



## CYBERCHOICE 2.0

### Cyber and Technology Risk and Liability Insurance Submission

Doing business has never been easier --- just click the SUBMIT button at the end of this form.

Please complete producer information so we may route this submission to the correct regional underwriter:

\* Asterisked fields are required.

\* Producer Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

HFP Producer Code: \_\_\_\_\_

\* Producer Contact Name: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\* This is a  New Application  Renewal Application

\* Proposed Effective Date: \_\_\_\_\_ (mm/dd/yyyy)

BY YOUR USE OF THE DOCUMENT, YOU ARE AGREEING TO THE FOLLOWING

- The Hartford does not warrant that the document will be free from viruses. You assume the entire cost of any necessary service, repair or correction.
- Communication of information over the Internet is not guaranteed to be secure. The Hartford does not assume any responsibility for any harm, loss, or damage you may experience or incur by the sending of personal or confidential information over the Internet.
- The Hartford is not responsible for any versions of the document that have been manipulated, altered or revised from the version of the document that appears on [www.hfpinsurance.com](http://www.hfpinsurance.com). The Hartford means the property and casualty companies of The Hartford.

IF YOU DO NOT AGREE TO ANY OF THE ABOVE, DO NOT USE THE ELECTRONIC DOCUMENT.

#### Detailed Instructions for Use of this Application

You can open the form in your web browser or directly through Adobe Reader.

##### Filling in the form:

1. Click onto the first field requiring data entry and type in your response.
2. Use the tab button to navigate to the next field, or use your mouse and click.
3. Fill in all applicable fields.

##### Saving the form to your computer:

Use "File/Save" menu option, "Save" icon on the toolbar or "Save" button at the end of the form.

##### Printing the form:

Use the "File/Print" menu option, "Print" icon on the toolbar or "Print" button at the end of the form.

##### Emailing the saved form:

1. Save the application form to your computer.
  2. Click the "Email" button at the end of the form.
  3. In addition to the application form, you can include other attachments, if desired.
- As the broker, you can email the form to your prospective insured for filling out information.  
As the insured, you can edit the application form, save it, and email the form back to your broker.

By completing this application, and in using the SUBMIT button, you are applying for insurance from The Hartford only for the coverages specified in the application. Completion of the application in no way binds The Hartford to provide insurance for either coverages requested or for coverages not requested on such application.

For technical help, please contact the HFP Help Desk at 212-277-0888 or via email at [2ParkAve.7Help@thehartford.com](mailto:2ParkAve.7Help@thehartford.com)

**THE HARTFORD  
CYBERCHOICE 2.0**

**CYBER AND TECHNOLOGY RISK AND LIABILITY INSURANCE  
(INSURER NAME)**

---

- Whenever used in this Application, the terms “You” or “Your Company” shall mean the party proposed as the Named Insured and any subsidiaries and their respective directors, officers, trustees, and governors.
  - You are required to complete sections 1 - 6, and 9.
  - You should complete the other applicable section(s) for the coverage(s) requested.
  - If additional space is required for a response, include such response in an attachment to this Application, clearly identifying the Application question for which a response is being provided.
- 

**1. COVERAGE REQUESTED**

- Data Privacy and Network Security Liability and Expense Coverage (Insuring Agreement A, complete sections 1-5 of the application)
- Internet and Communications Liability (Insuring Agreement B, complete sections 7 and 8 of the application)
- Professional Services Liability Insurance (Insuring Agreement C, complete section 6 of the application)
- Business Interruption Insurance (Insuring Agreement D, complete sections 1- 5.1 of the application)
- Cyber Extortion Loss (Insuring Agreement E., complete sections 1- 5 of the application)

**2. GENERAL INFORMATION**

a) Applicant’s Name: \_\_\_\_\_

Officer of the Applicant designated to receive all notices from the Insurer:

