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Name of Insurance Company to which application is made

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| --- |
| C:\Users\BG29352\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\TIRHWQ9E\hig-logo-medium.jpg**FailSafe® Application** **Professional Liability, Media Liability, & Cyber Risk Coverage****for Technology and Life Science Companies** |
| NOTICE: THIS POLICY CONTAINS CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED’S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.  |

**The words “You,” “Your” and “Yours” in this application means all of the following: the entity indicated in response to the Name of Applicant Company question below (the “Applicant”); all subsidiaries in which the Applicant has more than a 50% ownership interest; and all officers, directors, owners, partners and employees of the aforementioned entities.**

|  |  |  |  |
| --- | --- | --- | --- |
| **•** | Do you provide third parties with any social network, search engine, gambling technology, financial technology, surveillance, white-hatting / ethical hacking, any utilities infrastructure service (not related to telecommunications), or engage in any activity involving or similar to mining, trading, exchanging, storing, or offering (initial or subsequent) any cryptocurrency, token, digital coin or equivalent thereof? | 🞎 Yes | 🞎 No |
| **•** | Do you distribute unsolicited advertising or content? | 🞎 Yes | 🞎 No |
| **•** | Does your business involve obscenity, pornography, or focus on minors as a market? | 🞎 Yes | 🞎 No |
|  | **If you answered “Yes” to any of these questions, you do not meet our underwriting eligibility for coverage** |

**COMPANY DETAILS**

|  |  |
| --- | --- |
| **•** | Name of Applicant Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **•** | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **•** | Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **•** | Federal Employer Identification Number (FEIN/EIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **•** | NAICS code & description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CURRENT E&O INSURANCE DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Errors & Omissions (E&O) | Cyber (First Party) | Media Liability |
|  | Limit: |  |  |  |
|  | Retroactive Date: |  |  |  |
|  |  | or | or | or |
|  |  | 🞎 No current coverage | 🞎 No current coverage | 🞎 No current coverage |

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|  |

**COMPANY REVENUE**

|  |  |
| --- | --- |
| **•** | Please provide the following financial information: |
|  |
|  | **Most recent fiscal year ended:** **\_\_\_\_\_\_/20\_\_\_\_ (month/yr.)** | **Gross Revenue** | **Total Expenses** |
|  | **•** | Projected next year | $ \_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_ |

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**CONTRACTS & QUALITY CONTROL**

|  |  |  |  |
| --- | --- | --- | --- |
| **•** | Does a qualified attorney approve all of your contracts, including existing and future? | 🞎 Yes | 🞎 No |

|  |  |
| --- | --- |
| **•** | In your contracts, do you always: |
|  | **•** | Cap your liability for damages? | 🞎 Yes | 🞎 No |
|  |  | **•**  | If yes, at what amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **•** | Require legal counsel to review if deviating from your standard contract terms? | 🞎 Yes | 🞎 No |

|  |  |
| --- | --- |
| **•** | Please provide the following information regarding your largest customer contract: |
|  | **•** | Largest contract revenue | $ \_\_\_\_\_\_\_\_\_\_ |
|  | **•** | Largest customer and description of scope of contracted work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| **•** | Do you incorporate the following elements into your quality control & customer support programs? |
|  | (Check N/A only if you do not deliver product or services to which the element applies) |
|  | **•** | Written quality control program | 🞎 Yes | 🞎 No | 🞎 N/A |

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**CORPORATE EXPOSURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **•** | Have you gone through any merger, acquisition, sale of any assets or other similar transaction within the past 24 months? | 🞎 Yes | 🞎 No |

|  |  |  |  |
| --- | --- | --- | --- |
| **•** | Do you have any subsidiaries or foreign locations? | 🞎 Yes | 🞎 No |

