

DataBreachSM

**QUICK QUALIFIER AND INDICATION QUESTIONNAIRE FOR DATA BREACH AND PRIVACY LIABILITY,
DATA BREACH LOSS TO INSURED AND ELECTRONIC MEDIA LIABILITY INSURANCE**

This Questionnaire is for a premium estimate only. For a quotation complete Application for Data Breach and Privacy, Data Breach Loss to Insured and Electronic Media Insurance (DB-30000-01).

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

If response is none, state NONE.

I. GENERAL INFORMATION

1. (a) Full Name of Applicant: _____
- (b) Principal business premise address: _____
(Street) (County)
- _____
- (City) (State) (Zip)
- (c) Phone Number: _____
- (d) Date formed/organized (MM/DD/YYYY): _____
- (e) Business is a: corporation partnership individual other _____
- (f) Website(s): _____

2. Does the Applicant own (or long-term lease on an exclusive basis) and control its own computer network? Yes No

NOTE: If the response to Item 1.2. is No, Data Breach and Privacy, Data Breach Loss to Insured and Electronic Media Insurance would not afford coverage to the Applicant.

3. Does the Applicant's business include any of the following activities?
- (a) ACH (automated clearing house), outsource ATM network, credit card processing?..... Yes No
- (b) Online providers of adult content, auctions, computer games or gambling?..... Yes No
- (c) Search Engine services other than search within Applicant's own web site? Yes No
- (d) Credit Bureau, Data Broker, List Broker, Mail Service Bureau?..... Yes No
- (e) Any matter requiring governmental security clearance? Yes No
- (f) Education (K-12, College or University)?..... Yes No
- (g) Peer to Peer Networks or Software – Consumer Market? Yes No
- (h) Securities broker/dealers, clearing operations, mutual fund? Yes No
- (i) Social Networking or User Generated/User Uploaded Content Sites? Yes No

II. NETWORK OPERATIONS AND BUSINESS FUNCTIONS

1. (a) Describe in detail the Applicant's business operations:

- (b) Applicant's gross annual revenues:
- | | | |
|--|----------|------------|
| | Total | E-Commerce |
| (i) Estimated annual gross revenues for the coming year: | \$ _____ | \$ _____ |
| (ii) For the past twelve (12) month period: | \$ _____ | \$ _____ |

III. NETWORK SECURITY INCIDENT AND LOSS HISTORY

1. Has the Applicant at any time during the past three (3) years had any incidents, claims or suits involving unauthorized access, intrusion, breach, compromise, or misuse of the Applicant's network, including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other incident whether or not reported to its insurance carrier? [] 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.

2. Is the Applicant or any of its principals, partners, officers, directors, trustees, managers, managing members, or employees, its predecessors, subsidiaries, affiliates or any other person or organization proposed for this insurance aware of any fact, circumstance, situation or incident related to its network operations which might give rise to a loss or a claim?..... [] Yes [] No
(a) If Yes, provide full details: _____

3. Has any application for similar insurance made on behalf of the Applicant, its predecessors, subsidiaries, affiliates, and/or for any other person(s) or organization(s) proposed for this insurance ever been declined, cancelled or nonrenewed? [] Yes [] No
(a) If Yes, provide full details: _____

Signing this Questionnaire does not bind the Company to provide or the applicant to purchase the insurance.

Name of Applicant

Title

Signature of Applicant

Date