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

b) Principal Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

c) State of Incorporation (if different from state identified in b. above): \_\_\_\_\_

d) Year Organization Established: \_\_\_\_\_ Current Number of Employees \_\_\_\_\_

e) Website Addresses: \_\_\_\_\_

If any of these web sites have a password protected or member / subscriber area, please provide temporary passwords and ID's lasting no longer than 2 weeks from the date of this application.

f) Are you a public company, or a public reporting company under the Securities Exchange Act of 1934?  Yes  No

h) Business Description (please select all that apply):

	% Revenues
<input type="checkbox"/> Retail	_____
<input type="checkbox"/> Media and publishing	_____
<input type="checkbox"/> Financial Services	_____
<input type="checkbox"/> General Business Services to Other Businesses	_____
<input type="checkbox"/> General Professional Services to direct consumers and customers	_____
<input type="checkbox"/> Insurance Services (Including Health Care and Managed Care)	_____
<input type="checkbox"/> Medical and Medical Related Services	_____
<input type="checkbox"/> Technology Services or Outsourcing	_____
<input type="checkbox"/> Education	_____
<input type="checkbox"/> Manufacturing	_____
<input type="checkbox"/> Legal	_____
<input type="checkbox"/> Other _____	_____

i) Do you have a Parent Entity?  Yes  No  
If yes, provide the following:

Parent Entity Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

j) Has your company been involved in any of the following actions:

(1) Any actual or attempted merger, acquisition or divestment:

Past 24 months?

Yes  No

Next 12 months?

Yes  No

### 3. FINANCIALS and IT OPERATIONS

a) Provide the following information.

	Current Fiscal Year (est.)
# of Employees	
Total Revenue (\$'s) and % of total revenue that is international	\$ %
Approximate % of IT Operations that is Outsourced or performed by 3 <sup>rd</sup> parties (storage, hosting, back up, business operations, analytics, CRM, ERP, Finance, HR)	%
Approximate % of your business that is transacted over the internet or transacted over electronic networks	%
Approximate # of individually identifiable names (customers, partners, suppliers) within the databases under your control	
Approximate # of business customers that rely on the availability of your own information network(s) to conduct business with you	
Approximate number of states where you conduct business, physically or via the Internet	

Do you purchase or develop internal software products that use “Open Source” Code?  
Please describe your use of Open Source Code if any:

Yes  No

b) In support of your business description in section 2h above, what are your applicable relationships with Technology?

What are your primary relationships with technology? (check all that apply if more than one)	Select all that apply	List key 3 <sup>rd</sup> party suppliers or providers that help enable this provision or use of technology
<b>Builder</b> of a software solution for customers, partners, or suppliers, either for free or “for a fee” service. This can be a software product or information based service to others that you do not necessarily charge for (i.e., newsletter, productivity software, alert emails, etc)		

<b>Data Host</b> of 3 <sup>rd</sup> party data (personally-identifiable) in support of professional or business services, or in support of commerce, such as the necessary data you collect about your customers, clients, patients, in order to provide your services and products to them.		
<b>ASP Operator</b> of a business application online that business customers use for a fee. Data processor, online software solution, online billing solution, etc.		
<b>E-Commerce Operator</b> of a consumer web site where customers can access and add to their personal information collected by the company, to include e-commerce.		
<b>Web 2.0 Operator</b> of a consumer or business web site that allows site users to blog, post comments, add content, advertise, rate products and services, offer advice, or upload pictures and clips. Provide url / web address: _____		

**4. DATA PRIVACY AND HOW YOU MANAGE IT**

a) Within the last three years, have you ever been accused of a privacy violation by a business customer, a consumer, or a government agency?

Yes  No

Explain the nature of the complaint and the outcome:

b) Do you have a third party endorsement or certification of your privacy process and practices?

Yes  No

Name privacy endorsement (i.e., TRUSTe, eTrust) and date of last assessment: \_\_\_\_\_ Date \_\_\_\_\_

\* Optional: Provide results of any privacy audit. (Reduction in premium could apply)

c) Complete the table below to explain the nature of the 3<sup>rd</sup> party data your company accesses or hosts when servicing clients?