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**STAFF & SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
| **•** | Do you perform any of the following for third parties: online tracking, data aggregation, data mining, gaming, or provide products or services that are specifically intended to enable others to engage in cryptocurrency mining, exchange, trading, initial offerings or storage? | 🞎 Yes | 🞎 No |

|  |  |
| --- | --- |
| **•** | Do your products or any of your services perform the following security functions for third parties?(check all that apply) |
|  | 🞎 | Identification & authentication | 🞎 | Intrusion detection | 🞎 | Monitoring |
|  | 🞎 | Other information security | 🞎 | None of the above |  |  |

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**CYBER CONTROLS & CADENCE**

**All applicants should fill out this section, even if not requesting First Party Expense coverage**

These questions apply whether information is on or offline.

These questions apply whether information is in your care or the care of a party to whom you have entrusted it.

Throughout the following **Cyber Controls & Cadence** section of this application**,** “you”, “your”, “we,” “us,” and “our” mean you and any third party on whom you currently rely, or to whom you entrust any information.

|  |  |  |  |
| --- | --- | --- | --- |
| **•** | Do you have custody of Personal Health Information (PHI) of third parties? | 🞎 Yes | 🞎 No |

|  |  |  |  |
| --- | --- | --- | --- |
| **•** | Are you responsible for collecting, storing, processing, safeguarding or any other activity involving the personal information of residents of foreign countries? | 🞎 Yes | 🞎 No |

|  |  |
| --- | --- |
| **•** | How many people’s non-public personal information (NPI) do you collect, store, process or otherwise handle? |
|  | 🞎 | Under 50,000 | 🞎 | 50,000 - 100,000 | 🞎 | 100,001 - 1,000,000 | 🞎 | 1,000,001 - 5,000,000 | 🞎 | Over 5,000,000 |

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| *Information Security* |
|  |
| **•** | Do you back-up mission critical data regularly, routinely store recent back-ups off-line and ensure your backups are well isolated from threats against your production systems? | 🞎 Yes | 🞎 No |
|  |
|  |
|  |
|  |
| **•** | How often do you implement system security updates or patches? Select one: |
|  | 🞎 | Immediately upon availability | 🞎 | Weekly | 🞎 | Monthly |
|  | 🞎 | Yearly | 🞎 | Not at all |  |  |

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| --- |
| *Data Encryption & Physical Security* |
|  |
| **•** | Do you encrypt all electronic information that leaves your physical control (laptops, mobile devices, storage, etc.), using strong encryption and keys so that only you can decrypt it? | 🞎 Yes | 🞎 No |
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| *Security Protocols* |
|  |
| **•** | Do you use technical measures, devices or tools and techniques including: firewalls, anti-virus, passwords/authentication, to preclude unauthorized infiltration, modification or corruption of your network, including endpoints and sensitive assets within the network?  | 🞎 Yes | 🞎 No |
| *Ransomware** Do you require multi-factor authentication for remote access to your network? 🞎 Yes 🞎 No
* Do you use any expired or unsupported operating systems or applications? 🞎 Yes 🞎 No
* Is Remote Desktop Protocol disabled in your network? 🞎 Yes 🞎 No
 |

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**(OPTIONAL COVERAGE) MEDIA LIABILITY**

|  |  |
| --- | --- |
| **•** | Do you publish original works or content including software, media, gaming, etc.? (check all that apply) |
|  | 🞎 | No | 🞎 | Yes, for our use | 🞎 | Yes, for others |

|  |  |
| --- | --- |
| **•** | Do you have the following written intellectual property management procedures in place? |
|  | *(Check N/A only if you do not create, acquire, disseminate, display, or use works, software, content, product, marks, brands, logos, slogans, intellectual property, or other matter to which an item below applies)* |
|  | **•** | You procure legal review of content you disseminate including software and website content | 🞎 Yes | 🞎 No | 🞎 N/A |
|  | **•** | You perform searches to ensure you are not infringing intellectual property rights (e.g., trademark, copyright, patent) of other parties | 🞎 Yes | 🞎 No | 🞎 N/A |

