

COMPLETION OF THIS APPLICATION MAY REQUIRE INPUT FROM YOUR ORGANIZATION'S RISK MANAGEMENT, INFORMATION TECHNOLOGY, FINANCE, AND LEGAL DEPARTMENTS. ADDITIONAL SPACE MAY BE NEEDED TO PROVIDE COMPLETE ANSWERS.

- PLEASE TYPE OR PRINT ANSWERS CLEARLY.
- ANSWER QUESTIONS COMPLETELY, LEAVING NO BLANKS. IF ANY QUESTIONS, OR PART THEREOF, DO NOT APPLY, APPLY, PRINT "N/A" IN THE SPACE.
- PROVIDE ANY SUPPORTING INFORMATION ON A SEPARATE SHEET USING YOUR LETTERHEAD AND REFERENCE THE APPLICABLE QUESTION NUMBER.
- CHECK YES OR NO ANSWERS
- THIS FORM MUST BE DATED AND SIGNED BY THE CEO, CFO, PRESIDENT, RISK MANAGER, OR GENERAL COUNSEL OF YOUR COMPANY.

ALL APPLICANTS MUST COMPLETE SECTIONS AND OF THIS APPLICATION.

IF COVERAGE EXTENSION , ELECTRONIC MEDIA LIABILITY, IS REQUIRED, PLEASE ALSO COMPLETE SECTION INTERNET MEDIA ACTIVITIES, WHICH SHOULD BE COMPLETED WITH THE ASSISTANCE OF THE APPLICANT'S LEGAL DEPARTMENT.

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THE APPLICATION

1. MOST RECENT ANNUAL REPORT OR 10K.
2. ANSWER ALL QUESTIONS COMPLETELY, LEAVING NO BLANKS. IF ANY QUESTIONS, OR PART THEREOF, DO NOT APPLY, PRINT "N/A" IN THE SPACE.
3. PROVIDE ANY SUPPORTING INFORMATION ON A SEPARATE SHEET USING YOUR LETTERHEAD AND REFERENCE THE APPLICABLE QUESTION NUMBER.
4. CHECK YES OR NO ANSWERS
5. THIS FORM MUST BE DATED AND SIGNED BY THE CEO, CFO, PRESIDENT, RISK MANAGER, OR GENERAL COUNSEL OF YOUR COMPANY.

THE ACE PRIVACY PROTECTIONSM PROGRAM CONSISTS OF THREE STANDARD COVERAGE PARTS (A, B, C) AND TWO COVERAGE EXTENSION PARTS (E, F).

PLEASE CHECK THE APPLICABLE BLOCKS FOR TYPES OF COVERAGE DESIRED AND INDICATE LIMITS REQUESTED:

<input type="checkbox"/> A.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	___/___/___
<input type="checkbox"/> B.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	___/___/___
<input type="checkbox"/> E.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	___/___/___
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	

DEDUCTIBLE REQUESTED \$50,00 \$100,000 \$250,000 OTHER: _____

PROPOSED EFFECTIVE DATE: _____

IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 – 10, PLEASE ATTACH EXPLANATIONS. WITH RESPECT TO CLAIMS OR LITIGATION, INCLUDE ANY PENDING OR PRIOR INCIDENT, EVENT OR LITIGATION, PROVIDING FULL DETAILS OF ALL RELEVANT FACTS

1. DOES THE COMPANY CURRENTLY HAVE GENERAL LIABILITY, PRIVACY LIABILITY, NETWORK LIABILITY, AND/OR OTHER SIMILAR INSURANCE IN FORCE? YES NO

IF SO, PLEASE COMPLETE THE FOLLOWING FOR EACH POLICY:

COVERAGE TYPE:	
NAME OF CARRIER:	
LIMITS OF LIABILITY:	
DEDUCTIBLE	
PREMIUM:	
EXPIRY DATE:	
RETROACTIVE DATE:	

COVERAGE TYPE:	
NAME OF CARRIER:	
LIMITS OF LIABILITY:	
DEDUCTIBLE	
PREMIUM:	
EXPIRY DATE:	
RETROACTIVE DATE:	

