

Privacy and Security Liability Application

As used throughout this application, “you” means the person signing the application, as well as the entity seeking insurance and the applicant’s principals, partners, directors, risk managers, or employees that are in a supervisory role. The questions contained in this application pertain to all persons or entities seeking insurance, and not just the signatory.

Please answer all the 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. In this context, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.

By signing the below you consent to Synapse using the information we may hold about you for the purpose of arranging 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 claim adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

You may provide any further additional information by means of a separate attachment if necessary.

Applicant Information

Name of applicant		
Names of any subsidiaries		
Address		
City	State	Zip
Telephone	Email	Website
Date business established	Number of employees	Financial year end
Main business operations/activities		
If you have been involved in any mergers and acquisitions within the last three years then please provide full details.		

Requested coverage

Date coverage is requested	M _____	D _____	Y _____
Requested per Claim Limit of Liability			
Requested Aggregate Limit of Liability			
Requested Deductible			

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Financial Information

A. Gross annual revenue	Previous year	Current year	Next year (est)
B. Annual net income before taxes	Previous year	Current year	Next year (est)
C. Percentage of gross annual revenue accounted for by sales or operations through your website			
D. Percentage of annual transactions paid for by debit/credit card			
Average transaction value			
E. Percentage of last year's gross annual revenue generated from:			
US/Canadian			
UK			
Clients anywhere else in the world			
F. Please quantify (by number of individual records) the Personally Identifiable Information (PII) you currently store, processes or transacts within your Network. PII is defined as a personally identifiable record on an individual that can be used to identify, contact or locate a single individual. (If unable to provide an exact number, please provide a best estimate, and describe the methodology for arriving at this estimate.)			
G. Identify the type of PII retained on your network			
1. Payment card data Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Healthcare data Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Other PII Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you have answered 'Yes' to G3. Please provide details of the nature of this PII.			
H. Estimate of total annual IT system budget			

Multimedia and Intellectual Property Procedures

A. Do you have a process in force to obtain a legal review of all media content and advertising materials prior to release?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Do you have a process in force to vet all content and media releases for trademark and copyright clearance and ensure consent of use is obtained before release?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. If you use freelance designers or obtain content from third parties do you have legally reviewed contracts in force outlining the rights and responsibilities of each party and ensure that you are held harmless in respect of content provided to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Do you have customer acceptance/sign off for content	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Do you have appropriate take down procedures in respect of any user generated content?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No' to any questions within this section, please provide full details:	

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Information and Data Management

A. Does your information asset program include a data classification standard (i.e. public, internal use only, confidential)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Do you post a privacy policy on your website which has been reviewed by a qualified lawyer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Does your privacy policy include a legally reviewed statement advising users as to how any information collected will be used, and for what purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Do you have procedures in force for honoring the specific marketing "opt-out" requests of your customers that are consistent with the terms of your published privacy policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Do you have procedures in place to monitor the period for which customer data is held and have processes for deleting this information at the end of that period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. Do you have procedures in force for deleting all sensitive data from systems and devices prior to their disposal from the company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G. Is all information held in physical form (paper, disks, CD's etc.) disposed of or recycled by confidential and secure methods, which are recognized throughout the organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H. Do you keep an incident log of all system security breaches and network failures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I. Have you identified all relevant regulatory and industry compliance frameworks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' please provide details:		Date of Last Audit
Gramm-Leach Bliley Act of 1999	Yes <input type="checkbox"/> No <input type="checkbox"/>	M ___ D ___ Y ___
Health Insurance Portability & Accountability Act of 1996	Yes <input type="checkbox"/> No <input type="checkbox"/>	M ___ D ___ Y ___
Payment Card Industry (PCI) Data Security Standard	Yes <input type="checkbox"/> No <input type="checkbox"/>	M ___ D ___ Y ___
If 'Yes' What level requirement	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other (please provide details)	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Business Continuity

A. Briefly describe your recovery/contingency plans to avoid business interruption due to IT system failure, and/or alternative working procedures (interdependency, outsourcing, alteration of process, additional employment, redundant servers etc.). Use a separate sheet if necessary.	
B. Is this plan regularly tested and updated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Have you recently carried out an IT security audit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', who did it and when was it performed?	
D. When was your last external penetration test carried out?	
E. Was any serious concern raised with any aspect of the network where immediate correction was advised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' to (e) above, were the recommendations carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Network Security