|  |  |
| --- | --- |
| **•** | Do you have the following controls in place? |
|  | *(Check N/A only if you do not produce or use products, services, methods, or content to which an item below applies)* |
|  | **•** | You promptly address complaints of inaccurate, defamatory, or infringing content within your work product, media activities, or other content you have designed or for which you have responsibility | 🞎 Yes | 🞎 No | 🞎 N/A |
|  | **•** | You require employees and independent contractors to declare in writing that they will not disseminate or use a previous employer’s or client’s trade secrets or other intellectual property | 🞎 Yes | 🞎 No | 🞎 N/A |

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**LOSS HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **•** | Have you experienced any claims, potential claims, notice of claims, or conditions that could give rise to a claim? | 🞎 Yes | 🞎 No |

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|  |

**PRIOR KNOWLEDGE**

|  |  |  |  |
| --- | --- | --- | --- |
| **•** | In the past 36 months, have you become aware of any facts, acts or circumstances that could give rise to any claim or loss under the policy for which you are applying? | 🞎 Yes | 🞎 No |

|  |  |
| --- | --- |
| **•** | If in the past 36 months you have purchased insurance providing any Errors & Omissions, Cyber, or Media Liability coverage, have you reported or could you have reported any facts, acts, circumstances, claims, or loss under such insurance? |
|  |  |  | 🞎 N/A, coverage never purchased | 🞎 Yes | 🞎 No |
|  |
|  | **•** | If you have never purchased insurance providing any Errors & Omissions, Cyber, or Media Liability coverage, have you experienced any facts, acts, circumstances, claims, or loss that would have been reported under this Errors & Omissions, Cyber, or Media Liability coverage had it been in place? |
|  |  |  | 🞎 N/A | 🞎 Yes | 🞎 No |
|  |

**Maryland Applicants Only** - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

**FRAUD WARNING STATEMENTS**

**aTTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

**ATTENTION 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 POLICY HOLDER 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.**

**ATTENTION 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 OF THE THIRD DEGREE.**

**ATTENTION KANSAS APPLICANTS: Insurance fraud is a criminal offense in Kansas. A " fraudulent insurance act " means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written** **ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.**

**ATTENTION KENTUCKY, OHIO AND 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.**

**ATTENTION LOUISIANA, 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.**

**ATTENTION NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.**

**ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION to the best of HER/HIS knowledge ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

**ATTENTION 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.**

**ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.**

**THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES and acknowledges That:**

**- the Policy contains a Defense Within Limits provision which means that Defense Costs will reduce the Limit of Liability and may exhaust it completely and should that occur, the Insured shall be liable for any further Loss, including Defense Costs. In addition, Defense Costs are applied against the Retention.**

**- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE**1**. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE**2. **THE “EFFECTIVE DATE” IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY**3**. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

1. *In New Hampshire the truth and completeness shall be to the best of her/his knowledge.*
2. *In Maine this sentence ends at the word “quotations.”*
3. *The application shall actually attach in the following states: North Carolina*

**THIS APPLICATION MUST BE SIGNED BY THE APPLICANT’S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT OR BOARD CHAIRMAN.**

**ATTENTION 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.**

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Additionally required of applicants in Florida, Iowa & New Hampshire***

Name of Agent Agent License #:

*(Required: Florida, Iowa & New Hampshire only) (Required: Florida only)*

Print Name: Name of Agency:

Address:

Date: Agent Signature:

 *(Required: Florida & New Hampshire only)*

**To submit this application:**

Appointed agents should submit this application online through ICON in The Hartford’s Electronic Business Center (EBC). Access EBC at https://ebc.thehartford.com/

For other submission options, contact your local sales representative or underwriter. You may also speak to a representative from our Business Insurance Service Center at 1-866-467-8730.

Additional contact information is available at https://www.thehartford.com/contact-the-hartford