



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

Agent Name  
Agent Street  
Agent City, State, Zip

## DATA BREACH APPLICATION

(To be attached to ACORD applications)

NAME OF APPLICANT: \_\_\_\_\_

**If space is insufficient to answer any question fully, attach a separate sheet.**

### GENERAL INFORMATION

- Do you use internal staff or an external service provider to manage your network?  Internal  External
- Number of employees including principals and independent contractors that have access to the network: \_\_\_\_\_

### COVERAGE REQUESTED

Occurrence  Claims Made: Provide Data Breach and Privacy Liability Coverage Retroactive Date \_\_\_\_\_

### NETWORK SECURITY INCIDENT AND LOSS HISTORY

- Have you at any time during the past three (3) years had any incidents, claims or suits involving unauthorized access, intrusion, breach, compromise or misuse of your network or aware of any circumstances related to your network operations that might give rise to a loss or claim?  Yes  No  
If yes, attach a separate document describing each incident including the cause, internal costs, cost to third parties, length of time involved in recovery and steps taken to mitigate exposure in the future.

### NETWORK SECURITY

**Attach an explanation of any No responses. If an external service provider is used to manage your network, please consult with them in responding to these questions.**

- Do you:
  - Have written information security and acceptable use policies and disseminate at least annually?  Yes  No
  - Have a trained staff member or outside contractor responsible for managing information security?  Yes  No
  - Reassess information security policy and procedures at least annually?  Yes  No
  - Securely configure firewalls, routers and other security appliances?  Yes  No
  - Use anti-virus and anti-spyware software on all computers and servers?  Yes  No
- Do you:
  - Have security patch notifications from your major systems vendors with automatic notice?  Yes  No
  - Have a change control process to ensure that modifications to your network do not compromise security before implementing them in production?  Yes  No
- Do you limit access to your network with unique user IDs and role-based access to sensitive data?  Yes  No
- Do you have a process to delete systems access within 48 hours of employee termination and within 30 days of an employee role change?  Yes  No
- Is encryption used in the transmission of sensitive information via email?  Yes  No
- Do you ensure sensitive data is permanently removed (e.g. overwriting with 1's and 0's, physical destruction but not merely deleting) from hard drives and other storage media before equipment is discarded or sold and from paper records prior to disposal?  Yes  No

### COLLECTION OR STORAGE OF SENSITIVE INFORMATION ON WEBSITES AND SERVERS

**Check if not applicable and skip this section**

- Do you require individual user IDs and passwords for areas of your website where sensitive data is collected?  Yes  No
- Are all sessions where sensitive data is entered encrypted with a Secure Socket Layer (SSL)?  Yes  No
- Is any sensitive data on your web server or on any device connected to your web server encrypted?  Yes  No
- In the development of your web applications, have you adopted Open Web Application Security Project (OWASP) or other best practices to defend against known web attacks (Cross Scripting, SQL Injection etc.)?  Yes  No

**WIRELESS AND REMOTE ACCESS TO YOUR NETWORK** *Check if not applicable and skip this section*

1. Do you secure any remote access to your network app with appropriate ID/password, VPN or equivalent?  Yes  No
2. Do you have minimum security standards (anti-virus, firewall etc.) required for any computers used to access the network remotely?  Yes  No
3. Are all wireless access points to your network encrypted with WPA/WPA2 or more recent standard (e.g. not unencrypted or using WEP standard)?  Yes  No

**PAYMENT (CREDIT AND DEBIT) CARD HANDLING** *Check if not applicable and skip this section*

1. Is all payment card information stored on your network masked, encrypted and purged in compliance with PCI standards?  Yes  No
2. Do you store Card Security Code/Card Verification Value (CSC/CVV) data on your network?  Yes  No

**DATA BREACH LOSS TO INSURED COVERAGE**

1. Are alternative facilities available in the event of a shutdown/failure of the network system?  Yes  No
2. Do you maintain proof of and documented procedures for routine backups?  Yes  No
3. Are key data and software code stored on a redundant storage device and at a secured offsite storage facility?  Yes  No

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**Fair Credit Report Act Notice:** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**Fraud Warning:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**STATE FRAUD STATEMENTS**

**THIS NOTICE IS PART OF YOUR APPLICATION:**

**APPLICABLE IN COLORADO**

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 OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN THE DISTRICT OF COLUMBIA**

WARNING: 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.

**APPLICABLE IN FLORIDA**

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.

**APPLICABLE IN HAWAII**

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.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN OHIO**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA**

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.

**APPLICABLE IN WASHINGTON**

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.