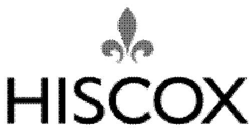


Privacy and Data Breach Insurance Program

Application form 1112. For use after 11/1/12.

Completion of this application in no way will be considered a binder of coverage and underwriters do not guarantee that a policy will actually be issued upon receipt of a completed application. If a policy is issued, it will provide coverage only for claims that are first made against the insured and reported to underwriters during the policy period, or any extended reporting period, if applicable. Notice: This application is for insurance in which the policy limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount. Whoever fills out this application must be a principal/partner/director/officer or senior manager authorized to do so and should make all the proper inquiries to enable the questions to be answered. The application should be completed for the applicant inclusive of every **Subsidiariy***.

ATTENTION: YOU MUST READ, COMPLETE, SIGN AND DATE THE ENTIRE APPLICATION FORM. IF YOU ARE UNABLE TO FULLY COMPLETE, SIGN AND DATE, PLEASE SUBMIT ADDITIONAL DETAILS SO THAT YOU MAY STILL BE CONSIDERED FOR COVERAGE.

Your details

Name

Address

Revenues

Enter 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*)…not to exceed $100,000,000

Subsidiaries

Please list each ***Subsidiary**** you wish to include in the policy.

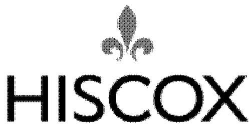
Business Activities:

- ☐ Advertising/Broadcasting/Publishing
- ☐ Construction
- ☐ Education
- ☐ Financial Services
- ☐ Government Entity/Municipality
- ☐ Healthcare/Medical
- ☐ Manufacturing
- ☐ Non-Medical Professional Services
- ☐ Retail Sales
- ☐ Technology/Telecom
- ☐ Transportation/Warehousing
- ☐ Other: **Please Specify**

Qualifying Conditions

Declarations of the ***Insured**** - You declare that:

- 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;
- Your business activities are limited to the Business Activities acknowledged above;
- You are not a:
  - a) Depository Institution (savings bank, commercial bank, savings and loan, credit union, or similar); investment bank, securities underwriter, securities broker-dealer, or similar;
  - b) Payment card processor or gateway; payroll processor; or credit rating agency;
  - c) Insurance company;
  - d) Social or professional networking site or service; dating site or service;
  - e) Franchisee or franchisor;
  - f) Producer, distributor, advertiser, or broadcaster of pornography; or gambling operation including casinos;
  - g) Data warehouse, direct marketer, data aggregator, or information broker;
  - h) Family planning or substance abuse center/service, adoption agency, or abortion clinic;
  - i) Mobile application or video game developer or publisher;
  - j) Utility provider;
- You do not have revenue-generating, permanent physical operations located outside of the USA;
- You transact no more than 1,000,000 payment card transactions annually;
- You store, at any one time, no more than 1,000,000 records containing ***Personally Identifiable Information****;
- All laptops and tablet computers storing ***Personally Identifiable Information**** are encrypted;
- You have either confirmed you are compliant with or confirmed you are not subject to the Payment Card Industry Data Security Standards (PCI/DSS);
- You are not aware of any matter that is reasonably likely to give rise to any ***First Party Loss**** or ***Claim****, nor have you suffered any ***First Party Loss****, nor has any ***Claim**** been made against you in the last five years;



Privacy and Data Breach Insurance Program

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- No regulatory, governmental, or administrative action has been brought against you, nor any investigation or information request, concerning any handling of ***Personally Identifiable Information****.

If the *Insured is not able to make any of these declarations above, this policy is not suitable for your business and any policy purchased as part of this program will be invalid unless agreed in writing by Hiscox. Upon request, Hiscox will provide you with a suitable alternative application form.**

Acceptance

Coverage will only start after acceptance and confirmation of coverage by us.

Data Protection Act

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

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 undertake to inform you before the inception of any policy 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.

		/ /
Signature of principal/partner/officer/director as authorized representative of the applicant	Signatory's title:	Date

****Claim***, ***First Party Loss***, ***Personally Identifiable Information***, ***Subsidiary***, and ***Insured*** have the meaning as defined in the policy form. If you do not have a copy, please obtain from your insurance advisor.

A copy of this proposal should be retained for your records