



The Professional Protector Plan® Application for Cyber Liability & Data Breach Coverage

THE POLICY YOU ARE APPLYING FOR MAY PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR DURING AN APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED, BY CLAIM EXPENSES, AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE, UNLESS OTHERWISE PROVIDED BY THE POLICY. IN NO EVENT WILL THE INSURER BE LIABLE FOR CLAIMS EXPENSE OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.

THIS APPLICATION IS NEITHER AN OFFERING NOR A BINDER OF COVERAGE. ALSO, YOUR COMPLETION OF THIS APPLICATION DOES NOT OBLIGATE THE COMPANY TO OFFER COVERAGE TO YOU.

Applicant's General Information

1) Applicant Name (as it appears on your professional liability policy):

2) Mailing Address:

3) Primary Practice Address:

4) What is your annual Gross Revenue? Current year \$ _____ Next Year \$ _____

5) Approximately how many patients in total do you have records in custody?

Practice-Wide _____ Average Per Location _____

6) What is the maximum number of patient records stored off-site? _____

7) If you currently carry cyber risk coverage, what's the inception date of your first such policy? _____

8) **Other than patient data**, please describe other sensitive information in your care (e.g. vendor data, other's trade secret or proprietary info etc.) _____

Privacy and Network Security Insurance Information

9) Please elect one of the limit options below:

	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>
PRIVACY & NETWORK SECURITY AGGREGATE LIMIT	\$250,000	\$500,000	\$1,000,000
COVERAGE PARTS WITH SUB-LIMITS			
LIABILITY AND RESTORATION COVERAGE	\$250,000	\$500,000	\$1,000,000
INCIDENT RESPONSE EXPENSE COVERAGE	\$250,000	\$500,000	\$1,000,000
PAYMENT CARD COVERAGE	\$125,000	\$250,000	\$500,000
BUSINESS INCOME LOSS COVERAGE	\$100,000	\$100,000	\$100,000

- 10) Is your patient information data encrypted AND do you encrypt sensitive patient data when transmitting it outside your practice? Yes No
- 11) Are firewalls in place between your network and the public internet? Yes No
- 12) Do you deploy anti-virus, spam, wireless network security and malware defenses on all network workstations? Yes No

Loss History

- 13) Have you ever experienced an extortion attempt or demand with respect to your computer systems? Yes No
- 14) Are you or any other proposed insured aware of any actual or alleged fact, circumstance, issue, situation, error or omission or even which:

Might give rise to an obligation to comply with a law requiring notification of an actual or suspected disclosure of personal information? Yes No

Might give rise to a claim against any proposed insured for disclosure loss or misuse of personal information, invasion or interference with rights of privacy, or which might otherwise result in a claim against any proposed insured with respects to the insurance sought? Yes No

If "Yes" to any of the above, please provide details:

It is agreed by all concerned that if any of the individuals or organizations proposed for coverage under this Policy is responsible for or has knowledge of any incident, circumstance, event or litigation which could reasonably give rise to a claim, whether or not described above, any claim subsequently emanating there from shall be excluded from coverage.

Risk Control Self Assessment

Please check either Yes (Y) or No (N) or Not Applicable (NA) for each question below:

