

Hiscox Insurance Company Inc.

HiscoxPRO™ Modular application form

Instructions

The HiscoxPRO Policy may be purchased on an à-la-carte basis.

The table in section 1 of this application allows you to specify the coverages for which you are applying. Please check the box for each coverage part you want to purchase and fill out the section for that coverage part (section numbers listed in the last column of the table).

All applicants must complete sections 1 and 8 of this application.

Additional information

Please also provide us with the following information in addition to your application:

1. Loss runs for the last five years (if you currently carry coverage).
2. If you have any pending or prior litigation, please provide details, including demand amounts, name of the plaintiff, amount of any settlements or payouts, and steps you have taken to mitigate similar issues in the future.
3. If you have coverage currently in place, please provide the Declarations Page of your current policy in order to evidence existing prior acts coverage. Any newly purchased coverage will be bound with a retroactive date of inception.

Coverage information

Coverage type

Coverage description

| | | |
|--|--|---|
| Professional Liability | Professional Liability provides insurance coverage for 3rd party claims made against you arising out of your professional services. | |
| Technology Professional Liability | Technology Professional Liability provides insurance coverage for 3rd party claims made against you arising out of your technology services. | |
| General Liability | General Liability provides insurance coverage for 3rd party claims made against you for Bodily Injury, Property Damage, or Personal and Advertising Injury. | |
| Media Liability | Media Liability provides insurance coverage for 3rd party claims made against you that arise from the content of your website, social media, promotional material, and other media content. | |
| Data Breach and Privacy Security Liability | Data Breach and Privacy Security Liability provides insurance coverage for both the costs that you incur and the 3rd party claims made against you that typically arise from a data breach or privacy violation. | |
| Cyber Enhancements | | |
| | Hacker Damage | Hacker Damage provides insurance coverage for the costs to repair or replace your website, intranet, network, computer system, programs, or data, following a hacking event. |
| | Cyber Business Interruption | Cyber Business Interruption provides insurance coverage for your losses resulting from a hacker impairing the availability of your website, intranet, network, computer system, programs, or data. |
| | Cyber Extortion | Cyber Extortion provides insurance coverage for the costs of expert assistance and the payment of a ransom in the event a hacker threatens to damage your website, intranet, network, computer system, any programs you use, or data, or to divulge confidential information. |

Application

If a policy is issued, it will provide coverage only for claims that are first made against you and reported to us during the policy period, or any extended reporting period, if applicable; or first party events first discovered by you and reported to us during the policy period, or any extended reporting period, if applicable.

Notice: This application is for insurance (other than General Liability) in which the policy limit available to pay judgments or settlements will be reduced by amounts incurred for defense costs. Amounts incurred for defense costs will be applied against the retention amount.

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HiscoxPRO™ – Common
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Section 1

All applicants must complete this Section and Section 8.

1. Applicant details

Applicant name:

Address:

State: Zip code:

Website:

What state(s) do you operate in?

Do you provide any services outside of the United States? Yes No

If Yes, please describe/attach an explanation and estimated revenues:

Subsidiaries for which you seek coverage, to be incorporated into this application (entities in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests). Please specifically note the country for any subsidiaries located outside of the United States.

Applicant is a/an: Corporation Partnership Individual

Date established:

2. Coverage required

Please indicate coverage required:

| | Check desired coverage part(s) | Requested Limit(s): | Requested Retention(s): | Required application section(s) |
|--|--------------------------------|---------------------|-------------------------|---------------------------------|
| Professional Liability | <input type="checkbox"/> | \$ | \$ | 2 |
| Technology Professional Liability | <input type="checkbox"/> | \$ | \$ | 3 |
| General Liability | <input type="checkbox"/> | \$ | \$ | 4 |
| Hired and Non-Owned Auto Liability | <input type="checkbox"/> | \$ | \$ | 4 |
| Employee Benefits Liability | <input type="checkbox"/> | \$ | \$ | 4 |
| Stop Gap Coverage | <input type="checkbox"/> | \$ | \$ | 4 |
| Media Liability | <input type="checkbox"/> | \$ | \$ | 5 |
| Data Breach and Privacy Security Liability | <input type="checkbox"/> | \$ | \$ | 6a/6b |
| Cyber Enhancements | <input type="checkbox"/> | \$ | \$ | 6a/6b, 7 |



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3. Gross revenue*

| Last 12 months | Next 12 months (estimate) |
|----------------|---------------------------|
| \$ | \$ |

*Inclusive of subsidiaries from item 1 above. Healthcare entities, please use net patient revenue. Not-for-profits, please use annual budget.

