



Notices: this is an application for insurance provided through certain underwriters at Lloyds . Solely with respect to insuring agreement b., the policy is written on a claims made basis and applies only to claims first made against the insured during the policy period or any applicable extended reporting period. Costs of defense reduce and may exhaust the applicable limit(s) of liability available to pay settlements, judgments or other costs. Loss, costs of defense and other covered costs are subject to the applicable retention. Please read your policy carefully. Completion of this application in no way will be considered a binder of coverage and underwriters do not guarantee that a policy will be issued.

INSTRUCTIONS FOR COMPLETING APPLICATION:

- 1. Whenever used in this Application, the term Applicant shall mean the Company set forth in Section A. 1. of this Application.
2. Please type or print clearly in ink. All questions must be answered completely. If any questions are considered "not applicable," please explain why. If you need more space, continue on a separate sheet and indicate the question number.

A. COMPANY INFORMATION

- 1. Company Name:
2. Street Address, City, State, Zip:
3. Website Address:
4. Total Revenues From Most Recent Year End: \$
5. Type of Company or Industry:
6. Person Responsible for Buying Coverage:
Position: Email:
Phone:
7. What year did the Company start in business:

B. DATA GATHERING INFORMATION

- 8. Please check which of the following types of data you collect, store, manage, or process NOT including data provided by employees as part of their employment files?
Social Security Numbers, Bank Account Numbers, Protected Health Information, Driver's License/Passport Numbers, Educational Records
9. How many unique individual's records do you store, hold or process in a year containing the above selected information?
Under 10,000, 10,001 - 50,000, 50,001 - 100,000, 100,001 - 250,000, 250,001 - 500,000, Over 500,000
10. Do you accept credit cards, debit cards, or other payment cards?
a. If Yes, do you accept Visa and Mastercard?
b. If Yes, how many debit, credit, or payment card transactions do you process in a year?
Under 10,000, 10,001 - 50,000, 50,001 - 100,000, 100,001 - 250,000, 250,001 - 500,000, Over 500,000
11. Do you take payments online?
12. Do you retain payment data (credit cards, debits cards, etc) for recurring customer charges?
If "Yes," do you make your customers aware that their payment data is being retained when they provide the information?

C. SECURITY CONTROLS

Please Check All That Apply

- 1. We require passwords on all computers that are changed at least twice a year.
- 2. We do NOT have portable computers that leave the building daily (or we do not have portables at all).
- 3. We have portable computers and at least 50% of them are encrypted.
- 4. We store paper records in locked drawers or filing cabinets.
- 5. We utilize a shredding vendor or shredders in our office.
- 6. We utilize updated anti-virus software on our computers.
- 7. We do NOT utilize a wireless network.
- 8. We do NOT use flash drives (or we encrypt them if we use them).
- 9. We outsource our technology and technology security to a technology company.

D. MEDIA INFORMATION

- 13. Do you advertise products or services? Locally Nationally Globally
- 14. How many brand names and/or trademarks do you use? Under 5 5-10 Over 10
- 15. How often do you use an advertising agency for your advertising creation?
 Always Sometimes Never
- 16. Do you have a lawyer involved in reviewing marketing and advertising? Yes No
- 17. Do you use celebrity spokespersons? Yes No
- 18. Do you publish any movies, books, or music as part of your business? Yes No
- 19. Please select all that apply for your organization’s online presence:
 Website Social Media (Facebook, Twitter, etc)
 Company Blog User Supplied Content (forums, reviews, etc)

E. LOSS EXPERIENCE

- 20. Have any of the following situations occurred in the past 24 months:
 - a. Lost over 100 sensitive records? Yes No
 - b. Had a data breach requiring you to notify individuals of the breach? Yes No
 - c. Lost more than one laptop, smartphone, or other mobile device? Yes No
 - d. Had a dispute with a third-party over content that was used? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM, BREACH OR LOSS REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION 20 IS EXCLUDED FROM THE PROPOSED INSURANCE, AND THAT ANY CLAIM, LOSS OR COSTS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION 20 IS EXCLUDED FROM THE PROPOSED INSURANCE.

- 21. Are you or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which you or such individual or entity has reason to believe may or could reasonably be foreseen to give rise to a claim or loss that may fall within the scope of the proposed insurance? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM, LOSS OR COSTS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 21 IS EXCLUDED FROM COVERAGE.

F. EXISTING COVERAGE

- 22. Do you have an in-force media, data security or privacy insurance policy? Yes No
If yes, what is your retroactive date for the policy? _____

G. FALSE INFORMATION

Notice to Alaska Applicants: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice to Arkansas, New Mexico and Texas 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 California Applicants: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 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 policy holder 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.

Notice to Delaware, Idaho and Indiana Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false or misleading information is guilty of a felony.

Notice to District of Columbia and Maine Applicants: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding 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, 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 in the third degree.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing materially false information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Louisiana and Rhode Island 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, 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.

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 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 is subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

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.

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.

H. MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application prior to the inception date of any policy that may be issued, the **Applicant** must notify the Insurer in writing and any outstanding quotation or binder may be modified or withdrawn. The undersigned Officer of the **Applicant** declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Insured proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned further agrees that if any significant adverse change in the condition of the **Applicant** is discovered between the date of this Application and the effective date of the Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance. It is agreed by the Insureds that the particulars and statements contained in this Application and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed by the Insureds that the statements in this Application or any information provided herewith are their representations, they are material and this Policy is issued in reliance upon the truth of such representations.

This Application must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Information Officer or Functional Equivalent of the Applicant.

Signature _____

Title _____ Date _____

**Please submit this Application including appropriate documentation to:
EmergIn Risk
submissions@emerginrisk.com**

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