

# Application

## CYBER EDGE LONG PROPOSAL FORM

CLPF



### NOTE TO THE PROPOSER

SIGNING OR COMPLETING THIS PROPOSAL DOES NOT BIND THE PROPOSER, OR ANY INDIVIDUAL OR ENTITY HE OR SHE IS REPRESENTING TO COMPLETE THIS INSURANCE. PLEASE PROVIDE BY ADDENDUM ANY SUPPLEMENTARY INFORMATION WHICH IS MATERIAL TO THE RESPONSE OF THE QUESTIONS HEREIN, AND/OR COMPLETE ANSWERS TO THE LISTED QUESTIONS IF THEY DO NOT FIT IN THE SPACE PROVIDED ON THE APPLICATION. FOR THE PURPOSE OF THIS PROPOSAL FORM, "PROPOSER" MEANS THE ENTITY STATED IN 1. BELOW AND ALL ITS SUBSIDIARIES TO BE COVERED. ALL ANSWERS SHOULD BE GIVEN AS A GROUP RESPONSE I.E. IF ANY SUBSIDIARY COMPANY HAS DIFFERENT RESPONSES THESE SHOULD BE PROVIDED SEPARATELY ON YOUR HEADED PAPER.

### COMPANY INFORMATION

1. NAME OF PROPOSER: \_\_\_\_\_

2. WEB SITE: \_\_\_\_\_

3. PRINCIPAL ADDRESS OF PROPOSER: \_\_\_\_\_

4. BUSINESS DESCRIPTION: \_\_\_\_\_

5. GEOGRAPHICAL EXPOSURE:

	PRIOR	CURRENT
TOTAL GROSS REVENUE (USD)		
GEOGRAPHICAL SPLIT OF THE COMPANY'S TOTAL GROSS REVENUE (%)		
PUERTO RICO		
UNITED STATES		
REST OF WORLD		

6. OPTIONAL COVERAGES DESIRED:

MEDIA CONTENT       CYBER EXTORTION       NETWORK INTERRUPTION INSURANCE

### DATA PROTECTION PROCEDURES

A) IS THERE A WRITTEN DATA PROTECTION POLICY AND PRIVACY POLICY THAT APPLIES TO THE COMPANY?  YES  NO

if "no", please provide details regarding data protection procedures for the company

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B) ARE ALL EMPLOYEES PROVIDED WITH A COPY AND ANY UPDATE OF THE COMPANY'S DATA PROTECTION POLICY WHICH THEY ARE REQUIRED TO CONFIRM COMPLIANCE WITH?  YES  NO

if "no" please explain why not:

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C) WHEN WAS THE COMPANY'S DATA PROTECTION POLICY LAST REVIEWED AND BY WHOM?

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D) DOES THE COMPANY'S DATA PROTECTION POLICY COMPLY WITH THE DATA PROTECTION AND PRIVACY LEGISLATION APPLICABLE TO ALL JURISDICTION AND INDUSTRY STANDARDS/REQUIREMENTS, IN WHICH THE COMPANY OPERATES?  YES  NO

if "no" please provide an explanation regarding non-compliance in all applicable jurisdictions:

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E) HAVE THE COMPANY'S U.S. SUBSIDIARY(IES) SIGNED-UP FOR, AND ARE THEY COMPLIANT WITH, THE SAFE HARBOR PROGRAM BETWEEN THE UNITED STATES OF AMERICA AND THE EUROPEAN UNION?  YES  NO

if "no" please provide an explanation regarding non-compliance with the safe harbor program:

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F) DOES THE COMPANY EMPLOY A CHIEF COMPLIANCE OFFICER, DATA PROTECTION OFFICER AND/OR IN-HOUSE COUNSEL RESPONSIBLE FOR DATA PROTECTION RELATED MATTERS?  YES  NO  
 if "no" who is responsible for data protection related matters?