Have you had positive revenue growth during the last 12 months? Yes No

Have you had positive cash flow from operations during the last 12 months? Yes No

Have you had positive net income during the past 12 months? Yes No

4. Claims details

Please answer the following questions for each coverage part for which you are applying for coverage:

a) Has any claim of the type that could be covered by this coverage part ever been made against you?

- Professional Liability Yes No
- Technology Professional Liability Yes No
- General Liability Yes No
- Hired and Non-Owned Auto Liability Yes No
- Employee Benefits Liability Yes No
- Stop Gap Coverage Yes No
- Media Liability Yes No
- Data Breach and Privacy Security Liability Yes No
- Cyber Enhancements Yes No

If Yes, please specify details below or attach additional information.

b) Are you aware of any act, error, omission, or other matter which is likely to lead to a claim against you or other loss of the type that could be covered by this coverage part ?

- Professional Liability Yes No
- Technology Professional Liability Yes No
- General Liability Yes No
- Hired and Non-Owned Auto Liability Yes No
- Employee Benefits Liability Yes No
- Stop Gap Coverage Yes No
- Media Liability Yes No
- Data Breach and Privacy Security Liability Yes No
- Cyber Enhancements Yes No

If Yes, please specify details below or attach additional information.

c) Have you ever been subject to an inquiry, investigation, or action by any regulatory body or administrative agency?

Yes No

If Yes, please specify details below or attach additional information.

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If you are applying for the Media Liability Coverage Part:

- e) Have you ever been subject to any complaints, including cease and desist orders, concerning the content of your website, advertising materials, social media, or other publications or broadcasts? Yes No

If Yes, please specify details below or attach additional information.

If you are applying for the Data Breach and Privacy Security Liability Coverage Part or Cyber Enhancements:

- f) Have you ever experienced a breach or event of the type that could be covered by this coverage part?
Data Breach and Privacy Security Liability Yes No
Cyber Enhancements Yes No

If Yes, please specify details below or attach additional information.

5. Material dependencies

- a) Do you use the services of independent contractors or subcontractors to perform your professional services? Yes No

If Yes, please answer the following three questions:

- i) Do you always use a written contract with independent contractors/subcontractors? Yes No
- ii) Do you require independent contractors/subcontractors to carry their own professional liability insurance? Yes No
- iii) What percentage of your professional services are contracted out to independent contractors or subcontractors? %

If you are applying for the Data Breach and Privacy Security Liability or Technology Coverage Part:

- b) Please identify any material supplier (not including utility services, telecommunication services, or internet service providers) you depend on to conduct your professional or technology services:

| Type | Supplier name | Written contract in place? | Are you able to contractually recover for direct losses arising from the failure of their services, including from a data breach? |
|--------------------------|---------------|--|---|
| Data center/ co-location | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cloud computing | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Payment processing | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Records storage | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Managed IT services | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

HiscoxPRO™ – Professional Liability
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**Section 2 –
Professional
Liability**

1. Revenue allocation

a) Please describe the professional services for which coverage is desired:

| Services | # of years performing service | % of total revenue, last 12 months | % of total revenue, next 12 months (estimate) |
|----------|-------------------------------|------------------------------------|---|
| | | % | % |
| | | % | % |
| | | % | % |
| | | % | % |

b) Do you participate in any joint ventures? Yes No

If Yes, please describe/attach an explanation:

c) Have you had any M&A activity during the past 3 years, or do you anticipate any within the next 12 months? Yes No

If Yes, please describe/attach an explanation:

2. Contracts & risk management

a) Are written contracts used for all clients?
Always Sometimes Never

If Never, please explain:

b) Do you have a written risk management training program and/or distributed procedural manual? Yes No

If No, please explain:

3. Insurance history

a) Has any similar insurance ever been declined, non-renewed, or cancelled? **MO APPLICANTS SHOULD NOT RESPOND.** Yes No

If Yes, please describe/attach an explanation:

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b) Is similar insurance currently in place?