2. HAS YOUR COMPANY EVER BEEN DECLINED FOR PRIVACY, NETWORK RISK, OR MEDIA LIABILITY INSURANCE, OR HAD AN EXISTING POLICY CANCELLED? YES NO
3. HAS THE COMPANY EVER SUSTAINED A SIGNIFICANT SYSTEMS INTRUSION, TAMPERING, VIRUS OR MALICIOUS CODE ATTACK, LOSS OF DATA, HACKING INCIDENT, DATA THEFT OR SIMILAR? YES NO
4. IS THE COMPANY OR ANY OF ITS PARTNERS, DIRECTORS OR OFFICERS AWARE OF, OR ARE THERE ANY CIRCUMSTANCES THAT MAY GIVE, OR HAVE GIVEN, RISE TO A CLAIM AGAINST THE COMPANY OR AGAINST THIS INSURANCE POLICY? YES NO
5. IN THE LAST FIVE YEARS HAS YOUR COMPANY EXPERIENCED ANY CLAIMS OR ARE YOU AWARE OF ANY CIRCUMSTANCES THAT COULD GIVE RISE TO A CLAIM THAT WOULD BE COVERED BY THIS POLICY? YES NO
6. DURING THE LAST THREE YEARS, HAS ANYONE ALLEGED THAT THEIR PERSONAL INFORMATION WAS COMPROMISED, OR HAVE YOU NOTIFIED CUSTOMERS THAT THEIR INFORMATION WAS OR MAY HAVE BEEN COMPROMISED, AS A RESULT OF YOUR ACTIVITIES? YES NO
7. DURING THE LAST THREE YEARS, HAVE YOU RECEIVED A COMPLAINT CONCERNING THE CONTENT OF YOUR WEBSITE OR OTHER ONLINE SERVICES RELATED TO INTELLECTUAL PROPERTY INFRINGEMENT, CONTENT OFFENSES, OR ADVERTISING OFFENSES? YES NO
8. DURING THE LAST THREE YEARS, HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR ACTION BY ANY REGULATORY OR ADMINISTRATIVE AGENCY FOR VIOLATIONS ARISING OUT OF YOUR ADVERTISING OR SALES ACTIVITIES? YES NO
9. HAS AN EMPLOYEE EVER BEEN DISCIPLINED FOR MISHANDLING DATA OR OTHERWISE TAMPERING WITH YOUR COMPUTER NETWORK? YES NO
10. HAS THE COMPANY SUSTAINED AN UNSCHEDULED NETWORK OUTAGE OVER THE PAST 24 MONTHS? YES NO

APPLICANT NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TYPE: CORPORATION WATCHMAN PARTNERSHIP LLC OTHER _____

SUBSIDIARY NAMES (IF APPLICABLE): _____

NATURE OF BUSINESS: _____

YEAR ESTABLISHED: _____

TOTAL NUMBER OF EMPLOYEES: _____

URL ADDRESSES FOR ALL PUBLIC-FACING WEBSITES _____

NATURE OF BUSINESS: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL ADDRESS:: _____

	DOMESTIC	FOREIGN	TOTAL (DOLLARS)	PERCENTAGE ONLINE
PRIOR YEAR:	\$	\$	\$	%
CURRENT YEAR (EST.):	\$	\$	\$	%
NEXT YEAR (EST.):	\$	\$	\$	%

- HAS YOUR COMPANY EVER BEEN DECLINED FOR PRIVACY, NETWORK RISK, OR MEDIA LIABILITY INSURANCE, OR HAD AN EXISTING POLICY CANCELLED? YES NO
 IF SO, IS THIS A DEDICATED MANAGEMENT POSITION? YES NO
 IF SO, IS THIS POSITION CURRENTLY FILLED BY AN EXPERIENCED RECORDS/COMPLIANCE OFFICER? YES NO
- DOES A BOARD-APPROVED, ENTERPRISE-WIDE POLICY COVERING RECORDS AND INFORMATION MANAGEMENT COMPLIANCE EXIST WITHIN YOUR ORGANIZATION? YES NO
 IF NO, PLEASE DESCRIBE: _____
 IF YES, DOES IT INCLUDE ENFORCEABLE PROVISIONS FOR NON-COMPLIANCE BY EMPLOYEES, CONTRACTORS, AND THIRD-PARTY PROVIDERS/PARTNERS? YES NO

