

Underwritten by The Hanover Insurance Company

## CLAIMS-MADE NOTICE

THIS IS AN APPLICATION FOR PROFESSIONAL LIABILITY COVERAGE WHICH IS PROVIDED ON A CLAIMS-MADE BASIS; THEREFORE, THIS POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE STATED IN THE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS ACTUALLY MADE OR INCIDENTS REPORTED AGAINST YOU WHILE THE POLICY REMAINS IN EFFECT. ALL COVERAGE UNDER THIS POLICY CEASES UPON TERMINATION OF THIS POLICY EXCEPT FOR THE AUTOMATIC EXTENDED REPORTING PERIOD OF 60 DAYS OR AN EXTENDED REPORTING PERIOD OF 12, 24 OR 36 MONTHS THAT YOU MAY CHOOSE TO PURCHASE. POTENTIAL GAPS MAY ARISE UPON EXPIRATION OF THE EXTENDED REPORTING PERIODS. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES. YOU CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

## CLAIM EXPENSES WITHIN LIMITS

This Policy will be written on a claim expenses within limits basis unless otherwise endorsed. The Limit of Liability can be completely exhausted by claim expenses and we have no liability for legal defense costs or for the amount of any judgment or settlement in excess of the limits stated in your policy. Claim expenses will be applied against the deductible. Please read and review your policy carefully.

## APPLICATION INSTRUCTIONS

Whenever used in this Application, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons, entities and subsidiaries, proposed for insurance unless otherwise stated.

## GENERAL INFORMATION

1. Name of **Firm**: \_\_\_\_\_
2. Address of **Firm**: \_\_\_\_\_
- City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.**

## CLASS 2 CODE:

- ☐ ARCHITECT 2-14013 ☐ ENGINEER 2-14054  
☐ INTERIOR DESIGN 2-14198 ☐ LAND SURVEYORS 2-14078

**CYBER PRIVACY AND SECURITY COVERAGE**

3. Requested Coverage: \_\_\_\_\_

Insuring Agreement	Requested Limit	Requested Deductible
Breach Event Expenses	\$	\$
Breach Reward Expenses	\$	\$
Breach Restoration Expenses	\$	\$
Cyber Investigation Expenses	\$	\$

4. Please indicate the type of information that the **Firm** collects and which resides on the **Firm's** or service provider's systems and networks.

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|---|--|--|
| <input type="checkbox"/> Credit Card Numbers      | <input type="checkbox"/> Race, Ethnicity, National Origin    | <input type="checkbox"/> Salary and Compensation             |
| <input type="checkbox"/> Social Security Numbers  | <input type="checkbox"/> Data Regarding Sexual Orientation   | <input type="checkbox"/> Criminal Records                    |
| <input type="checkbox"/> Email Addresses          | <input type="checkbox"/> Account Numbers                     | <input type="checkbox"/> Disability Status                   |
| <input type="checkbox"/> Medical Information      | <input type="checkbox"/> Financial Data (i.e. credit rating) | <input type="checkbox"/> Civil Judgments (background checks) |
| <input type="checkbox"/> National ID Numbers      | <input type="checkbox"/> Passwords, Including PINs           | <input type="checkbox"/> Clients' Intellectual Property      |
| <input type="checkbox"/> Drivers' License Numbers | <input type="checkbox"/> Usernames                           |  |

5. Does the **Firm** have a formal procedure for destroying or archiving old client files? ☐ Yes ☐ No

6. Does the **Firm** have a formal policy regarding the security of client files removed from the office? ☐ Yes ☐ No

7. Are the **Firm's** portable electronic devices and removable electronic media protected by encryption? ☐ Yes ☐ No

8. Do the **Firm's** portable electronic devices have tracking and data removal software installed? ☐ Yes ☐ No

9. Are the **Firm's** computer systems protected with regularly updated firewall, anti-virus and anti-malware software? ☐ Yes ☐ No

10. Does the **Firm** manage authorized devices to determine only authorized software, hardware and software/hardware configurations are applied? ☐ Yes ☐ No

11. Does the **Firm** log and monitor access to the **Firm's** network, and verify access against an inventory of authorized devices? ☐ Yes ☐ No

12. Does the **Firm** have a formal procedure for the disposal of obsolete computers, fax machines, and scanners? ☐ Yes ☐ No

13. How often is the **Firm's** computer system backed up? ☐ Daily ☐ Weekly ☐ Monthly  
☐ Other: \_\_\_\_\_

14. Does the **Firm** accept credit cards for services rendered? ☐ Yes ☐ No

a. If "Yes", please state the approximate percentage of revenues from credit card transactions in the last 12 months: \_\_\_\_\_%

b. What steps are taken to prevent theft of credit card information?

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15. Does the **Firm** require annual training on information security for all personnel? ☐ Yes ☐ No
16. Does the **Firm** have a client notification system in place in the event of loss or theft of personal records? ☐ Yes ☐ No
17. Within the past 5 years have any client records in the **Firm's** custody or control been lost or stolen? ☐ Yes ☐ No
18. How frequently are passwords changed?  
☐ Monthly ☐ Every 3 Months ☐ Every 6 Months ☐ Every 9 Months  
☐ Other: \_\_\_\_\_
19. Does the **Firm** undertake background checks for all new personnel? ☐ Yes ☐ No
20. Are passwords and network access immediately revoked for former personnel? ☐ Yes ☐ No

#### PRIOR KNOWLEDGE AND APPLICANT REPRESENTATION

21. Are any of **You** aware of any **Privacy Breach** or **Security Breach**, or any fact, circumstance, or situation that might result in a **Privacy Breach** or **Security Breach** which might directly or indirectly involve the **Firm**? ☐ Yes ☐ No  
*If "Yes", please attach a full description of the details.*

#### DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this application.

The undersigned agree that the information provided in this application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable.
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this application.
- The signing of this application does not bind the **Firm** to purchase insurance.

The information requested in this application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or **Potential Claim**.

**NOTICE TO NEW YORK RESIDENTS:** 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 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.

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SIGNATURE OF **FIRM'S** AUTHORIZED REPRESENTATIVE

Date

Signature\*\*

Title

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\*\*This application must be signed by the chief executive officer, president, chief financial officer, managing partner or owner of the **Firm** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.**

Please submit this Application including appropriate documentation to:

The Hanover Insurance Company  
333 W. Pierce Road, Suite 300  
Itasca, IL 60143