

APPLICATION FOR CYBER LIABILITY / DATA BREACH PROTECTION

NOTICES: This is an application for claims-made and reported insurance provided through the Insurer. Except as otherwise provided in the proposed policy, the policy shall only apply to claims first made against the Insureds during the policy period and reported in writing to the Insurer in accordance with the provisions of the policy.

It is important that the Applicant report any currently known claims or circumstances that could result in a claim to the Applicant's current Insurer or purchase extended reporting period from the Applicant's current Insurer to cover such Claims or Incidents. The Insurer will not provide coverage for Clams arising from facts or circumstances which are known by an Insured prior to the Inception Date of the proposed Policy and which could reasonably be expected to give rise to a covered Claim under the proposed Policy. Please read this entire Application carefully before signing.

General Information

1. **Applicant Name:** _____

2. **Applicant Contact Name and Title:** _____

a. Physical Address: _____ City: _____ State: _____ Zip: _____

b. Mailing Address: _____
(if different)

c. E-Mail: _____ d. Website: _____

e. Phone: _____ f. Fax: _____

Officers & Owners

3. List Officers/Owners and complete table below. *Add additional page if more space is needed.*

Name	Age	Title	Ownership Percentage	Active in daily business?
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No

Revenues

4. **12-month Gross Revenues:** \$ _____

Your retained commission after paying underwriters plus revenue/fees from closing, escrow or title searches.

Cyber Threat Protection – Warranty Questions (explain any “No” responses on a separate page)

5. Is data is backed up on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are Anti-Virus and Firewall systems in place and updated on a regular basis (at least quarterly)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are mandatory individual unique non-trivial IDs and passwords are utilized for all devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all laptops, computers and mobile devices storing Personally Identifiable Information (PII) encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Can you confirm that the applicant does not accept any credit card transactions which are not processed by a payment processor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are the number of unique Personally Identifiable Information / Personal Health Information records less than 500,000 (1,000,000 if revenues are in excess of \$5,000,000)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Can you confirm that the applicant not sustained a system intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar incident within the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Can you confirm that no person has alleged that their confidential information has been compromised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Can you confirm that the applicant has not sustained any unscheduled network outage or interruption in the past 24 months except where the outage has been caused by natural events (storms, tornado, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Can you confirm that the applicant has not experienced any claims or losses, or are aware of any circumstances that could give rise to a claim or loss that may have been covered by this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Can you confirm your computer network is not integrated with, nor does it share information with, any separate legal entity that is not covered by this insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Initials _____

Date

Signature of Authorized Representative

Title

By signing this application, the applicant agrees that after inquiry of all prospective insureds, no person proposed for coverage is aware of any fact or circumstance which reasonably might give rise to a future claim that would fall within the scope of the proposed coverage.

PLEASE
SEND TO:



15200 Traditions Blvd Bldg C
Edmond, OK 73013

Email: underwriting@titlepac.com
Ph: 800-331-9759
Fax: 918-683-6842

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Receipt and review of this application does not bind the Insurer to provide this insurance.

It is agreed by the **Applicant** and the Insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the Insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the **Applicant** and the prospective Insureds. It is further agreed by the **Applicant** and the prospective Insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective Insureds, the undersigned authorized officer of the **Applicant** represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of the application does not bind the **Applicant** or the Insurer.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any information in the application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

General Fraud Statement

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 act, which is a crime and may subject such person to criminal and civil penalties.

Initials _____