



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

DataBreachSM Network And Information Security And Media Liability Insurance Application

All questions MUST be completed in full.

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

Full Name Of Applicant: _____ Title: _____

Business Name: _____

Phone #: _____ Fax #: _____ Email: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Website: _____

Contact Person & Phone Number: _____

Year Established: _____

- Individual Partnership Corporation For Profit Not for Profit Other _____

1. APPLICANT OPERATIONS

Describe in detail the applicant's business operations:

2. EXPOSURE SUMMARY

a. Please complete the following information for the applicant:

	Most Recent Fiscal Year	Projection For Current Year
Number Of Employees		
Total Revenue	\$	\$
Revenue From E-Commerce	\$	\$
Number Of Credit Card Transactions		
Number Of Sensitive Data Records		
Number Of Servers		
Number Of Desktops Or Workstations		
Number Of Portable Devices		
Number Of Office Locations		

b. Does the applicant handle sensitive data for any of the following:

	Transmit Or Receive	Store
Credit Or Debit Cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Or Banking Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Information (PHI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Numbers Or National Identification Numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other? (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. Does the applicant use an outside vendor or service provider to process or store sensitive information? Yes No
 If yes, provide name of organization and details: _____

d. Does the applicant mine, buy, trade or hold any cryptocurrency? Yes No
 If yes:
 (1) What is the current total value in United States Dollars? _____
 (2) Where does the applicant store its cryptocurrency?
 Cold Storage or Offline Vault
 Online Exchanges
 (3) What controls are in place to ensure the secure generation, custody and storage of the private keys?

3. POLICIES AND PROCEDURES

- a. Does the applicant use internal staff or an outside service provider to manage its IT systems? Internal Outside
 If outside service provider, provide name of organization: _____
- b. Does the applicant have a dedicated internal or external party responsible for information security and privacy? Yes No
- c. Does the applicant have written information security policies and procedures that are reviewed annually? Yes No
- d. Does the applicant perform risk assessments prior to conducting business with external software companies or service providers? Yes No
- e. Does the applicant conduct information security awareness training at least annually? Yes No
- f. Does the applicant have a security patch management process implemented? Yes No
 If yes, how are security patch notifications from its major systems vendors handled?
 No automatic notice
 Automatic notice (where available) and implemented in more than 30 days
 Automatic notice (where available) implemented in 30 days or less
- g. 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
- h. Does the applicant have a written incident management response plan? Yes No

- i. Is the applicant certified as complying with the following security requirements:
- (1) Payment Card Industry (PCI/DSS)? N/A Yes No In Progress - Scheduled Date: _____
 If yes, provide the name of the individual or outside organization which certified the applicant and the date of the last PCI audit. _____
- (2) HIPAA/HITECH? N/A Yes No In Progress - Scheduled Date: _____
- j. Are annual or more frequent internal/external audit reviews performed on the applicant's network? Yes No
- l. Are policies and procedures in place to confirm compliance with the Telephone Consumer Protection Act of 1991 and any other regulations, laws or statutes relating to communication and marketing efforts made to any third party, including clients and customers? Yes No

4. ACCESS CONTROL

- a. How does the applicant limit access to its IT systems?
- Unique user ID's
- Unique user ID's and role based access to sensitive data
- b. Does the applicant have a process to delete systems access after employee termination? Yes No
- c. Is access to equipment, such as servers, workstations and storage media including paper records, containing sensitive information physically protected? Yes No
- d. Does the applicant have anti-virus, anti-spyware and anti-malware software installed? Yes No
- If yes, check all that apply:
- On all desktop and laptop computers with automatic updates
- On all server computers with automatic updates
- Scanning of all incoming email
- Scanning of all web browsing
- e. Does the applicant implement firewalls and other security appliances between the internet and sensitive data? Yes No
- f. Are security alerts from an intrusion detection or intrusion prevention system (IDS/IPS) continuously monitored and are the latest IDS/IPS signatures installed regularly? Yes No
- g. Do you have a written policy regarding the setting up of electronic funds transfer? Yes No
- h. Are all fund transfers subject to dual authentication? Yes No
- i. Are shipping instructions confirmed with vendors and clients after the initial order? Yes No
- j. Is remote access to the applicant's IT systems restricted to VPN or equivalent? Yes No
- k. Does the applicant have wireless networks deployed? Yes No
- If yes,
- (1) Are all wireless access points to the applicant's network encrypted with WPA/WPA2 or more recent standard (e.g., not unencrypted or using WEP standard)? Yes No
- (2) Is there a firewall between all wireless access points and the parts of the applicant's network on which sensitive information is stored? Yes No

