreements? Yes \_\_\_\_

Payment Terms? Yes \_\_\_\_

Disclaimer of Warranties? Yes \_\_\_\_

Indemnification Clauses? Yes \_\_\_\_

Project Milestones? Yes \_\_\_\_

1. Do you have a formal recall process in place? Yes \_\_\_\_ No \_\_\_\_
2. Do you sell, distribute or develop software bound by an open source? Yes\* \_\_\_\_ No \_\_\_\_

\*If Yes, do you ensure that all software code is used in compliance with

applicable free software or open source code license standard

practices? Yes \_\_\_\_ No \_\_\_\_

1. Do you sell, distribute or develop software bound by a 3rd party

license? Yes\* \_\_\_\_ No \_\_\_\_

\*If Yes, do you ensure that all software code is used in compliance with

the 3rd party license agreement and take added steps to mitigate an

intellectual property claim? Yes \_\_\_\_ No \_\_\_\_

1. Are you audited on, at least, a yearly basis for SSAE 16 (or CICA Section

5970 if applicable) and are compliant? Yes \_\_\_\_ No \_\_\_\_

1. Does your hiring process include criminal background checks? Yes \_\_\_\_ No \_\_\_\_

**Network Security Information**

1. Approximate number of Personally Identifiable Individuals (PII\*) records that are retained within your computer network, systems, databases and file records? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*PII is defined as a personally identifiable record on a person that can be used to identify, contact or locate a single individual. Please see Question #6 below.

1. Please identify the type of PII retained on your network:

Payment Card Data? Yes \_\_\_\_ No \_\_\_\_

Personnel Records? Yes \_\_\_\_ No \_\_\_\_

Health Care Records? Yes \_\_\_\_ No \_\_\_\_

Drivers License Numbers? Yes \_\_\_\_ No \_\_\_\_

Social Security Numbers? Yes \_\_\_\_ No \_\_\_\_

Home Address? Yes \_\_\_\_ No \_\_\_\_

1. If you process or store payment card data, are you PCI-DSS Compliant? Yes \_\_\_\_ No \_\_\_\_
2. Does the Applicant outsource ALL of their client data storage and

Data hosting to a 3rd party data service provider? Yes \_\_\_\_ No \_\_\_\_

1. Are staff with access to your network trained and assessed in privacy

and security related matters such as phishing, social engineering, social

media and identity theft? Yes \_\_\_\_ No \_\_\_\_

1. Do you have company-wide policy that addresses compliance with

privacy and security laws or regulations as required for your business,

industry or required by jurisdiction where it conducts business and

are they reviewed by a qualified attorney or third party and updated as

required? Yes \_\_\_\_ No \_\_\_\_

1. Do you have firewalls in force across your network? Yes \_\_\_\_ No \_\_\_\_
2. Do you have anti-virus software in force across your network including

all desktops, laptops, servers (excluding database servers); and is the

anti-virus software updated on, at least, a monthly basis? Yes \_\_\_\_ No \_\_\_\_

1. Do you have a written Incident Recovery, Business Continuity or

Disaster Recovery plan in force for network security incidents and

network outages? Yes \_\_\_\_ No \_\_\_\_

1. Do you back-up your computer system and network data on, at least, a

monthly basis? Yes \_\_\_\_ No \_\_\_\_

1. Is all sensitive and confidential information, including PII, stored on

your networks, systems and databases encrypted? Yes \_\_\_\_ No \_\_\_\_

1. Are all company portable and mobile devices encrypted? Yes \_\_\_\_ No \_\_\_\_ N/A\* \_\_\_\_

\*Please select N/A if either you do not have company mobile devices and/or it is company policy not to store sensitive and confidential information on these devices.

1. If you have answered ‘No’ to question #23 above, please provide us with details regarding the type of sensitive/confidential information stored on these devices and compensating controls in place to ensure a breach does not occur. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does the Applicant use any vendors for Managed Security, Cloud, Back-

up, Website hosting, Internet Service, Business Software, Data

Processing or Payment/Point-of-Sale Providers? Yes\* \_\_\_\_ No \_\_\_\_

\*If Yes, please list all vendor names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Information**

1. Do you have a formal media and content clearance procedure in place? Yes \_\_\_\_ No \_\_\_\_
2. Please identify any of the following risk mitigating clauses contained in your media and content clearance procedures:

Acquisition of all necessary 3rd party content licenses, rights and consents? Yes \_\_\_\_

Process to handle complaints regarding content released? Yes \_\_\_\_

Training of employees in regards to copyright and trademark issues? Yes \_\_\_\_

Intellectual Property Audits conducted by legal counsel? Yes \_\_\_\_

Screening of media and takedown procedures for disparaging, libelous or

slanderous content? Yes \_\_\_\_

1. Are you compliant with the Digital Millennium Copyright Act or

equivalent? Yes \_\_\_\_ No \_\_\_\_

**Historical Information**

1. Have you ever had any products recalled? Yes \_\_\_\_ No \_\_\_\_
2. Have you sustained any network intrusion, corruption, breach or loss of

data in past 3 years? Yes \_\_\_\_ No \_\_\_\_

1. Have you received any injunction(s), lawsuit(s), fine(s), penalty(s),

sanction(s), or been subject to any regulatory, administrative action or

investigation pertaining to the type of insuring being requested on this

Application in the past 3 years? Yes \_\_\_\_ No \_\_\_\_

1. Are you aware of any circumstance or incident that could be

reasonably anticipated to give rise to a claim pertaining to the type of

insurance being requested on this Application? Yes \_\_\_\_ No \_\_\_\_

**Data Protection**

By accepting this insurance you consent to DUAL Commercial using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**IMPORTANT – Tech Cyber Media Policy Statement of Fact**

By accepting this insurance, you confirm that the facts contained in the supplemental application form are true. These statements, and all information you or anyone on your behalf provided before we agree to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, we will be entitled to treat this insurance as if it had never existed. You should keep this Statement of Fact and a copy of the completed proposal form for your records.

This application must be signed by the applicant. Signing this form does not bind the company to complete the insurance. With reference to risks being applied for in the United States, please note that in certain states, any person who knowingly and with intent to defraud any insurance company or other person submits an application for insurance containing any false information, or conceals the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized principal, partner, director, risk manager, or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow principals, partners, directors, risk managers, or employees to enable you to answer the questions accurately.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_