3. DOES YOUR INFORMATION ASSET CLASSIFICATION PROGRAM INCLUDE A DATA CLASSIFICATION STANDARD (E.G., PUBLIC, INTERNAL USE ONLY, CONFIDENTIAL)? YES NO
- IF SO, DOES THIS STANDARD ALSO INCLUDE MANDATED REQUIREMENTS FOR HEIGHTENED PROTECTIONS (E.G., ENCRYPTION, ACCESS CONTROL, DATA HANDLING, RETENTION AND EVENTUAL DESTRUCTION) THAT ACCOMPANY EACH CLASSIFICATION LEVEL? YES NO
4. DO YOU POST A PRIVACY POLICY ON YOUR INTERNET WEBSITE? YES NO
- IF SO, HAS THE POLICY BEEN REVIEWED BY A QUALIFIED ATTORNEY? YES NO
5. DOES YOUR ORGANIZATION HAVE A CURRENT INFORMATION ASSET INVENTORY THAT IS POPULATED WITH ALL MISSION-CRITICAL SOURCES OF DATA AND THEIR NAMED OWNERS? YES NO
6. HAVE YOU IDENTIFIED ALL RELEVANT REGULATORY AND INDUSTRY-SUPPORTED COMPLIANCE FRAMEWORKS THAT ARE APPLICABLE TO YOUR ORGANIZATION? YES NO

	COMPLIANT	LATEST AUDIT
GRAMM-LEACH-BLILEY ACT OF 1999:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
PAYMENT CARD INDUSTRY (PCI) DATA SECURITY STANDARD:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____
OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

7. HAVE YOU ENSURED THAT ALL SENSITIVE BUSINESS/CONSUMER INFORMATION THAT IS TRANSMITTED WITHIN YOUR ORGANIZATION OR TO/FROM OTHER PUBLIC NETWORKS HAS BEEN ENCRYPTED USING INDUSTRY-GRADE MECHANISMS? YES NO
8. HAVE YOU ENSURED THAT ALL SENSITIVE BUSINESS/CONSUMER INFORMATION THAT RESIDES WITHIN YOUR ORGANIZATION'S SYSTEMS HAS BEEN ENCRYPTED WHILE "AT-REST" WITHIN DATABASES OR OTHER ELECTRONIC DATA FILES? YES NO
9. HAVE YOU ENSURED THAT ALL SENSITIVE BUSINESS/CONSUMER INFORMATION THAT IS PHYSICALLY TRANSMITTED - VIA TAPE OR ANY OTHER MEDIUM - BETWEEN YOUR ORGANIZATION'S FACILITIES AND THOSE OF YOUR BUSINESS PARTNERS/SERVICE PROVIDERS HAS BEEN ENCRYPTED? YES NO
10. FOR COMPUTER EQUIPMENT THAT LEAVES YOUR PHYSICAL FACILITIES (E.G., MOBILE LAPTOPS, PDAS, BLACKBERRYS, AND HOME-BASED DESKTOPS), HAVE YOU IMPLEMENTED STRONG ACCESS CONTROL REQUIREMENTS AND HARD DRIVE ENCRYPTION TO PREVENT UNAUTHORIZED EXPOSURE OF COMPANY DATA IN THE EVENT THESE DEVICES ARE STOLEN, LOST OR OTHERWISE UNACCOUNTED FOR? YES NO
11. DOES YOUR ORGANIZATION FOLLOW ESTABLISHED PROCEDURES FOR CARRYING OUT AND CONFIRMING THE DESTRUCTION OF DATA RESIDING ON SYSTEMS OR DEVICES PRIOR TO THEIR RECYCLING, REFURBISHING, RESALE, OR PHYSICAL DISPOSAL? YES NO
12. DOES YOUR ORGANIZATION FOLLOW ESTABLISHED PROCEDURES FOR CARRYING OUT AND CONFIRMING THE DESTRUCTION OF SENSITIVE INFORMATION IN ELECTRONIC AND PAPER FORM PRIOR TO RECYCLING OR PHYSICAL DISPOSAL? YES NO
13. DOES YOUR SECURITY AWARENESS PROGRAM INCLUDE MANDATORY CLASSES WITH MEASURED TESTING (EITHER THROUGH COMPUTER-BASED TRAINING OR IN-PERSON PARTICIPATION) FOR ALL EMPLOYEES THAT MAY BE EXPECTED TO ACCESS, HANDLE OR PROCESS SENSITIVE CUSTOMER DATA AS PART OF THEIR ASSIGNED JOB RESPONSIBILITIES? YES NO
- IF NO, PLEASE DESCRIBE: _____