5. DATA PROTECTION

- a. Does the applicant store sensitive information on any of the following media? If yes, is it encrypted?

	Sensitive Data	Encrypted
Laptop Or Notebook Computers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mobile Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flash Drives Or Other Portable Storage Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Backup Tapes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internet Connected Web Servers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Databases, Audit Logs, Files On Servers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Where sensitive data is stored but not encrypted, please detail what other measures are in place:

c. Are alternative facilities available in the event of a shutdown or failure of the applicant's network? Yes No

d. How often are back-ups of the applicant's systems performed? _____

e. How quickly could the applicant's systems be restored from back-ups? _____

f. Are key data and software code stored:

(1) On redundant storage device? Yes No

(2) At secured offsite storage? Yes No

6. MEDIA LIABILITY

a. Does the applicant conduct prior review of any content, for copyright or trademark infringement, libel or slander, violation of rights of privacy or publicity? Yes No

b. Does the applicant have take down procedures to comply with DMCA safe harbor provisions if hosting content posted by third parties on their servers or website? NA Yes No

c. Does the applicant obtain clear rights to intellectual property (IP) supplied by third parties if such IP is displayed on their website? Yes No

d. Does the applicant use the names or likeness of any celebrities or other public figures on their website? Yes No

7. OTHER INSURANCE AND LOSS HISTORY

a. List current and prior cyber liability or cyber security insurance for each of the last 3 years:

If none, check here

Insurance Company	Limits Of Liability	Deductible	Premium	Inception And Expirations Dates (MM/DD/YYYY)	Retroactive Or Prior Acts Date (MM/DD/YYYY)
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

b. Provide the following insurance information:

	Insurer	Limit	Deductible	Expiration Date (MM/DD/YYYY)
General Liability		\$	\$	
Professional Liability		\$	\$	

c. Is the applicant aware of any claim, suit, or notice of incident against the applicant, their predecessors in business, any of the present or past partners, officers, employees or any other individual who would fall under coverage proposed, or has any claim, suit, or notice been made against the applicant or any staff member? Yes No

If yes, please provide full details of each incident: _____

d. Is the applicant aware of any facts, circumstances, incidents or situations which may result in any claim, suit, or notice of incident against the applicant, their predecessors in business, any of the present or past partners, officers, employees or any individual who would fall under coverage proposed, or has any claim, suit, or notice been made against the applicant or any staff member? Yes No

If yes, please provide full details of each incident: _____

e. Please list below any other items the applicant believes could be important for the Company to consider prior to making a coverage determination.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

Fraud Warning: Any person who knowingly and with intent to defraud any Insurance Company or another 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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false,

incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*.

*Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM 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 IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

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 THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY AND 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.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL PROMPTLY NOTIFY THE COMPANY, 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:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD;
- (II) UNLESS AMENDED BY ENDORSEMENT, THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL 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
- (III) UNLESS AMENDED BY ENDORSEMENT, CLAIM EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE.

WARRANTY

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

This application is signed by undersigned authorized agent of the applicant(s) on behalf of the applicant(s) and its, owners, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

Name of applicant

Title

Signature of applicant

Date

(Florida only) Agent license number: _____