- 1) Do you enforce a company policy governing security, privacy and acceptable use of company property that must be followed by anyone who accesses your network or sensitive information in your care? Yes No
- 2) Do you implement virus controls and filtering on all systems? Yes No
- 3) Do you check for security patches to your systems at least weekly and implement them within 30 days? Yes No
- 4) Do you re-assess your exposure to information security and privacy threats at least yearly, and enhance your risk controls in response to changes? Yes No
- 5) Do you physically and electronically limit access to sensitive information on a need to know basis and revoke access privileges upon a reduction in an individual's need to know? Yes No
- 6) Do you enforce a "clean desk" policy where sensitive information must not be accessible or visible when unattended? Yes No
- 7) Do you enforce a "clear screen" policy that includes clearing computer screens and requiring user logon and password authentication to re-access the device after a period of inactivity? Yes No
- 8) Do you outsource your information security management to a qualified firm specializing in security or have staff responsible for and trained in information security? Yes No
- 9) Whenever you entrust sensitive information to 3rd parties do you: *(check NA ONLY if you never entrust sensitive information to 3rd parties):*
 - Contractually require all such 3rd parties to protect this information with safeguards at least as good as your own Yes No NA
 - Perform due diligence on each such 3rd party to ensure that their safeguards for protecting sensitive information meet your standards (e.g. conduct security/privacy audits or review findings of independent security/privacy auditors) Yes No NA
 - Contractually require them to defend and indemnify you if they contribute to a confidentiality or privacy breach Yes No NA
 - Do you maintain a Business Associate Agreement with your 3rd party vendors? Yes No NA

- 10) At least once a year, do you provide security awareness training for everyone who accesses your network or sensitive information in your care? Yes No
- 11) Do you encrypt personally identifiable information stored on portable devices and removable media and ensure that the encryption/decryption keys are not also stored on that device? Yes No NA
- 12) Do you back-up your network data and configuration files daily and store back-up files in a secure location, and rehearse your procedure for restoring from back-ups at least yearly? Yes No

AUTHORIZATION

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I agree that any coverage issued will be contingent upon the truth of the preceding information. I further understand that any incorrect or incomplete statement could invalidate my coverage. I hereby authorize AAIC to release the information on this application and associated underwriting information.

NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, KANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON: 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 material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits. **NOTICE TO COLORADO APPLICANTS:** 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. **NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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. **NOTICE TO KANSAS APPLICANTS:** an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto. **NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with 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. **NOTICE TO LOUISIANA APPLICANTS:** 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. **NOTICE TO MAINE AND WASHINGTON APPLICANTS:** It is a crime to knowingly 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. **NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NOTICE TO NEW MEXICO APPLICANTS:** 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. **NOTICE TO NEW YORK APPLICANTS:** 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 insurance act, which is a crime and is subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation. **NOTICE TO OHIO APPLICANTS:** 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. **NOTICE TO OKLAHOMA APPLICANTS:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law. **NOTICE TO PENNSYLVANIA APPLICANTS:** 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 material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. **NOTICE TO PUERTO RICO**
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APPLICANTS: The Entity understands that according to the Insurance Code of Puerto Rico (Article 27.320): “Any person who knowingly and with the intention to defraud that present false information in an insurance request or, that present, make or help to make a fraudulent claim for the payment of a loss or another benefit, it will present more than a claim by a same damage or loss, will incur in a serious crime and could be convicted and sanctioned, by each violation with a pain of no smaller fine of five thousand (\$5,000) dollars, nor greater of ten thousand (\$10,000) dollars or imprisonment by a fixed term of three (3) years, or, both pains. If there are aggravating circumstances, the pain fixes established could be increased until a maximum of five (5) years; to mediate extenuating circumstances, it could be reduced until a minimum of two (2). **NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** 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. **NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature in full

Date

Agent’s Signature

Date

If you apply your signature to this application electronically, you hereby consent and agree that your use of a key pad, mouse or other device to affect your electronic signature constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

NOTICE TO MARYLAND APPLICANTS: IN THE EVENT OF ANY MATERIAL CHANGE, THE INSURER HAS THE ABILITY TO CANCEL A BINDER OR POLICY, OR RECALCULATE THE PREMIUM FROM THE EFFECTIVE DATE OF THE POLICY, DURING THE FOURTY FIVE (45) DAY UNDERWRITING PERIOD, IN ACCORDANCE WITH MARYLAND INSURANCE ARTICLE §12-106.

AGENCY INFORMATION

RETURN TO:		
State Administrator Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone #: _____	Agent’s License Number: _____	

The Professional Protector Plan is a registered trademark of B & B Protector Plans, Inc.. Coverage is underwritten by AAIC.