14. DOES YOUR ORGANIZATION FOLLOW ESTABLISHED PROCEDURES FOR BOTH "FRIENDLY" AND "ADVERSE" EMPLOYEE DEPARTURES THAT INCLUDE AN INVENTORIED RECOVERY OF ALL INFORMATION ASSETS, USER ACCOUNTS, AND SYSTEMS PREVIOUSLY ASSIGNED TO EACH INDIVIDUAL DURING THEIR FULL PERIOD OF EMPLOYMENT YES NO
15. DOES YOUR ORGANIZATION EMPLOY A CHIEF PRIVACY OFFICER WHO HAS ENTERPRISE-WIDE RESPONSIBILITY FOR MEETING THE OBLIGATIONS UNDER THE JURISDICTIONAL PRIVACY AND DATA PROTECTION LAWS THAT APPLY TO THE ORGANIZATION? YES NO
16. HAS YOUR ORGANIZATION - IN RESPONSE TO CALIFORNIA'S SB 1386 AND OTHER SIMILAR LAWS - ESTABLISHED A PROACTIVE PROCEDURE FOR DETERMINING THE SEVERITY OF A POTENTIAL DATA SECURITY BREACHES AND PROVIDING PROMPT NOTIFICATION TO ALL INDIVIDUALS WHO MAY BE ADVERSELY AFFECTED BY SUCH EXPOSURES? YES NO
17. HAS YOUR ORGANIZATION IMPLEMENTED PROCEDURES FOR HONORING THE SPECIFIC MARKETING "OPT-OUT" REQUESTS OF YOUR CUSTOMERS THAT ARE FULLY CONSISTENT WITH THE TERMS OF YOUR CURRENTLY PUBLISHED PRIVACY POLICY? YES NO
 N/A
18. DOES YOUR ORGANIZATION CONDUCT REGULAR REVIEWS OF YOUR THIRD-PARTY SERVICE PROVIDERS AND PARTNERS TO ENSURE THAT THEY ADHERE TO YOUR CONTRACTUAL AND/OR REGULATORY REQUIREMENTS FOR THE PROTECTION OF SENSITIVE BUSINESS/CUSTOMER DATA THAT YOU ENTRUST TO THEIR CARE FOR PROCESSING, HANDLING, AND MARKETING PURPOSES? YES NO
 N/A
- DO CONTRACTS WITH THIRD-PARTY SERVICE PROVIDERS INCLUDE INDEMNITY PROVISIONS THAT PROTECT YOU FROM ANY LIABILITY ARISING OUT OF THEIR LOSS OF YOUR SENSITIVE INFORMATION? YES NO
19. HAVE YOU CONFIGURED YOUR ORGANIZATION'S INTERNET-FACING WEB SITES AND RELATED SYSTEMS SO THAT NO SENSITIVE CUSTOMER DATA RESIDES DIRECTLY ON THESE SYSTEMS? YES NO

1

APPROXIMATE NUMBER OF SERVERS ON YOUR NETWORK: _____

NUMBER OF LOCATIONS WHERE SERVERS ARE LOCATED: _____

APPROXIMATE NUMBER OF EXTERNAL IP ADDRESSES ON YOUR NETWORK: _____

AVERAGE NUMBER OF DAILY HITS TO YOUR WEBSITE: _____

INTERNET SERVICE/ACCESS: _____

WEBSITE HOSTING: _____

COLLOCATION SERVICES: _____

MANAGED SECURITY SERVICES: _____

BROADBAND ASP SERVICES: _____

OUTSOURCING SERVICES: _____

OTHER (E.G. HR, POS): _____

1. DO YOU HAVE WRITTEN POLICIES IN PLACE WHICH ADDRESS:
- NETWORK SECURITY? YES NO
- APPROPRIATE USE OF NETWORK RESOURCES AND THE INTERNET? YES NO
- APPROPRIATE USE OF EMAIL? YES NO
2. IS THERE AN ORGANIZATIONAL MANAGER WHO IS DIRECTLY RESPONSIBLE FOR INFORMATION SECURITY COMPLIANCE OPERATIONS? YES NO
3. IS THERE A PROGRAM IN PLACE FOR EMPLOYEE AWARENESS OF THE SECURITY POLICY? YES NO
4. IS THERE A PROGRAM IN PLACE FOR EMPLOYEE AWARENESS OF THE SECURITY POLICY?
- ISO 17799: YES NO N/A
- SARBANES-OXLEY SECTION 404: YES NO N/A
- PCI DATA SECURITY STANDARD: YES NO N/A

