PLEASE NOTE: THIS APPLICATION IS FOR INSURANCE THAT IS WRITTEN ON A "CLAIMS" MADE BASIS AND PROVIDES COVERAGE FOR THOSE "CLAIMS" WHICH ARE THE RESULT OF "WRONGFUL ACTS" HAPPENING SUBSEQUENT TO THE RETROACTIVE DATE STATED ON THE DECLARATIONS AND WHICH ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. DEFENSE COSTS REDUCE THE LIMIT OF INSURANCE AND ARE SUBJECT TO A DEDUCTIBLE. THROUGHOUT THIS APPLICATION THE TERM "YOU" MEANS THE APPLICANT IDENTIFIED IN PART I BELOW.

Use for companies with less than $20,000,000 in revenues. For companies in excess of $5,000,000 in revenue, attach a copy of the standard customer contract or license agreement.

I.	GENERAL INFORMATION				
Name of Applicant (as it should appear on Policy)					
Street Address: City, State, Zip Code: Web Site Address:	,				
Business Type:	☐ Corporation	☐ Partnership	☐ Joint Venture	☐ LLC	
Years in Business					
Prior Carrier:					

II.	UNDERWRITING INFORMATION			
	Technology Errors & Omissions	Limit $ Deductible $ Effective Date Retroactive Date		
1	Gross Annual Revenue including domestic and foreign			
2	Description of Operations:			
3	Is your largest contract size under $250,000? *If no, supply list of top 5 clients with project size, length of project, and description of work completed.*		☐ Yes	☐ No
4	Do you require the use of a written contract or agreement for all engagements?		☐ Yes	☐ No
5	Indicate which of the contract provisions are part of most contracts: *(select all that apply)* ☐ Disclaimer of Warranties ☐ Hold Harmless to your benefit ☐ Dispute Resolution ☐ Limitation of Liability ☐ Exclusions for Consequential Damages ☐ Performance Milestone ☐ Exclusive Remedy ☐ Statement of Work ☐ Force Majeure ☐ Venue or Governing Law			
6	In your opinion, what is the worst case scenario if your product or work should fail?			
7	Indicate which of the quality control procedures are in place: *(select all that apply)* ☐ Alpha/Beta testing ☐ Formalized training for new hires ☐ Back-up or contingency plan ☐ Prototype development ☐ Complaint resolution procedures ☐ Recall program ☐ Customer signature on each phase of the project ☐ Total Quality Management ☐ Customer support through email/toll free number ☐ Written and formalized quality control program ☐ Formal customer acceptance procedures ☐ Other: _____			

8	Do you use subcontractors? *If yes, what percentage?*	☐ Yes	☐ No
9	Does your work involve any of the following activities: Patient diagnosis, electronic funds transfer, credit card processing, gaming or gambling, social networking, computer aided design, recycling, factory automation or products used in aerospace, automotive, military, utilities (except telecommunications), medical devices, or environmental control? *If yes, please explain.*	☐ Yes	☐ No

III.   MEDIA -*Complete only if applying for Media Liability or copyright of software code*

Current Program   Limit $ Deductible $ Effective Date: Retroactive Date:

Business Activities or Website contents	% of Receipts		% of Receipts
Advertising/Marketing for others		Pornographic or sexually explicit material	
Executable programs or shareware		Sweepstakes or coupons	
File sharing		Video Producers	
Music or sound clips		Other *(describe)*	
Website Content Provider	**%**	**Open Source**	**%**
Content created by applicant		Open Source Code originated by applicant	
Content supplied by client		Open Source Code created by others and used by applicant	
Domain Name Registration			

1.	If you distribute computer systems with software included, are the appropriate license agreements supplied with each system?	☐ N/A	☐ Yes	☐ No
2.	Do you follow all contractual requirements when distributing hardware or software manufactured by others?	☐ N/A	☐ Yes	☐ No
3.	Is the ownership of intellectual property created by you, or on your behalf, clearly stated in all customer contracts and followed by you?	☐ N/A	☐ Yes	☐ No
4.	If you sell used equipment, are new license agreements purchased?	☐ N/A	☐ Yes	☐ No
5.	Do you have a procedure for reviewing all content that is disseminated via your website?		☐ Yes	☐ No
6.	Does your website, or any website managed by you, include chat rooms, bulletin boards, or blogs? If yes, do you review and edit prior to posting? ☐ Yes ☐ No Do you have a formal procedure for removing controversial or infringing material? ☐ Yes ☐ No		☐ Yes	☐ No
7.	Have you received notification that any of your material or services infringe on the intellectual property rights of others?		☐ Yes	☐ No
8.	**Risk Management Procedures for all Media Activities**			
	a. Do you employ an in-house counsel who specializes in intellectual property rights?		☐ Yes	☐ No
	b. Do you have written intellectual property clearance procedures?		☐ Yes	☐ No
	c. Do you acquire all necessary rights, licenses or consent to use of content?		☐ Yes	☐ No
	d. Do you require employees and contractors to sign a statement that they will not use previous employers' or clients' intellectual property?		☐ Yes	☐ No
	e. Do you have agreements in place with contractors, working on your behalf, granting you ownership of all intellectual property developed for you?		☐ Yes	☐ No