Yes No

If Yes, please provide the following professional insurance information:

Description of covered services:

| |
|--|
| |
|--|

| Insurance carrier/coverage | Limit | Retention | Premium | Retroactive date |
|----------------------------|-------|-----------|---------|------------------|
| | \$ | \$ | \$ | |

c) Expiration date

mm/dd/yy

Please proceed to any subsequent section for which you wish to apply, otherwise please proceed to section 8.

HiscoxPRO™ – Technology Professional Liability
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Section 3 - Technology Professional Liability

1. Revenue allocation

| a) Type of products/service offered: | Percentage of revenue: | # of years providing such service: | Type of products/service offered: | Percentage of revenue: | # of years service has been offered: |
|--|------------------------|------------------------------------|--|------------------------|--------------------------------------|
| Software/software services | | | Internet service provider | % | |
| Sale of your own pre-packaged software | % | | IT consulting | | |
| Sale of your own software, including project based services such as customization and integration | % | | IT strategic consulting | % | |
| Sale of pre-packaged third-party software | % | | IT staffing | % | |
| Sale of third-party software, including project based services such as customization and integration | % | | IT project management | % | |
| Custom software design/build, including custom application development and website design | % | | IT training | % | |
| Mobile application design/build | % | | Outsourced service provider | | |
| Software implementation/integration | % | | Software programming (no design) | | |
| Software maintenance | % | | Outsourced hardware design and/build | % | |
| Software testing | % | | Infrastructure management/monitoring | % | |
| Hardware/hardware services | | | Security management/ monitoring | % | |
| Hardware design | % | | Application management/monitoring | % | |
| Hardware manufacturing | % | | IT helpdesk/support services | % | |
| Sales of your own hardware | % | | Desktop management | % | |
| Sale of your own hardware, including project based services such as customization and integration | % | | Cloud provider (PaaS/IaaS; for SaaS please see software/software services section above) | % | |
| Sale of third-party hardware | % | | Data center/co-location services | % | |
| Sale of third-party hardware, including project based services such as customization and integration | % | | Website hosting | % | |
| Hardware Maintenance | % | | Domain name services | % | |
| Telecommunications | | | Search engine optimization | % | |
| Business-to-consumer telecommunication services | % | | Payment processing | % | |
| Business-to-business telecommunication services | % | | Business process outsourcing (please include description) | % | |

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Other tech and non-tech services (please include description and percentage of revenue from those services):

Please list any other services you offer and the percentage of revenue from those services:

b) If applicable, what percentage of software supplied by you is hosted by you or others on your behalf? [] %

What portion of this percentage is hosted by others on your behalf? [] %

c) Do you participate in any joint ventures? Yes No

If Yes, please describe/attach an explanation:

2. Contracts

a) Please provide details regarding your company's largest contracts for ongoing or completed work in the last three years, as well as your average contract.

| Name of client | Description of services | Contract value | Date range that service is/was provided |
|----------------|-------------------------|----------------|---|
| | | \$ | |
| | | \$ | |
| | | \$ | |

| Average contract details | Average contract value | Average contract length |
|--------------------------|------------------------|-------------------------|
| | \$ | months |

b) If applicable, what is your largest and average fee associated with the design/build, implementation, and/or project delivery phase of your contracts? Largest

Average

3. Contract Information

Please check the box that applies:

a) Do you always use written contracts when performing your technology services for a client? Yes No

b) Have you had your standard contract terms and conditions reviewed by a suitably qualified attorney? Yes No

c) What percentage of your contracts are based on non-standard contract terms? [] %

d) If you do use non-standard contract terms, do you have a suitably qualified attorney review the contract? Yes No

e) Approximately what percentage of your contracts include the following? [] %
Limitations of liability

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To what level do you typically limit your liability? (This may be a monetary amount, value of the individual contract, a fixed percentage of fees, etc.)