Nature of 3 <sup>rd</sup> party data	<u>Collected and stored</u> by applicant	<u>Collected</u> by the Applicant but <u>hosted</u> (including back up) by a 3 <sup>rd</sup> party
Electronic IP of third party companies (trade secrets, client lists, R&D)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company confidential of third party companies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personally-identifiable of the customers of third party companies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personally identifiable of the applicant's direct customers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health data of patients, members, subscribers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial data of customers, members, subscribers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reputation data of consumers (social data, opinion data, political data, educational data, employment data)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data of high net worth individuals (making more than \$200k / year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data about your customers that you sell, legally, to others with the permission of your customers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- d) Do you require users to actively acknowledge and accept your privacy policy?  Yes  No
- e) Has your privacy policy been reviewed by an attorney?  Yes  No
- f) Do you annually assess your compliance processes and employee practices against any regulatory data protection standards (such as HIPAA, GLB, and state provisions like CA1386)?  Yes  No
- g) Do you have specific privacy provisions in your sub-contracting agreements?  Yes  No
- \* Please provide a copy of your standard sub-contractor or professional services agreement.
- h) Do you always require independent contractors and vendors to provide proof of:  
 Errors and Omissions Insurance       Network Security Insurance       Privacy Insurance
- i) Is your Company current with FACTA guidelines and requirements to protect consumer information, including the recommended handling of credit card transaction receipts?  Yes  No

---

## 5. NETWORK SECURITY AND HOW YOU MANAGE IT

Please have a senior IT member (such as CIO, CPO, or Chief Security Officer) complete this section.

- a) Do you utilize and regularly review results of automated data auditing which continually monitors, records, analyzes, and reports on your database activity?  Yes  No
- b) Have you conducted a third party audit of your network security process and practices?  Yes  No

Name security audit firm and date of last assessment: \_\_\_\_\_ Date \_\_\_\_\_

\* Optional: Provide full results of your network security audit. (Reduction in premium could apply)

- c) Please indicate the security readiness of your organization below. Please check "N/A" if you feel it is not applicable to your business.

Security Controls	Phase of implementation			
	Not Started	In Progress	Complete and implemented	N/A
ISO 27001 IT Security Standards				
HIPAA Standards and Procedures (if applicable)				
Network monitoring and prevention technologies, including wireless devices**				
Firewall in place?*				
Database monitoring and alert technologies, including automatic shutdown when data access irregularity detected.**				
Redundant network available for back up, and date last tested for continuity.				
PCI Compliant				

\* Name Firewall Technologies and date last updated \_\_\_\_\_ Date \_\_\_\_\_

\*\* Name Detection and Monitoring Technologies \_\_\_\_\_  
 Name your data encryption technologies \_\_\_\_\_

Please add any other IT security measures already implemented:

- d) Do you encrypt all company confidential information as well as personally sensitive data?  Yes  No

Please name the encryption technologies used by your firm

- e) What other data do you regularly encrypt?

- f) Within the last three years, have you ever had an improper network security breach by an internal employee?  
 Never  1-3 times  more than 3  more than 10

Result / impact of the breach:

- g) Do you have physical security measures in place to control and monitor human access to your main servers and most sensitive information?  Yes  No

Please list key measures:

- h) Within the last three years, have you experienced a network security breach that resulted from the unauthorized access of a third party (i.e., "hacker")  Yes  No

If yes, please explain (by attachment) the cause, date of occurrence, damage to client, and remedial actions to prevent the same occurrence.

- i) Indicate **the acceptable unplanned down time of your computer system** based on your customers' needs.

Less than 1 hour  Less than 12 hours  Less than 24 hours  Not important

### 5.1 NETWORK BUSINESS INTERRUPTION (complete if applying for Business Interruption)

- j) How long does it take you to restore your operations after a computer attack or unplanned system outage?