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#### DATA ACCESS & RECOVERY

A) DOES THE COMPANY USE FIREWALLS TO PREVENT UNAUTHORIZED ACCESS CONNECTIONS FROM EXTERNAL NETWORKS AND COMPUTER SYSTEMS TO INTERNAL NETWORKS?  YES  NO  
 if "yes" are all computer systems, mobile devices and websites firewalled or have intrusion prevention systems on them?

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B) DOES THE COMPANY USE ANTI-VIRUS PROTECTIONS AND PROCEDURES ON ALL DESKTOPS, E-MAIL SYSTEMS AND MISSION CRITICAL SERVERS TO PROTECT AGAINST VIRUSES, WORMS, SPYWARE AND OTHER MALWARE?  YES  NO  
 if "yes," how often are such protections and procedures updated:  
 DAILY  WEEKLY  MONTHLY  OTHER (PLEASE SPECIFY)

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C) DOES THE COMPANY HAVE IN PLACE PROCEDURES TO IDENTIFY AND DETECT NETWORK SECURITY WEAKNESSES?  YES  NO

D) DOES THE COMPANY MONITOR ITS NETWORK AND COMPUTER SYSTEMS FOR BREACHES OF DATA SECURITY?  YES  NO

E) DOES THE COMPANY HAVE PHYSICAL SECURITY CONTROLS IN PLACE TO PROHIBIT AND DETECT UNAUTHORIZED ACCESS TO THEIR COMPUTER SYSTEM AND DATA CENTRE?  YES  NO

F) DOES THE COMPANY COLLECT, STORE, MAINTAIN OR DISTRIBUTE CREDIT CARD OR OTHER SENSITIVE PERSONALLY IDENTIFIABLE DATA?  
 CREDIT CARD  PERSONALLY IDENTIFIABLE DATA

if "credit card" is selected above, does the company comply with payment card industry data security standards?  YES  NO

if either is selected, is the access to such sensitive data restricted?  YES  NO

WHO HAS ACCESS?

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G) DOES THE COMPANY PROCESS PAYMENTS ON BEHALF OF OTHERS, INCLUDING ECOMMERCE TRANSACTIONS?  YES  NO  
 if "yes" please provide the number of clients you process such payments for and an estimated number of transactions per client:

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H) DOES THE COMPANY HAVE ENCRYPTION REQUIREMENTS FOR DATA-IN-TRANSIT DATA-AT-REST TO PROTECT THE INTEGRITY OF SENSITIVE DATA INCLUDING DATA ON PORTABLE MEDIA (E.G., LAPTOPS, DVD BACKUP TAPES, DISK DRIVES, USB DEVICES, ETC.)?  
 if "yes", please describe where such encryption is used:

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I) DOES THE COMPANY HAVE AND MAINTAIN BACKUP AND RECOVERY PROCEDURES FOR ALL:  
 I) MISSION CRITICAL SYSTEMS?  YES  NO  
 II) DATA AND INFORMATION ASSETS?  YES  NO  
 if "yes" is it encrypted?  YES  NO

J) DOES THE COMPANY PERFORM BACKGROUND CHECKS ON ALL EMPLOYEES AND INDEPENDENT CONSULTANTS?  YES  NO

K) DOES THE COMPANY REQUIRE REMOTE USERS TO BE AUTHENTICATED BEFORE BEING ALLOWED TO CONNECT TO INTERNAL NETWORKS AND COMPUTER SYSTEMS?  YES  NO

#### OUTSOURCING ACTIVITIES

A) DOES THE COMPANY OUTSOURCE ANY PART OF ITS NETWORK, COMPUTER SYSTEM OR INFORMATION SECURITY FUNCTIONS?  YES  NO  
 If "Yes" who is the security outsourced to? And does the Applicant periodically audit the functions of the outsourcer to insure that they follow the Applicant's security policies?

