



APPLICATION FOR INFORMATION SECURITY & PRIVACY LIABILITY COVERAGE FOR AUTOMOBILE DEALERSHIPS

The policy for this application is on a Claims Made and Reported basis. This policy applies to claims first made against the insured and reported in writing to the underwriters during the policy period or during the pre-agreed extension period. The limit of liability may be reduced or exhausted as a result of claims expenses and is subject to the deductible. Once the limit of liability is exhausted, the insurance carrier is not responsible to pay settlements, judgments or claims expenses. **READ THE POLICY CAREFULLY.**

Fully answer all questions within the application and submit all requested information and forms. This application applies to all policy terms. This application, submitted information and forms will be protected and held in confidence.

I. APPLICANT DETAILS		
Full Applicant Name: (Continued on page 3)		
Mailing Address:	City:	
State & Zip:	Website:	
# of Employees:	Year Established:	
Breach Response Contact Name:		
Telephone:		Email:
# of Records containing Personally Identifiable Information (PII) in electronic or paper format? (PII is non-public personal information such as social security number, financial information, driver's license #, etc)		
12 Month Trailing Total Annual Sales: \$ (Include total sales of all stores for which this application applies; new and used cars, servicing, parts, financing, etc)		
Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes within the past twelve (12) months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:		
Does the Applicant currently have insurance coverage for Privacy, Network Security and Media Liability? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, Insurer:	Limit:	Deductible:
Policy Period:	Retro Date:	Premium:

## II. INFORMATION SECURITY & PRIVACY CONTROLS

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the Applicant use firewalls and anti-virus protection?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Does the Applicant have and require employees to follow written computer and information systems policies and procedures?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Does the Applicant terminate all associated computer access and user accounts when an employee leaves the company or when a third party contractor no longer provides the contracted services?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Does the Applicant accept credit cards for goods sold or services rendered? If YES:<br>A. Please state the Applicant's approximate percentage of revenues from credit card transactions within the past twelve (12) months:<br>B. The Payment Card Industry Data Security Standards (PCI DSS) is a set of requirements designed to ensure that ALL companies that process, store, or transmit credit card information maintain a secure environment. Is the Applicant PCI compliant?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Does the Applicant have and enforce policies concerning the encryption of internal and external communication?<br>A. Are users able to store data to the hard drive of portable computers or portable media devices such as USB drives?<br>B. Does the Applicant encrypt data stored on laptop computers and portable media?<br>C. Please describe any additional controls the Applicant has implemented to protect data stored on portable devices:   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. What format does the Applicant utilize for backing up and storage of computer systems data?<br><input type="checkbox"/> Tape or other media <input type="checkbox"/> Online backup service <input type="checkbox"/> Other:<br>A. Are tapes or other portable media containing backup materials encrypted?<br>B. Are tapes or other portable media stored offsite using secured transportation and secured storage facilities?<br>1) If stored offsite, are transportation logs maintained?<br>2) If stored onsite, please describe physical security controls: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## III. MEDIA AND WEBSITE CONTENT CONTROLS

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Please check all descriptions of website content posted by the Applicant:<br><input type="checkbox"/> No Website <input type="checkbox"/> Information created by the Applicant<br><input type="checkbox"/> Streaming video or music content <input type="checkbox"/> Content under license from a third party<br><input type="checkbox"/> Blog/Message Boards/Customer Reviews |                              |                             |
| 2. Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libelous, infringing, or in violation of a third party's privacy rights?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Does the Applicant have a process to review all content prior to posting on the Insured's internet site(s) to avoid the posting of improper or infringing content?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

4. Has the Applicant screened all trademarks and service marks used by the Applicant for infringement of existing marks prior to first use? ☐ YES ☐ NO
- A. Has the Applicant acquired any trademarks or service marks from others within the past three (3) years? ☐ YES ☐ NO
- If YES, were acquired trademarks and service marks screened for infringement? ☐ YES ☐ NO

#### IV. PRIOR CLAIMS AND CIRCUMSTANCES

1. Does the Applicant or other proposed insured, or any director, officer or employee of the Applicant or other proposed insured have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance? ☐ YES ☐ NO

If YES, please provide details:

2. During the past 5 years has the Applicant:
- A. received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement? ☐ YES ☐ NO
- B. been a subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? ☐ YES ☐ NO
- C. notified consumers or any other third party of a data breach incident involving the Applicant? ☐ YES ☐ NO
- D. experienced an actual or attempted extortion demand with respect to its computer systems? ☐ YES ☐ NO

If YES, please provide details of any such action, notification, investigation or subpoena:

#### ADDITIONAL NAMED INSUREDS

## FRAUD WARNING DISCLOSURE

**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 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 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 District of Columbia 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 or claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. **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 company. Penalties may include imprisonment, fines or a denial of insurance benefits. **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." **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. **Applicable in Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **WARNING – Kentucky, Maryland, New Jersey, New Mexico, Ohio, Rhode Island, West Virginia residents only:** 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 Applicants in all other states:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## SIGNATURE SECTION

Application hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to RPS Technology & Cyber as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that RPS Technology & Cyber shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

**Further, Applicant understands and acknowledges that:**

- If a policy is issued, RPS Technology & Cyber will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to RPS Technology & Cyber in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
- This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
- Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy, may create a lack of coverage for each Applicant who had a basis to believe that any such act, omission or circumstances might reasonably be expected to be the basis of a claim.

The policy applied for provides coverage on a Claims Made and Reported basis and will apply only to claims that are first made against the insured and reported in writing to RPS Technology & Cyber during the policy period. Claims expenses are within and reduce the limit of liability, unless otherwise noted in policy terms.

Applicant hereby authorizes the release of claim information to RPS Technology & Cyber from any current or prior insurer of the Applicant.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_  
 \*(Owner, Partner, Authorized Officer)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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