Less than 1 hour  Less than 12 hours  Less than 24 hours  Not important

- k) How much sales do you transact online on an hourly basis during a normal business day, during normal business hours?

Less than \$10,000 / hour  Less than \$25,000 / hour  Less than \$50,000 / hour  
 More than \$75,000 / hour

- l) Do you have point of sale systems (computer registers, kiosks, credit card terminals) that are centrally connected?  Yes  No

What are the average sales / hour that you generate from those networked point of sale systems?

Less than \$10,000 / hour  Less than \$25,000 / hour  Less than \$50,000 / hour  
 More than \$75,000 / hour

- m) Do you have an alternate means of transacting business in the event of a network or web site outage?

Yes  No

Explain:

### 6. ERRORS AND OMISSIONS (complete if applying for Professional Services coverage)

- a) Within the last three years have you experienced a technology product recall?  Yes  No

If "Yes," explain (# of clients effected, \$ cost to you, circumstances):

b) To what extent do you provide contractual warranties or indemnification in connection with your technology products and services?

c) To what extent do you use contractual limitation of liability provisions in connection with your technology products and services?

d) Within the last three years have you given a refund for your products or services?  Yes  No

If "Yes," explain:

e) Please select the quality control measures you employ:

- Formal customer acceptance procedures
- Pre-release testing for malicious code or security flaws
- Alpha or Beta testing
- Documented and active customer complaint resolution procedures

## 7. MEDIA AND ONLINE CONTENT (complete if applying for Internet Liability coverage)

a) How many externally facing websites do you manage (i.e., websites for customers, partners, or investors)?

1-3

4-7

More than 7

b) Describe the function of these externally facing websites (check all that apply):

- Basic Informational:** information and content about what you do or provide, content only from you
- Content aggregation:** content from different 3<sup>rd</sup> party sources but approved and filtered by you
- Interactive Web 2.0:** visitors can interact with each other via blogs, informational requests, real time, etc.
- e-Commerce:** for the buying / selling of goods and services
- Transactional:** banking transactions to include the trading of securities

c) Do you have a formal and active review process to screen your online content, to include content of 3<sup>rd</sup> parties, for the following offenses prior to any dissemination, publication, broadcast, or distribution? (check all that apply):

- Privacy Violations
- Libel or Slander
- Defamation
- Domain Name Infringement
- Copyright Infringement

d) Do you have a formal and active review process to screen your mass emails for the following offenses prior to any dissemination, publication, broadcast, or distribution? (check all that apply):

- Privacy Violations
- Libel or Slander
- Defamation
- Verification of "opt-in" status of recipients

e) Does your website(s) allow for 3<sup>rd</sup> parties or employees to post their own comments and content via a chatroom or bulletin board included in your site?  Yes  No

If yes, please check all that apply:

- All Content is reviewed by website owner prior to publication  Yes  No
- Blog or site content monitoring technology is used to detect abuses of site T's and C's  Yes  No
- A procedure is in place (and actively used) to remove infringing, libelous, or otherwise controversial materials.  Yes  No

f) Do you have an individual or a group solely responsible for the timeliness, appropriateness, and legality of the content posted on your website?  Yes  No

## 8. INTELLECTUAL PROPERTY COVERAGE (complete if applying for Internet Liability coverage)

a) In the past three (3) years, have you been given notice of your potential infringement of another party's intellectual property (IP) rights, including, but not limited to, patent, copyright, trademark, or domain name infringement?  Yes  No  
Did it lead to a claim?  Yes  No

What was the notice related to?