Exclusion of liability for all consequential damages

 %

Provisions related to intellectual property

 %

Hold harmless/indemnity agreements that benefit you

 %

Hold harmless/indemnity agreements that benefit your client

 %

Warrantees or guarantees provided by you

 %

f) Is formal signoff and acceptance required when mid-project changes are requested? Yes No

g) Do you contractually indemnify your clients for costs they incur as a result of your breach of their sensitive data? Yes No

4. Quality controls

a) Do you perform a review to ensure customer requirements are sufficiently captured and documented? Yes No

b) Do you perform a technical review to ensure functional requirements can be met? Yes No

c) Do you have formalized procedures in place to ensure your work products do not infringe on the rights of others? Yes No

d) Do you host sensitive data of your clients or of their customers?
If Yes, do you encrypt this data? Yes No

5. Prior coverage

Please indicate if you currently carry similar coverage:

| Insurance carrier/coverage | Limit | Retention | Premium | Retroactive date |
|----------------------------|-------|-----------|---------|------------------|
| | \$ | \$ | \$ | |

Please proceed to any subsequent section for which you wish to apply, otherwise please proceed to section 8.

HiscoxPRO™ – General Liability
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**Section 4 –
General Liability**

1. Business information

a) Nature of your business:

b) Number of full-time staff:

Part-time:

d) What is your gross annual sales estimate?

\$

e) What is your total payroll?

\$

2. Applicant facilities

| # | Name & Location Address | Single or Multiple Occupancy? | Owner / Lessee / Tenant? | Square Footage Occupied | # of Stories | Type of Construction |
|---|----------------------------|----------------------------------|--------------------------------|----------------------------|-----------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

3. General information

a) Are all of your locations equipped with:

(1) Complete sprinkler system

Yes No

(2) Smoke detectors

Yes No

(3) Properly maintained fire extinguishers

Yes No

(4) At least two clearly marked exits on each floor

Yes No

(5) Self-closing fire doors on each floor

Yes No

(6) Automatic fire alarm system connected to a local fire department

Yes No

(7) Emergency electrical system

Yes No

(8) Heat sensors

Yes No

(9) Fire escape(s)

Yes No

(10) Posted emergency evacuation procedures

Yes No

If "no" to any of the above, please describe/attach an explanation:

b) Do you have a written safety program in place?

Yes No

c) Do you have written procedures in place for incident reporting?

Yes No

d) Do you have any:

(1) Exposure to flammables, explosives, or chemicals?

Yes No

(2) Catastrophe exposures?

Yes No

(3) Exposure to radioactive materials?

Yes No

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- (4) Firearms on the premises? Yes No
- (5) Animals on the premises? Yes No
- (6) Machinery/equipment loaned/rented to others? Yes No
- (7) Storing, treating, discharging, applying, disposing, or transporting of hazardous materials? Yes No
- (8) Lake, pond, river, swimming pool, or other body of water? Yes No
- (9) Watercraft, docks, or floats owned, hired, or leased? Yes No
- (10) Camp, adventure/wilderness, ropes courses, or any type of recreational program? Yes No
- (11) Parking facilities owned/rented? Yes No
- (12) Sporting/social events sponsored? Yes No
- (13) Steam rooms or saunas? Yes No

If "yes" to any of the above, please describe/attach an explanation:

- e) Do you sell or lease any medical equipment or products to patients/clients or others in connection with this operation? Yes No

If "yes", please provide the following information:

Annual gross revenue from medical equipment sales/rental:

| |
|----|
| \$ |
| |

Types of medical equipment:

- f) Do you perform any maintenance or repairs on equipment sold or leased? Yes No
- g) Are you named as an Additional Insured on the manufacturer or distributor's policy for all products? Yes No
- h) Do you use primary / non-contributory language in your contracts? Yes No