IV.   INFORMATION SECURITY- *Complete only if applying for Network Security & Privacy Injury Liability Coverage or if you are responsible for non-public information on behalf others*

COVERAGES

Select each Coverage and indicate the Limit of Liability and Retention for which you are applying:

Coverage	Limit of Liability	Deductible
☐ Network Security & Privacy Injury Liability		
☐ Privacy Regulation Proceeding Sublimit		
☐ Privacy Event Expenses Sublimit		
☐ Extortion Sublimit		

Effective Date: Retroactive Date:

1.	Do you maintain a comprehensive information security program that is designed to protect the security, confidentiality, and integrity of all personal and commercial information?	☐ Yes	☐ No

2. **ADMINISTRATIVE SAFEGUARDS – select all that apply**

☐ Access to Information that resides on data storage devices (servers, desktops, laptops, PDA's) is controlled.

☐ Access to Information that can be displayed, printed or downloaded to external storage devices is controlled.

☐ Ability to identify whose non-public information is being held along with contact information

☐ Accounts are monitored to eliminate inactive users

☐ Data that is no longer needed is erased or destroyed leaving no residual information

☐ Contractual requirements are in place with third parties trusted with sensitive information to protect this information with the same obligation that you owe to others and to comply with any applicable privacy law.

☐ Background checks are conducted on employees and independent contractors.

☐ Employee awareness and /or security training is in place.

☐ A privacy policy reviewed by a third party is in place.

☐ A process is in place for assessing whether a breach notice is legally mandated and how the notice is to be communicated.

☐ A procedure has been established for employee departures that include an inventory recovery of all information assets, user accounts, and systems previously assigned to each individual during their employment.

1. **TECHNICAL SAFEGUARDS– select all that apply**

☐ Anti-virus/malicious software is deployed

☐ Anti-virus scans are performed on all e-mail attachments, files and downloads before opening

☐ Automatic software updates on a daily basis

☐ Rejected files are quarantined

☐ Unneeded services and ports are disabled

☐ Virus/information security threat notifications are automatically received from CERT or similar

☐ Anti-spyware software is installed and configured to provide protection of sensitive information on all servers, desktops, PCs and laptops

☐ Security software updates and patches are checked weekly and updated within 30 days

☐ Unauthorized access or attempts to access sensitive information can be detected

☐ Reasonable encryption methods are used when transmitting, receiving, or storing sensitive information

☐ Factory default settings are replaced to ensure systems are securely configured

☐ A firewall has been established at each Internet connection

☐ A firewall has been established between any DMZ and Internet connection

2.	**a.**	Do you use wireless networks?	☐ Yes	☐ No
	b.	If yes, do you use security at least as strong as WPA authentication and encryption, requiring two- factor authentication (VPN, Access token, password/account logon) before allowing access to the network?	☐ Yes	☐ No

3. Approximately how many records do you maintain on your network (personal and commercial information held on behalf of others)

Indicate type of third party sensitive information held

☐ Social Security Numbers	☐ Passwords, including PINs
☐ Medical or dental records	☐ Salary and compensation
☐ Driver's license numbers	☐ Disability status
☐ Credit card numbers	☐ Criminal arrests & convictions
☐ Race, ethnicity, national origin	☐ Third party intellectual property/trade secrets

	☐ Financial records	☐ Other *(please describe)*

PHYSICAL SECURITY SAFEGUARDS – select all that apply

1.
☐ Physical security controls have been established to control access to sensitive data.
☐ Server room and/or data center access is limited to authorized personnel only.
☐ Removable devices such as laptops, PDAs, thumb drives, tapes or diskettes (all removable media) contain non-public personal or commercial information.

If checked, all information is encrypted and encryption/decryption keys are not stored on the device unless protected by two factor authentication. ☐ Yes   ☐ No

HISTORICAL CLAIMS & INVESTIGATORY INFORMATION

1.	Do your executive officers have knowledge, information of any circumstance, or allegation of contentions of any incident that could give rise to a claim that would be covered by this policy? *If yes, please explain.*	☐ Yes	☐ No
2.	Have you 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 your customers ability to rely on your network? *If "yes" attach details.*	☐ Yes	☐ No
3.	Within the last five (5) years, have you been the subject of an investigation or action by any regulatory or administrative agency arising out of your business practices? *If "yes" attach details.*	☐ Yes	☐ No

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For DC residents only: 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 were provided by the applicant.) (For FL residents only: 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.) (For LA residents only: 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.) (For ME residents only: 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.)(For NY residents only: 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.) ((For Oklahoma residents only: 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." The absence of such a statement shall not constitute a defense in any prosecution. (For PA 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.) (For TN and WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.

The undersigned officer certifies that he or she is an authorized representative of the applicant identified in Part I above and certifies that reasonable inquiry has been made to obtain answers to these questions. He/she certifies that the answers are, to the best of his/her knowledge and belief, true, correct and complete. Signing this application does not constitute a binder or obligate CNA to provide this insurance, but it is agreed that this application is the basis upon which CNA may issue a policy.

By: _____   _____

    Signature of Authorized Representative   Printed Name of Authorized Representative

Title: _____   Date: _____