



The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

The limit of liability available to pay losses will be reduced and may be exhausted by amounts paid as defense expenses. The retention will apply to defense expenses.

IMPORTANT INSTRUCTIONS: This Application will only be accepted for Applicants with revenues of \$50,000,000 and below **and** assets of \$500,000,000 and below.

GENERAL INFORMATION

Name of Applicant:

Mailing Address:

City: State: Zip:

Web Address:	Total Revenues: \$	Total Assets: \$	Employees:
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UNDERWRITING QUESTIONS

- Does the Applicant have:

<input type="checkbox"/> Up-to-date, active firewall technology	<input type="checkbox"/> Updated anti-virus software active on all computers and networks
<input type="checkbox"/> Patch management procedures	<input type="checkbox"/> Intrusion detection software
<input type="checkbox"/> Multi-factor login for privileged access	<input type="checkbox"/> Valuable/sensitive data backup procedures
<input type="checkbox"/> Remote access limited to VPN	<input type="checkbox"/> Procedure to test or audit network security controls
<input type="checkbox"/> Incident response plan	<input type="checkbox"/> Disaster recovery plan, business continuity plan, or equivalent
<input type="checkbox"/> Media and website content controls	<input type="checkbox"/> A person or department responsible for information security
<input type="checkbox"/> Require service providers to demonstrate adequate network security	
- If applicable, is the Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? ☐ Yes ☐ No ☐ N/A
- If applicable, is the Applicant HIPAA compliant? ☐ Yes ☐ No ☐ N/A
- Does the Applicant encrypt private or sensitive data? ☐ At Rest ☐ In Transit ☐ On Laptops and Mobile Devices

LOSS INFORMATION

- In the past 3 years, has the Applicant: (a) experienced a network or computer system disruption due to an intentional attack or system failure, an actual or suspected data breach, or an actual or attempted extortion demand; or (b) received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customer's ability to rely on the Applicant's network? ☐ Yes ☐ No
- Is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the insurance policy for which the Applicant is applying? ☐ Yes ☐ No

If any question is answered Yes, please attach details of each claim, complaint, allegation or incident, including costs, losses or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

Authorized Representative Signature*: X	Authorized Representative Name and Title:	Date (mm/dd/yyyy):
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PRODUCER INFORMATION (REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)

Producer Signature*: X	State Producer License No:	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box below. By doing so, the applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

- ☐ Electronic Signature and Acceptance – Authorized Representative
☐ Electronic Signature and Acceptance – Producer