If yes, how often? Always 50% of the time or more Less than 50% of the time

4. Insurance history

- a) Has any insurer declined, cancelled, or nonrenewed any General Liability policy for any person(s) or entity(ies) proposed for this insurance? **MO APPLICANTS SHOULD NOT RESPOND.** Yes No

If "yes", please describe/attach an explanation:

- b.1) List prior Commercial General Liability insurers for the past five years (if none, please tick box) None

| Insurance carrier | Dates Covered From – To (mm/dd/yy) | Limits of Liability per Claim / Aggregate | Deductible | Premium | Coverage Type: Occurrence or Claims Made? |
|-------------------|------------------------------------|---|------------|---------|---|
| | - | \$ / \$ | \$ | \$ | |
| | - | \$ / \$ | \$ | \$ | |
| | - | \$ / \$ | \$ | \$ | |

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| | | | | | |
|--|---|---------|----|----|--|
| | - | \$ / \$ | \$ | \$ | |
| | - | \$ / \$ | \$ | \$ | |

b.2) If the current/expiring policy is on a claims-made form, what is the retroactive date?

b.3) If expiring coverage exists, does coverage include products and completed operations coverage? Yes No

5. Hired & Non-Owned Auto Coverage

a) What is the total number of staff/officers who drive on your behalf?

b) What types of vehicles will be driven on your behalf?

c) How many locations does an employee drive to on your behalf in a given day?

- One location 3 – 5 locations
 More than 5 locations

(1) what is the usual distance traveled?

d) How many clients do you transport weekly?

e) What evidence of auto insurance do you require from staff using their personal autos?

- Certificates of Insurance Copy of Auto Policy
 Copy of Auto ID Card None

Other:

f) What minimum personal auto liability limits do you require of employees using their personal vehicles for business purposes?

- Not Required

g) Do you:

(1) have a written policy that addresses acceptable business usage of personal vehicles? Yes No

(2) check MVR's and disciplinary procedures for unacceptable MVR's? Yes No

h) Do you currently have Hired & Non-Owned Automobile coverage? Yes No

If "yes", please complete the following:

| Insurance carrier/coverage | Limit | Retention | Premium | Retroactive date (if claims made) |
|----------------------------|-------|-----------|---------|-----------------------------------|
| | \$ | \$ | \$ | |

i) Has any insurer declined, cancelled, or nonrenewed any Hired or Non-Owned Auto Liability policy for any person(s) or entity(ies) proposed for this insurance? **MO APPLICANTS SHOULD NOT RESPOND.** Yes No

If "yes", please describe/attach an explanation:

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6. Employee Benefits
Coverage

- a) Number of employees covered by your employee benefit programs administered in the United States, its territories, or Canada:
- b) Do you have a full-time human resource manager or department? Yes No
- c) On programs permitting employees an option to enroll or not enroll, do you require a signed acceptance or rejection form? Yes No
- d) Is a written guide of your employee benefit programs provided to each and every employee? Yes No
- e) Do you currently carry employee benefits liability insurance? Yes No

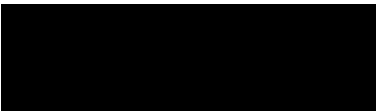
If "yes", please complete the following:

| Insurance carrier/coverage | Limit | Retention | Premium | Retroactive date |
|----------------------------|-------|-----------|---------|------------------|
| | \$ | \$ | \$ | |

- f) Has any insurer declined, cancelled, or nonrenewed any Employee Benefits Liability policy for any person(s) or entity(ies) proposed for this insurance? **MO** Yes No
APPLICANTS SHOULD NOT RESPOND.

If "yes", please describe/attach an explanation:

Please proceed to any subsequent section for which you wish to apply, otherwise please proceed to section 8.