IF NO TO ANY OF THE ABOVE, PLEASE DESCRIBE _____

1. HAS A NETWORK SECURITY ASSESSMENT OR AUDIT BEEN CONDUCTED WITHIN THE PAST 12 MONTHS? YES NO
- IF YES, WHEN WAS THE LAST AUDIT COMPLETED? _____ (PLEASE ATTACH COPY OF AUDIT.)

2. HAVE YOU SINCE COMPLIED WITH ALL RECOMMENDATIONS FROM THE AUDIT? YES NO

3. DO YOU CONDUCT PERIODIC INTRUSION DETECTION, PENETRATION OR VULNERABILITY TESTING? YES NO

IF YES, PLEASE DETAIL WHAT IS DONE, THE FREQUENCY, AND WHO PERFORMS THIS WORK:

1. IS FIREWALL TECHNOLOGY USED AT ALL INTERNET POINTS-OF-PRESENCE TO PREVENT UNAUTHORIZED ACCESS TO INTERNAL NETWORKS? YES NO

IF SO, PLEASE DESCRIBE BRAND NAME(S), MODEL(S):

1. DOES YOUR COMPANY USE ANTIVIRUS SOFTWARE ON ALL DESKTOPS, PORTABLE COMPUTERS AND MISSION CRITICAL SERVERS? YES NO

IF SO, PLEASE DESCRIBE BRAND NAME(S), MODEL(S):

2. ARE ANTIVIRUS APPLICATIONS UPDATED IN ACCORDANCE WITH THE SOFTWARE PROVIDER'S REQUIREMENTS? IF YES, HOW OFTEN? _____ YES NO

1. IS THERE AN INDIVIDUAL OR INTERNAL ORGANIZATION RESPONSIBLE FOR THE APPLICATION OF VENDOR-RELEASED PATCHES AND SOFTWARE FIXES?? YES NO

IF YES, PLEASE IDENTIFY (NAME/TITLE):

2. ARE PATCHES IMPLEMENTED ON NETWORK APPLIANCES (ROUTERS, BRIDGES, FIREWALLS, ETC.) TO MITIGATE CURRENT VULNERABILITIES? YES NO

IF YES, HOW OFTEN ARE PATCHES INSTALLED? _____

1. ARE YOUR SYSTEMS BACKED UP ON A DAILY (OR MORE REGULAR) BASIS? YES NO

IF NOT, HOW OFTEN ARE SYSTEMS BACKED UP? _____

2. ARE DATA BACKUPS STORED OFFSITE? YES NO

3. ARE DATA RECOVER AND RESTORATION PROCEDURES TESTED? YES NO

IF YES, HOW FREQUENTLY? _____

1. DO YOU ACTIVELY MAINTAIN SYSTEM LOGS ON ALL MISSION-CRITICAL SERVERS AND APPLIANCES? YES NO

2. DO YOU ACTIVELY MAINTAIN SECURITY LOGS ON ALL MISSION-CRITICAL SERVERS AND APPLIANCES? YES NO

3. ARE LOGS REGULARLY CHECKED FOR IRREGULARITIES, INTRUSIONS OR VIOLATIONS? YES NO

IF YES, HOW OFTEN ARE LOGS CHECKED, AND WHO HOLD THIS RESPONSIBILITY?

1. ARE DOCUMENTED PROCEDURES IN PLACE FOR USER AND PASSWORD MANAGEMENT? YES NO

IF YES, ARE THEY MONITORED FOR COMPLIANCE? YES NO

3. ARE USERS REQUIRED TO USE NON-TRIVIAL PASSWORDS OF AT LEAST SIX CHARACTERS? YES NO

1. ARE YOUR DEDICATED COMPUTER ROOMS PHYSICALLY PROTECTED? YES NO

IF YES, DESCRIBE THE PROTECTION (E.G. BURGLAR ALARMS, ETC.).

