

CYBER LIABILITY SUPPLEMENT

The PLF Excess Program is able to offer higher limits for Cyber Liability Coverage on a separately underwritten basis. Applications for higher Cyber Liability Limits will be submitted, reviewed, and quoted by PLF Excess Reinsurer, Beazley.

General Information:

**Please fully answer all questions and submit all requested information*

Firm Name:	
Mailing Address:	City:
State:	Zip:
# of Employees:	Date Established:
Website URL's:	
Authorized Officer ¹ :	Phone:
	Email:
Breach Response Contact ² :	Phone:
	Email:

Applicant Business Activities:

1. Business Description:
2. Does the Applicant provide data processing, data storage, or data hosting services to third parties? ☐ Yes ☐ No
3. Does the Applicant distribute any products on a wholesale basis? ☐ Yes ☐ No
4. If Yes, please confirm the percentage of revenue generated by wholesale distribution: %

Revenue Information:

**Please provide Gross Revenue information*

	Most Recent Twelve (12) months: (ending: ____/____)	Previous Year	Next Year (estimate)
US Revenue:	USD	USD	USD
Non-US Revenue:	USD	USD	USD
Total:	USD	USD	USD

Please attach a copy of your most recently audited annual financial statement.

Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes within the past twelve (12) months? ☐ Yes ☐ No

If Yes, please explain:

Has the Applicant within the past twelve (12) months completed or agreed to, or does it contemplate entering into within the next twelve (12) months, a merger, acquisition, consolidation, whether or not such transactions were or will be completed? ☐ Yes ☐ No

If Yes, please explain:

I. Information Security & Privacy Controls

1. Does the Applicant have and require employees to follow written computer and information systems policies and procedures? ☐ Yes ☐ No

¹ The officer of the Applicant that is designated to receive any and all notices from the Insurer or its authorized representative(s) concerning this insurance.

² The employee of the Applicant that is designated to manage a response, including consumer notification, in response to a data breach event.

<p>2. Does the Applicant use the following controls:</p> <p style="margin-left: 20px;">A. Commercially available Firewall protection:</p> <p style="margin-left: 20px;">B. Commercially available Anti-Virus protection:</p> <p style="margin-left: 40px;">If No, Please describe the alternative controls implemented to prevent unauthorized access or intrusion to Computer Systems:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Does the Applicant terminate all computer access and user accounts as part of the regular exit process when an employee leaves the firm or when a third party contractor no longer provides the contracted services?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Does the Applicant accept credit cards for goods sold or services rendered?</p> <p style="margin-left: 20px;">If Yes:</p> <p style="margin-left: 20px;">A. Please state the Applicant's approximate percentage of revenues from credit card transactions within the past twelve (12) months: _____ %</p> <p style="margin-left: 20px;">B. Is the Applicant compliant with applicable data security standards issued by financial institutions with which the Applicant transacts business (e.g. PCI standards)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Does the Applicant have and enforce policies concerning the encryption of internal and external communication?</p> <p style="margin-left: 20px;">A. Are users able to store data to the hard drive of portable computers or portable media devices such as USB drives?</p> <p style="margin-left: 20px;">B. Does the Applicant encrypt data stored on laptop computers and portable media?</p> <p style="margin-left: 20px;">C. Please describe any additional controls the Applicant has implemented to protect data stored on portable devices:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. What format does the Applicant utilize for backing up and storage of computer system data?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tape or other media <input type="checkbox"/> Online backup service <input type="checkbox"/> Other:</p> <p style="margin-left: 20px;">A. Are tapes or other portable media containing backup materials encrypted?</p> <p style="margin-left: 20px;">B. Are tapes or other portable media stored offsite using secured transportation and secured storage facilities?</p> <p style="margin-left: 40px;">1) If stored offsite, are transportation logs maintained?</p> <p style="margin-left: 40px;">2) If stored onsite, please describe physical security controls:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

II. Website Content Controls	
<p>1. Please check all descriptions of website content posted by the Applicant:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> No Website</div> <div style="width: 50%;"><input type="checkbox"/> Information created by the Applicant</div> <div style="width: 50%;"><input type="checkbox"/> Content under license from a third party</div> <div style="width: 50%;"><input type="checkbox"/> Streaming video or music content</div> <div style="width: 100%;"><input type="checkbox"/> Unlicensed third party content (e.g. – Blog/Message Boards/ Customer Reviews)</div> </div>	
<p>2. Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libelous, infringing, or in violation of a third party's privacy rights?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Does the Applicant have a process to review all content prior to posting on the firm's internet site(s) to avoid the posting of improper or infringing content?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Has the Applicant screened all trademarks and service marks used by the Applicant for infringement of existing marks prior to first use?</p> <p style="margin-left: 20px;">A. Has the Applicant acquired any trademarks or service marks from others within the past three (3) years?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If Yes, were acquired trademarks and service marks screened for infringement?

☐ Yes ☐ No

III. Prior Claims and Circumstances

1. Does the Applicant, or any director, officer or employee of the Applicant have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance?

☐ Yes ☐ No

If Yes, please provide details:

2. During the past 5 years has the Applicant:

- A. Received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement?
- B. Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?
- C. Notified consumers or any other third party of a data breach incident involving the Applicant?
- D. Experienced an actual or attempted extortion demand with respect to its computer systems?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

If Yes, please provide details of any such action, notification, investigation or subpoena:

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE FIRM'S BEHALF AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE PLF IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE PLF AND ITS REINSURER TO COMPLETE THE COVERAGE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD COVERAGE BE ISSUED AND HAVE BEEN RELIED UPON BY THE PLF AND ITS REINSURER IN ISSUING ANY COVERAGE.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE PLF AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE COVERAGE IF ISSUED. THE PLF AND ITS REINSURER ARE AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE COVERAGE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE COVERAGE, IMMEDIATELY NOTIFY THE PLF OF SUCH CHANGES, AND THE PLF AND ITS REINSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE COVERAGE.

I HAVE READ THE FOREGOING APPLICATION FOR COVERAGE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE PLF OR ITS REINSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE COVERAGE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE COVERAGE, IMMEDIATELY NOTIFY THE PLF OF SUCH CHANGES, AND THE PLF MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE COVERAGE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY COVERAGE PLAN. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS ARISING OUT OF A CIRCUMSTANCE NOT DISCLOSED IN THIS APPLICATION.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE PLF AND ITS REINSURER TO COMPLETE THE COVERAGE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD COVERAGE BE ISSUED, AND IT WILL BECOME PART OF THE COVERAGE DOCUMENTS.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE PLF AND ITS REINSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Signed*:_____

Date:_____

Print Name:_____
(Owner, Partner, Authorized Officer)

Title: _____