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HiscoxPRO™ – Media Liability
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Section 5 – Media Liability

1. Media exposures and controls

Please check the box that applies:

- a) Do you have written clearance procedures in place regarding use, licensing, and consent agreements for third party content used by you on your website or in your promotional materials? Yes No N/A
- b) Do you have written guidelines for your use of social media and its use by your employees? Yes No N/A
- c) Does your website feature opt in/opt out procedures when collecting individual users' information? Yes No N/A
- d) Has legal counsel verified that your domain names(s) and meta tags do not infringe on any third party's copyright or trademark? Yes No N/A
- e) Do you solicit/promote your business via unsolicited email blasts or text blasts? Yes No N/A
- f) Do you host any user-generated content or social media networks? Yes No N/A
If yes, have you ensured DMCA policies/protections are in place? Yes No N/A
- g) Do you have a formalized take-down procedure for comments or content placed on your social media sites by third-parties? Yes No N/A

Please provide details regarding any publishing or broadcasting you perform beyond advertising your own business (e.g. publishing of a trade journal):

2. Prior coverage

Please indicate if you currently carry similar coverage:

| Insurance carrier/coverage | Limit | Retention | Premium | Retroactive date |
|----------------------------|-------|-----------|---------|------------------|
| | \$ | \$ | \$ | |

Please proceed to any subsequent section for which you wish to apply, otherwise please proceed to Section 8.

HiscoxPRO™ – Data Breach and Privacy Security Liability
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Section 6a - Data Breach and Privacy Security Liability

1. Qualification criteria

Please check the appropriate box::

- a) You are requesting limits less than \$2M Yes No
- b) Your gross revenue for the last fully completed financial year (or your good faith estimate of this year's gross revenues if you are a start-up) did not (or will not) exceed \$100,000,000 Yes No
- c) You are not a(n): Yes No
- Depository institution (savings bank, commercial bank, savings and loan, credit union, or similar), investment bank, securities underwriter, securities broker-dealer, or similar;
 - Payment card processor or gateway, payroll processor, or credit rating agency;
 - Insurance company;
 - Social or professional networking site or service or a dating site or service;
 - Producer, distributor, advertiser, or broadcaster of pornography or a gambling operation, including casinos;
 - Data warehouse, direct marketer, data aggregator, or information broker;
 - Family planning or substance abuse center/service, adoption agency, or abortion clinic;
 - Mobile application or video game developer or publisher;
 - Utility provider; or
 - Collection agency.
- d) You do not have any revenue-generating, permanent physical operations located outside of the United States Yes No
- e) You do not transact more than 1,000,000 payment card transactions annually Yes No
- f) You do not store, at any one time, more than 1,000,000 records containing personally identifiable information Yes No
- g) You have either: 1) confirmed you are compliant with; or 2) confirmed you are not subject to, the Payment Card Industry Data Security Standards (PCI/DSS) Yes No
- h) You are not aware of any matter that is reasonably likely to give rise to a loss or claim, nor have you suffered any loss, nor has any claim been made against you, in the last five years Yes No
- i) No regulatory, governmental, or administrative action has been brought against you, nor any investigation or information request been made, concerning any handling of personally identifiable information Yes No
- j) You do not centrally store any personally identifiable information OR process any payment card information in a centralized location that is shared with another entity, business, franchisee, or franchisor Yes No



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2. Prior coverage

Please indicate if you currently carry similar coverage:

| Insurance carrier/coverage | Limit | Retention | Premium | Retroactive date |
|----------------------------|-------|-----------|---------|------------------|
| | \$ | \$ | \$ | |

If you answered “Yes” to all of the above questions a) through j), you do not have to answer the questions in Section 6b or Section 7. Please proceed to Section 8.

HiscoxPRO™ – Data Breach and Privacy Security Liability
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Section 6b - Data Breach and Privacy Security Liability

1. Security history

Please check the box which applies:

- a) Have you ever been investigated with respect to your safeguards for sensitive information, including but not limited to protected health information, credit card information, or your privacy practices? Yes No
If Yes, please specify details (attach additional information).
- b) Have you ever reported any issues relating to a breach of healthcare information to the Office of Civil Rights or other similar regulatory body? Yes No
If Yes, please specify details (attach additional information).
- c) Have you ever received complaints about how someone's personally identifiable information has been collected, used, or handled? Yes No
If Yes, please specify details (attach additional information).
- d) In the past five years, have you experienced a system intrusion, hacking incident, data theft, malicious code attack, cyber extortion threat, or denial of service attack? Yes No
If Yes, please specify details (attach additional information).