A. Do you employ a Chief Privacy Officer or Chief Information Officer who has responsibility for meeting your worldwide obligations under privacy and data protection laws?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Does your security and privacy policy include mandatory training for all employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Are all employment positions analyzed and employees assigned specified rights, privileges and unique user ID and passwords, which are changed periodically?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Do you have user revocation procedures on user accounts and inventoried recovery of all information assets following employment termination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Do you conduct regular reviews of your third party service providers and partners to ensure that they meet your requirements for protecting sensitive information in their care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Do you have antivirus software on all computer devices, servers and networks which are updated in accordance with the software providers' recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Do you have access control procedures and hard drive encryption to prevent unauthorized exposure of data on all laptops, PDAs, smartphones and portable devices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Do you have firewalls and intrusion monitoring detection in force to prevent and monitor unauthorized access?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Do you ensure that all wireless networks have protected access?	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Do you encrypt all sensitive information that is transmitted within and from your organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
K. Is sensitive information stored on segregated servers with separate access controls?	Yes <input type="checkbox"/> No <input type="checkbox"/>
L. When you operate Point of Sale devices are they regularly scanned for malware or skimming devices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
M. Is all sensitive and confidential information stored on your databases, servers and data files encrypted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer 'No' to questions (H), (I), (J), (K) above, please provide details below, briefly describing the nature of the unprotected information and what security measures are in force to protect this information in the absence of encryption.	

Third Party Service Providers

If you outsource any element of your network please provide name of the service provider	
A. Web Hosting	B. Data Processing
C. Security Services	D. Point of Sale/Payment Card Processing
E. ASP	F. Other

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Network Dependency

A. Number of days each year your computer network is active	
B. Usual daily hours of operation	
C. Do you outsource the management or any part of your IT operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide brief details below, or on a separate sheet if necessary, including what is outsourced and to whom	
D. Received any injunction(s), lawsuit(s), fine(s), penalty(s) or sanction(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Indicate time after which the inability for staff to access your internal computer network and systems would have a significant impact on your business	
Immediately After 6 hrs <input type="checkbox"/> After 12 hrs <input type="checkbox"/> After 24 hrs <input type="checkbox"/> After 48 hrs <input type="checkbox"/> Never <input type="checkbox"/>	
F. Provide brief details below, or on a separate sheet if necessary, of the impact on your business if your internal network or applications should fail or be disrupted (include commercial relations, revenues and image)	

Claims and Circumstances

During the last three years have you:	
A. Sustained any unscheduled or unintentional network outage, intrusion, corruption or loss of data?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Received notice or become aware of any privacy violations or that any data or personally identifiable information has become compromised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Notified any customers that their information may have been compromised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Been subject to any disciplinary action, regulatory action, or investigation by any governmental, regulatory or administrative agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Received any injunction(s), lawsuit(s), fine(s), penalty(s) or sanction(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Become aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance(s) being requested in this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Have you or any of the applicant's principals, partners, directors, risk managers, or employees, during the last five years, sustained any loss or had any claim made against them, whether insured or otherwise, involving the type of insurance(s) being requested in this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' to any questions within this section, please provide full details:	

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Previously Purchased Coverage

A. Do you currently have insurance in place for the type of coverage being requested in this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide the following:	
Insurer	Limits
Deductible	Policy Period
Premium	Retroactive Date
_____	_____
_____	_____
B. Has any insurance for the type of coverage requested in this application been declined or cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' to (a), or (b) above, please provide full details, on a separate sheet if necessary	
C. Do you maintain general liability insurance coverage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide the following:	
Insurer	Limits
Deductible	Policy Period
Premium	
_____	_____
_____	_____

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

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 inquires to my fellow principals, partners, directors, risk managers, or employees to enable me to answer the questions accurately.

The Applicant further warrants that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify Synapse and the Carrier of the changes. Signing of this application does not bind the Carrier to offer nor the Applicant to accept insurance, but it is agreed that this application shall be a basis of the insurance and it will be attached and made a part of the policy should a policy be issued.

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.

This application must be signed by the applicant.

Applicant Signature
Applicant Name
Title
Date

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Additional Information