- Content posted on your web site, newsletters, or emails by your company
- Content posted on your web site by a user of your web site
- A software product or other technology product you have developed or used, to include Open Source notices:

**Attach a copy of each and every notice of such infringement during the last three years.**

b) Do you have a dedicated law firm for your IP activities including but not limited to trademark, copyright, and patent issues?  Yes  No

c) Do you have a dedicated internal legal counsel that manages your trademark and copyright filings?  Yes  No

d) Do you regularly screen your web site and web site posting for potential copyright or trademark infringements?  Yes  No If yes, how:

e) How many trademarks do you currently own / manage? \_\_\_\_\_

- f) How many copyrights do you currently own / manage? \_\_\_\_\_
- g) Do you use software to help manage your Intellectual Property applications?  Yes  No
- h) Do you use software to monitor your Web 2.0 content for potential IP infringements?  Yes  No
- i) Select the IP protections you employ in your business:

IP Controls	Stage of Use		
	Not Started	In Progress	Complete and regularly in use
IP protection within Employee Agreements			
IP protection within Non-Disclosure Agreements (NDA) with all 3 <sup>rd</sup> parties			
Trade secret agreements with 3 <sup>rd</sup> parties where applicable			
Prior Act Searches by legal professional (internal or external)			
Acquisition of all necessary IP rights via licenses, releases, or consents			
Take down policy on web site for notifications of IP related complaints			
Acquire written permission of sites you link to or frame			

## 9. ACTUAL OR POTENTIAL LIABILITY CLAIMS

- a) During the last five years, have any claims been made against any party proposed for coverage?  Yes  No
- b) Within the last five years, has any party proposed for coverage given notice of any fact or circumstance which could give rise to a claim?  
 Yes  No
- c) Is any party proposed for coverage, aware of any fact or circumstance which could give rise to a claim?  
 Yes  No
- d) Has any Insurer cancelled or refused to renew any Cyber Risk Insurance, Data Privacy or Network Security Insurance or Miscellaneous Professional Liability, or similar insurance within the past 3 years?

\* MISSOURI APPLICANTS NEED NOT REPLY.

Yes  No

## 10. PREVIOUS INSURANCE:

Please provide the following details regarding the Company's Current Insurance programs:

PRODUCT	INSURER	LIMIT	SIR	PERIOD mm/dd/yy - mm/dd/yy		PREMIUM

## 11. ADDITIONAL APPLICATION MATERIALS

At the discretion of the Insurer, and as is relevant to the requested coverage(s), the following materials may be required.

- Any specific claim information per section 9
- The most recent fiscal year-end and interim financial statements
- The latest edition of the Applicant's Internet and Network Security Policy
- The latest edition of the Applicant's Privacy Policy
- A copy professional services agreement for sub contracting IT services

## 12. NOTICE TO APPLICANT

The Undersigned declares that the person(s) and entity(ies) proposed for this insurance understand that:

- With respect to Liability Coverages only, the **Policy** shall apply only to **Claims** made during the **Policy Period** or Extended Reporting Period (if applicable);
- The limit of liability contained in the **Policy** shall be reduced, and may be completely exhausted, by **Defense Expenses**, and, in such event, the **Insurer** shall not be liable for **Defense Expenses** or for the amount of any judgment or settlement to the extent that such cost exceeds the limit of liability in the **Policy**; and
- **Defense Expenses** that are incurred shall be applied against the retention amount.

### FRAUD WARNING STATEMENTS

**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.**

**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.**

**DISTRICT OF COLUMBIA APPLICANTS: 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."**

**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.

**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.

**KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**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.

**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.

**NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**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.

**NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**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.

**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.

**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.

**PUERTO RICO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR 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 EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

**TENNESSEE 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME IN CERTAIN JURISDICTIONS.**

**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 INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."**

**WEST VIRGINIA 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.**

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. 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, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT 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 ATTACHED TO AND BECOME A PART OF THE POLICY.

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.

THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER OR THE PRESIDENT OF THE COMPANY.

SIGNATURE \_\_\_\_\_

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

DATE \_\_\_\_\_

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

The Hartford  
Attn: Hartford Financial Products Cyber Risk Dept.  
2 Park Avenue, 5<sup>th</sup> Floor  
New York, NY 10016