2. Regulatory

Please check the box which applies:

- a) Have you confirmed your compliance with the following:
 - Payment Card Industry Data Security Standards (PCI/DSS) Yes No N/A
 - PCI/DSS Certification Level: 1 2 3 4 Date of last assessment:
 - Health Insurance Portability and Accountability Act (HIPAA) Yes No N/A
 - Gramm-Leach-Bliley Act (GLBA) Yes No N/A
 - Drivers Privacy Protection Act (DPPA) Yes No N/A
 - California's Song-Beverly Act and similar state statutes regarding the collection and use of personal information Yes No N/A
 - Red Flag Rules Yes No N/A
 - Other: Yes No N/A

3. Privacy/security practices

Please check the box which applies:

- a) Is there an individual in your organization specifically assigned responsibility for your privacy and security practices? Yes No
- b) Is there an individual in your organization specifically assigned responsibility for monitoring changes in statutes and regulations related to your handling and use of sensitive information? Yes No
- c) Do you have a written, published privacy policy? Yes No
- d) Has the privacy policy been reviewed by a suitably qualified attorney? Yes No
- e) Has a third-party audited your privacy practices in the last two years? Yes No
- f) Have you identified, located, and secured all sensitive information in your care, custody, or control? Yes No
- g) If applicable, do you contractually indemnify your customers/clients for Yes No N/A

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costs they incur as a result of a breach suffered by you?

h) Do you have formalized data destruction procedures in place for data and documents no longer needed by your organization? Yes No

i) What is your sensitive data retention policy? How long do you retain personally identifiable information?

Hours: Days: Weeks:
Months: Years: Indefinitely:

4. Sensitive information

Please provide the type and amount of information (in both electronic and non-electronic form) you process or store. If you do not know exact amounts, please provide estimates:

Type of sensitive information transmitted, processed or stored:

A) number of records transmitted or processed per year

B) maximum number of records stored at any one time

| | |
|---|-------------------------|
| Social security number or individual taxpayer identification number | A) <input type="text"/> |
| | B) <input type="text"/> |
| Financial account record (e.g. bank accounts) | A) <input type="text"/> |
| | B) <input type="text"/> |
| Payment card data (e.g. credit or debit card) | A) <input type="text"/> |
| | B) <input type="text"/> |
| Driver's license number, passport number, or other state or federal identification number | A) <input type="text"/> |
| | B) <input type="text"/> |
| Protected health information (PHI) | A) <input type="text"/> |
| | B) <input type="text"/> |
| Other - Please specify: | A) <input type="text"/> |
| <input type="text"/> | B) <input type="text"/> |

5. Encryption/compensating controls

Please check the box which applies:

a) Regarding the sensitive information in item 4 above, do you encrypt this information:

While at rest in your databases/on your network? Yes No N/A

In internal and external email transmissions? Yes No N/A

On wireless networks? Yes No N/A

In file transfers? Yes No N/A

On mobile computing devices including laptops and smart phones? Yes No N/A

On mobile storage devices including USB flash drives and DVDs? Yes No N/A

Other: Yes No N/A

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- b) In lieu of or in addition to encryption, what compensating controls have you implemented to protect any sensitive information that you process, transmit, or store?

6. Security controls

Please check the box which applies:

- a) Have you installed and do you maintain a firewall configuration to protect data? Yes No
- b) Do you regularly scan your network for weaknesses, including for SQL injection vulnerabilities? Yes No
- c) Do you use anti-virus software and regularly apply updates/patches? Yes No
- d) Do you have a defined process implemented to regularly patch your systems and applications? Yes No
- e) Have you installed and do you maintain an Intrusion Detection System (IDS) to monitor your network for malicious activities or policy violations? Yes No
- f) Have you installed and do you maintain a Data Loss Prevention (DLP) system to identify, monitor, and protect sensitive data while in use, in motion, and at rest on your network? Yes No
- g) Have you installed physical controls to protect sensitive systems and sensitive, physical information under your care, custody, or control? Yes No