2. HOW IS ACCESS CONTROLLED OR LIMITED (E.G. KEY CARDS, BIOMETRICS, ETC.)?

1. ARE SYSTEM BACKUP AND RECOVERY PROCEDURES DOCUMENTED AND TESTED FOR ALL MISSION-CRITICAL SYSTEMS? YES NO

2. DO YOU HAVE A WRITTEN DISASTER RECOVERY AND BUSINESS CONTINUITY PLAN FOR YOUR NETWORK? YES NO

3. IS THE PLAN TESTED? IF YES, DESCRIBE FREQUENCY AND EXTENT OF TESTING: YES NO

1. ARE BACKGROUND CHECKS PERFORMED ON APPLICANTS FOR POSITIONS OF AUTHORITY OVER THE NETWORK? DESCRIBE: _____ YES NO

2. ARE FORMAL PROCESSES IN PLACE TO ENSURE THAT NETWORK PRIVILEGES ARE REVOKED IN A TIMELY MANNER FOLLOWING AN EMPLOYEE'S TERMINATION OR RESIGNATION? YES NO

1

1. ARE YOU SUBJECT TO THE PCI DSS? YES NO
IF YES, WHAT LEVEL REQUIREMENT? 1 2 3 4

2. HAVE YOU ACHIEVED PCI COMPLIANCE? IF NO, PLEASE DESCRIBE CURRENT STATUS: YES NO

3. WHAT PERCENTAGE OF YOUR MOST RECENT PCI AUDIT WAS IDENTIFIED AS ADEQUATE OR 'IN PLACE'? _____

4. FOR THOSE STANDARDS THAT WERE IDENTIFIED AS EITHER INADEQUATE OR 'NOT IN PLACE', HOW MANY HAVE BEEN IMPLEMENTED SINCE THE LAST AUDIT? PLEASE DESCRIBE: _____

PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR COVERAGE PART D, INTERNET MEDIA LIABILITY EXTENSION.

ACTIVITIES PERFORMED OVER YOUR COMPANY'S INTERNET SITES:

PLEASE CHECK ALL THAT APPLY.

- ELECTRONIC PUBLISHING, MARKETING, DISSEMINATION, OR DISTRIBUTION OF ORIGINAL WORKS
- ADVERTISING THE PRODUCTS OR SERVICES OF OTHER COMPANIES FOR A FEE
- BUYING OR SELLING OF GOODS, PRODUCTS OR SERVICES
- COLLECTION OR TRANSMISSION OF SENSITIVE FINANCIAL INFORMATION
- LEGAL OR FINANCIAL ADVICE
- MEDICAL OR HEALTH ADVICE
- OTHER PERSONAL ADVICE SERVICES SUCH AS COUNSELING
- WEBSITE SERVICES OR PRODUCTS TO INTERNATIONAL CUSTOMERS/SUBSCRIBERSELECTRONIC
- AUCTION, EXCHANGE, OR HUB SERVICES
- FILES FOR DOWNLOAD
- BULLETIN BOARD(S) OR CHAT ROOM(S) ON YOUR WEBSITE
- GAMBLING OR ADULT ENTERTAINMENT SERVICES
- OPERATION OF INTRANETSDOWNLOAD
- OPERATION OF EXTRANETS OR VIRTUAL PRIVATE NETWORKS

1. DOES YOUR COMPANY USE MATERIAL PROVIDED BY OTHERS, SUCH AS CONTENT, MUSIC, GRAPHICS OR VIDEO STREAM, ON YOUR WEB SITE? YES NO

A. IF YES, DO YOU ALWAYS OBTAIN WRITTEN LICENSES AND CONSENT AGREEMENTS FOR THE USE OF THESE MATERIALS? YES NO

B. IF YES, PLEASE DESCRIBE THE PROCESS FOR OBTAINING WRITTEN LICENSES AND CONSENT AGREEMENTS FOR THE USE OF THESE MATERIALS:

2. PLEASE DESCRIBE ESTABLISHED PROCEDURES IN PLACE FOR THE FORMAL REVIEW OF CONTENT/MATERIAL FOR YOUR WEB SITES OR INTERNET SERVICES:

