



# SierraSpecialty

**NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE. READ THE ENTIRE APPLICATION CAREFULLY.**

## **I. APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_  
(Include names of all subsidiary or affiliated companies to be insured, or attach separate sheet, if necessary)

Principal Address: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Corporate Website Address: \_\_\_\_\_

## **II. COVERAGE REQUESTED**

Requested Effective Date: \_\_\_\_\_

## **III. YOUR BUSINESS**

1. Nature of business: \_\_\_\_\_

2. Description of operations: \_\_\_\_\_

3. Total annual revenues (indicate complete number, e.g., \$1,000,000): \_\_\_\_\_

4. Estimate total number of customer and/or employee records stored by you or by third parties on your behalf, either electronically or in physical files.

- 0-100,000
- 100,001-250,000
- 250,001-500,000
- Over 500,000
- Uncertain

5. Does the Applicant use anti-virus software and a securely configured firewall to protect its network?  Yes  No

6. Does your organization store personal information on portable devices, including laptops, PDA's, back-up tapes, USB thumb drives and external hard drives?  Yes  No

If "Yes", is such data encrypted to industry standards?  Yes  No

7. Does the Applicant utilize a cloud provider to store data?  Yes  No

If "Yes", please name the cloud provider: \_\_\_\_\_

If the Applicant utilizes more than one cloud provider to store data, please name the cloud provider storing the largest quantity of customer and/or employee records, including medical records, personal health information, social security numbers, bank account details, and credit card numbers.

For Question 8, if the answer is "No", PCI DSS Liability coverage will not be available.

8. Are you or your credit card point of sale vendor (if applicable) PCI-DSS Compliant?  Yes  No

#### **IV. LOSS HISTORY**

9. Has the Applicant, or any other person or entity proposed for this insurance, received any complaints or claims, or been the subject in litigation, involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the ability of customers to rely on the Applicant's network?  Yes  No

If "YES", please provide specific details on a separate page.

10. Does the Applicant, or any other person or entity proposed for this insurance, have knowledge of any act, events, circumstances or incidents that may give rise to complaints or claims involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the ability of customers to rely on the Applicant's network?  Yes  No

#### **V. ACKNOWLEDGEMENTS AND REPRESENTATIONS**

- 1. The undersigned represents that the statements, representations and information contained herein, or attached to this Application, are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application.**
- 2. The undersigned acknowledges that the signing of this Application does not bind the undersigned to complete the insurance. The undersigned further acknowledges that the statements, representations, and information contained herein, or submitted with this Application (which shall be retained on file by the Underwriters and shall be deemed attached hereto, as if physically attached hereto), are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this Application and all written statements and materials furnished to the Insurer in conjunction with this Application shall be deemed incorporated into and made a part of the policy, should a policy be issued.**
- 3. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**
- 4. The undersigned acknowledges and agrees that if the information supplied on this Application, or in any attachments, changes between the date of the Application and the effective date of the policy period, the Applicant will immediately notify the Underwriters of such change, and the Underwriters may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.**
- 5. For purposes of creating a binding contract of insurance by this Application, or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature, and that the original and any such copies shall be deemed one and the same document.**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Must be signed by an authorized officer, partner or principal of the Applicant

Title: \_\_\_\_\_ Date (Mo/Day/Yr): \_\_\_\_\_

Applicant Organization: \_\_\_\_\_