Please provide details regarding any measures you have taken to protect and secure your network and sensitive information (both in digital and physical form):

7. Payment card information

- a) Do you accept credit card payments in your facilities or via the web? If yes, please answer the following four questions: Yes No
- b) Do you outsource all of your payment processing? Yes No
- c) If you outsource payment processing, do you require the processor to indemnify you for their security breaches? Yes No
- d) Do you ever store or transmit credit card details on your network? Yes No
- e) Do you ensure that credit card details are masked or encrypted at all times when stored, displayed, or transmitted from your system? Yes No

8. Backup storage controls

- a) Is all sensitive information stored on back up tapes/cassettes/disks, etc. encrypted as a standard practice? Yes No
- b) If you maintain your own backup tapes/cassettes/disks, etc., are these stored in a physically secured location? Yes No
- c) If you utilize any third-party transportation or storage company, do you require them to indemnify you if they lose your data or your data is breached while in their care, custody, or control? Yes No

9. Access control

- a) Do you track and monitor all access to sensitive information on your network? Yes No
- b) Do you restrict access to all sensitive information stored by you on a business need-to-know basis? Yes No
- c) Do you have procedures in place to restrict or remove login credentials of employees immediately following an employee's departure from your? Yes No



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organization?

10. Prior coverage

Please indicate if you currently carry similar coverage:

| Insurance carrier/coverage | Limit | Retention | Premium | Retroactive date |
|----------------------------|-------|-----------|---------|------------------|
| | \$ | \$ | \$ | |

Please proceed to any subsequent section for which you wish to apply, otherwise please proceed to Section 8.

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Section 7 - Cyber Enhancements

1. Redundancy

Please check the box which applies:

- a) Do you maintain redundant backups of sensitive and critical system information? Yes No N/A
- b) Do you have backups stored off-site? Yes No N/A
- c) Are restore procedures documented and tested? Yes No N/A
- d) Do you have scheduled backup procedures in place? Yes No N/A
How often is sensitive information backed up?
Daily Weekly Monthly Annually
- e) Do system backups reside with third-parties? Yes No N/A
How quickly can you obtain backups stored by third-parties?
24-hours One week One month Unknown

2. Business interruption

- a) For Cyber Business Interruption only, what is your average revenue generated through your website or network?

\$

- Daily Weekly Monthly

3. Prior coverage

Please indicate if you currently carry similar coverage:

| Insurance carrier/coverage | Limit | Retention | Premium | Retroactive date |
|----------------------------|-------|-----------|---------|------------------|
| | \$ | \$ | \$ | |

Please proceed to section 8. All applicants must complete Sections 1 and 8.

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Section 8 - Execution

All applicants must complete this Section and Section 1.

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide us with details. Feel free to attach an addendum to this application if insufficient space is provided below:

NOTE: Hiscox policyholders may qualify for various complimentary value-added services. Please provide the contact details of the individual who may be contacted by Hiscox or its partners regarding these services:

Name: Phone:
Email:

APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing and any outstanding quote for insurance coverage may be modified or withdrawn.

Your submission of this Application does not obligate us to issue, or you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials furnished to us in conjunction with this Application are incorporated into this Application and made a part of it.

Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors, and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I will undertake to inform you before the inception of any policy issued pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

* Applicant Signature:

Date:

Title:

* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.



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THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM, and RI:

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy will be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, we will not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred will be applied against the retention amount.

* Applicant Signature:

Date:

Title:

* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF FRAUDULATING OR ATTEMPTING TO FRAUD THE INSURANCE 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 FRAUDULATING OR ATTEMPTING TO FRAUD 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF FRAUDULATING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, FRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS



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GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO PENNSYLVANIA 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO 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 INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT 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



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INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO CIVIL PENALTIES UNDER STATE LAW.

NOTICE TO NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

* Applicant Signature:

Date:

Title:

* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF IA and FL:

Producer Information:

** Producer Signature:

Date:

Address of Producer:

*** Producer License Number:

** required only in the following State(s): Iowa

*** required only in the following State(s): Florida

A copy of this application should be retained for your records.