3. DOES YOUR COMPANY HAVE AN ESTABLISHED PROCEDURE FOR EDITING OR REMOVING FROM YOUR WEBSITE LIBELOUS OR SLANDEROUS CONTENT, OR CONTENT THAT INFRINGES THE INTELLECTUAL PROPERTY RIGHTS OF OTHERS (COPYRIGHTS, TRADEMARKS, TRADE NAMES, ETC.)? YES NO

4. DOES YOUR WEBSITE, SYSTEM OR NETWORK REQUEST AND CAPTURE THIRD PARTY INFORMATION? YES NO

IF YES, PLEASE CHECK ALL THAT APPLY:

CUSTOMER/SUBSCRIBER NAMES AND ADDRESSES

CREDIT OR DEBIT CARD NUMBERS

SOCIAL SECURITY NUMBERS

CREDIT HISTORY AND RATINGS

MEDICAL RECORDS OR PERSONAL HEALTH INFORMATION

INTELLECTUAL PROPERTY OF OTHERS

BANK RECORDS, INVESTMENT DATA OR FINANCIAL TRANSACTIONS

OTHER (PLEASE DESCRIBE):

5. HAS LEGAL COUNSEL CHECKED THAT YOUR DOMAIN NAME(S) AND METATAGS DO NOT INFRINGE ON ANOTHER'S TRADEMARK? YES NO

6. DOES YOUR COMPANY HAVE A WRITTEN AND POSTED PRIVACY POLICY ON YOUR SITE(S)? IF YES, WHEN WAS THIS LAST UPDATED? _____ YES NO

7. DOES YOUR COMPANY HAVE A NON-DISCLOSURE POLICY? YES NO

8. IS SENSITIVE, PERSONAL OR CONFIDENTIAL INFORMATION LOCATED BEHIND A FIREWALL? YES NO

IF YES, ARE STRICT ACCESS CONTROLS IN PLACE? YES NO

9. IS SENSITIVE, PERSONAL OR CONFIDENTIAL INFORMATION ENCRYPTED? YES NO

IF NO, PLEASE DESCRIBE: _____

10. DOES YOUR ORGANIZATION SELL OR SHARE INDIVIDUAL SUBSCRIBER OR USER IDENTIFIABLE INFORMATION WITH OTHER INTERNAL OR EXTERNAL ENTITIES? YES NO

IF YES, PLEASE DESCRIBE _____

IF YOU OFFER A BULLETIN BOARD OR CHAT ROOM ON YOUR WEB SITE, PLEASE ANSWER THE FOLLOWING:

1. WHO MANAGES THE BULLETIN BOARD/CHAT ROOM (IN-HOUSE, SUBCONTRACTED, ETC.)? _____

2. IF SUBCONTRACTED, DO YOU REQUIRE, 'HOLD HARMLESS' AGREEMENTS FOR LIABILITIES ARISING OUT OF BULLETIN BOARDS AND/OR CHAT ROOMS? YES NO

3. CAN YOU REMOVE ANY POSTINGS AT YOUR SOLE DISCRETION? YES NO

4. DOES THE AGREEMENT WITH YOUR ISP ALLOW YOU TO DO SO? YES NO

ANY PERSON WHO KNOWINGLY, OR KNOWINGLY ASSISTS ANOTHER, FILES AN APPLICATION FOR INSURANCE OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD AN INSURANCE COMPANY MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND LOSS OF INSURANCE BENEFITS.

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.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

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.

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 IN THE THIRD DEGREE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY.

ANY PERSON WHO KNOWINGLY AND WITH THE 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.

IT IS A CRIME TO 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER SUBMITS A CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.

A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

PURSUANT TO NRS 686A.291, ANY PERSON WHO KNOWINGLY AND WILLFULLY FILES A STATEMENT OF CLAIM THAT CONTAINS ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION CONCERNING A MATERIAL FACT IS GUILTY OF A FELONY.

ANY PERSON WHO, WITH PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638:20.

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

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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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.

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.

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.

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY FACT 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.

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.

SIGNATURE OF CEO, CFO, PRESIDENT, RISK MANAGER, OR
GENERAL COUNSEL:

PRINT NAME:

TITLE

DATE

SIGNATURE OF BROKER/AGENT

PRINT NAME:

DATE

SIGNED BY LICENSED RESIDENT AGENT

(WHERE REQUIRED BY LAW)