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B) DOES THE COMPANY OUTSOURCE ANY DATA COLLECTION AND/OR DATA PROCESSING?  YES  NO  
 If Yes", please provide details of the data collection or data processing functions which are outsourced:

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C) DOES THE COMPANY REQUIRE THE ENTITIES PROVIDING DATA COLLECTION OR DATA PROCESSING FUNCTIONS (OUTSOURCERS) TO MAINTAIN THEIR OWN DATA PROTECTION LIABILITY INSURANCE? [ ] YES [ ] NO

D) DOES THE COMPANY REQUIRE INDEMNIFICATION FROM OUTSOURCERS FOR ANY LIABILITY ATTRIBUTABLE TO THEM? [ ] YES [ ] NO

E) HOW DOES THE COMPANY SELECT AND MANAGE OUTSOURCERS? [ ] YES [ ] NO

F) DOES THE COMPANY REQUIRE ALL OUTSOURCERS TO COMPLY WITH THE TERMS OF THE COMPANY'S DATA PROTECTION POLICY? [ ] YES [ ] NO

**CLAIMS INFORMATION**

A) HAS THE COMPANY BEEN THE SUBJECT OF ANY INVESTIGATION OR AUDIT IN RELATION TO DATA PROTECTION BY A DATA PROTECTION AUTHORITY OR OTHER REGULATOR? [ ] YES [ ] NO

If "Yes", please provide full details:

B) HAS THE COMPANY EVER BEEN SUBJECT TO A DATA SUBJECT ACCESS REQUEST? [ ] YES [ ] NO

If "Yes", please provide full details:

C) HAS THE COMPANY EVER BEEN SUBJECT TO AN ENFORCEMENT NOTICE BY A DATA PROTECTION AUTHORITY OR ANY OTHER REGULATOR? [ ] YES [ ] NO

If "Yes", please provide full details:

D) IS THE COMPANY AFTER DUE INQUIRY AWARE OF ANY ACTUAL OR ALLEGED FACT OR CIRCUMSTANCE WHICH MAY GIVE RISE TO A CLAIM UNDER THIS POLICY? [ ] YES [ ] NO

If "Yes," to questions (a) - (d) above please provide details in order to obtain a quote. Not answering or providing details may affect your rights in a Claim. If this proposal form is completed as part of the renewal process of a policy in force with Us, the Claims Information section does not have to be completed.

**DECLARATION**

THE UNDERSIGNED, AUTHORIZED TO SIGN AND BIND ALONE ON BEHALF OF THE COMPANY, HEREBY DECLARES THAT THE STATEMENTS AND PARTICULARS IN THIS PROPOSAL FORM ARE TRUE AND NO MATERIAL FACTS HAVE BEEN MISSTATED OR SUPPRESSED. A MATERIAL FACT IS ONE THAT WOULD INFLUENCE THE ACCEPTANCE OR ASSESSMENT OF THE RISK. THE UNDERSIGNED AGREES THAT THIS PROPOSAL FORM, AND ANY ATTACHMENT OR ANY INFORMATION SUBMITTED THEREWITH AND ANY AND ALL OTHER INFORMATION SUPPLIED OR REQUESTED, SHALL FORM THE BASIS OF ANY INSURANCE AGREEMENT EFFECTED THEREON. THE UNDERSIGNED FURTHER UNDERTAKES TO INFORM THE INSURER OF ANY MATERIAL ALTERATION TO ANY INFORMATION, STATEMENTS, REPRESENTATIONS OR FACTS PRESENTED IN THIS PROPOSAL FORM, OCCURRING BEFORE OR AFTER THE INCEPTION DATE OF THE INSURANCE AGREEMENT.

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PRESENTS FALSE INFORMATION IN AN INSURANCE REQUEST FOR, OR WHO PRESENTS, HELPS OR HAS PRESENTED A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, WILL INCUR A FELONY, AND UPON CONVICTION WILL BE PENALIZED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND DOLLARS (\$5,000) NOR MORE THAN TEN THOUSAND DOLLARS (\$10,000); OR IMPRISONMENT FOR A FIXED TERM OF THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF ATTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

THIS PROPOSAL FORM IS BINDING FOR THE COMPANY AND WILL FORM THE BASIS OF THE DATA PROTECTION INSURANCE POLICY CONCLUDED WITH AIG INSURANCE COMPANY-PUERTO RICO.

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

NAME: \_\_\_\_\_ TITLE/FUNCTION: \_\_\_\_\_