

# THE PRINCETON EXCESS AND SURPLUS LINES INSURANCE COMPANY

Administration Office: 555 College Road East, Princeton, NJ 08543-5241  
800.305.4954  
Statutory Office: 2711 Centerville Road, Suite 400 – Wilmington, DE 19805  
(a stock insurance company)

## CYBER LIABILITY AND PRIVACY CRISIS MANAGEMENT EXPENSE APPLICATION

**THIS APPLICATION IS FOR A FIRST DISCOVERY POLICY. COVERAGE IS FOR EVENTS FIRST DISCOVERED DURING THE "POLICY PERIOD" OR ANY APPLICABLE EXTENDED REPORTING PERIOD, AND REPORTED TO US IN ACCORDANCE WITH THE TERMS OF THE POLICY.**

### A. GENERAL INFORMATION SECTION

1. Named Organization (Applicant):  
\_\_\_\_\_
2. Mailing address:  
\_\_\_\_\_  
*(street) (city) (county) (state) (zip code)*
3. Telephone number: (\_\_\_\_)\_\_\_\_\_ Fax number: (\_\_\_\_)\_\_\_\_\_
4. E-mail address: \_\_\_\_\_ Web site address: \_\_\_\_\_
5. Contact name: \_\_\_\_\_
6. Type of Entity: (Individual, Partnership, Joint Venture, Corporation, Other)  
\_\_\_\_\_ State of Incorporation (if applicable)\_\_\_\_\_
7. Description of operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. EXPOSURE INFORMATION SECTION

**Cyber Liability** protects you when claims are made against you for monetary damages arising out of an electronic information security event:

**Privacy Crisis Management Expense** reimburses for expenses you incur as a result of a privacy crisis management event first discovered during the policy period. This first party coverage is intended to provide professional expertise in the identification and mitigation of a privacy breach while satisfying Federal and State statutory requirements.

#### Event Limit

- \$50,000  
 \$100,000  
 Other: \_\_\_\_\_

Deductible amount: \_\_\_\_\_

#### General Aggregate Limit

Same as Event Limit

1. Do you use internal staff or an external service provider to manage your network?  Internal  
 External
2. Do you use anti-virus software on all desktops, laptops, portable devices, and network servers?  
 Yes  No

# THE PRINCETON EXCESS AND SURPLUS LINES INSURANCE COMPANY

Administration Office: 555 College Road East, Princeton, NJ 08543-5241

800.305.4954

Statutory Office: 2711 Centerville Road, Suite 400 – Wilmington, DE 19805  
(a stock insurance company)

3. Is firewall management software installed on your computer network?  Yes  No
4. Do you have computer network and information security policies which must be followed by all employees, volunteers and third party service providers?  Yes  No
5. Is your security policy communicated to all employees and volunteers who have access to personal identifiable information (PII)?  
 Yes  No
6. Does your computer network and/or information security policy include a response plan in the event of a data breach that includes notification to appropriate stakeholders?  Yes  No
7. Do you require written contracts with third party service providers who have access to your data to include a hold harmless clause, and your organization is named as an Additional Insured on their policy?  Yes  No
8. Do you require written contracts to enforce your computer network and information security policy with third party service providers?  Yes  No
9. During the past three years, are you aware of any breach  Yes  No  
If "yes", please explain.

---

---

10. If "yes", please explain During the past three years, have you ever sustained any losses arising out of unauthorized disclosure of confidential corporate information or personal identifiable information?  Yes  No  
If "yes", please explain.

---

---

11. During the past three years, have you ever been the subject of an investigation by any regulatory or administrative agency for privacy-related violations?  Yes  No  
If "yes", please explain.

---

---

12. Does your organization store personal identifiable customer information on your computer network?  Yes  No If yes, what type of information is kept(i.e. Credit Card #, Social Security #, etc.):

---

---

13. Are employees allowed to store/download personally identifiable information or protected health information on laptops or external storage devices?  Yes  No

PAYMENT(CREDIT AND DEBIT) CARD HANDLING *Check if not applicable and skip this section*

# THE PRINCETON EXCESS AND SURPLUS LINES INSURANCE COMPANY

Administration Office: 555 College Road East, Princeton, NJ 08543-5241

800.305.4954

Statutory Office: 2711 Centerville Road, Suite 400 – Wilmington, DE 19805

(a stock insurance company)

1. Is all payment card information stored on your network, masked, encrypted and purged in compliance with PCI standards?  Yes  N
2. Do you store Credit Security Code/Card Verification Value (CSC/CVV) data on your network?  Yes  N
3. Do you accept payments via a smartphone or tablet?  Yes  N
4. Are the devices you use to process credit card and debit card transactions EMV compliant?  Yes  N

Do you run tabs for any length of time beyond 1 day?  Yes  N

If "yes", please explain.

---

---

## FRAUD STATEMENT

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.

### FRAUD STATEMENT TO ARKANSAS 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.

### FRAUD STATEMENT 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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### FRAUD STATEMENT 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.

### FRAUD STATEMENT TO FLORIDA APPLICANTS

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 of the third degree.

### FRAUD STATEMENT TO HAWAII APPLICANTS

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

### FRAUD STATEMENT TO KENTUCKY APPLICANTS

RMS 00 02 08 15	Copyright, American Alternative Insurance Corporation, 2015 Includes copyrighted material of the Insurance Services Office, Inc., with its permission.	Page 3 of 5
-----------------	--	-------------

# THE PRINCETON EXCESS AND SURPLUS LINES INSURANCE COMPANY

Administration Office: 555 College Road East, Princeton, NJ 08543-5241  
800.305.4954  
Statutory Office: 2711 Centerville Road, Suite 400 – Wilmington, DE 19805  
(a stock insurance company)

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.

## FRAUD STATEMENT 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.

## FRAUD STATEMENT TO MAINE 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.

## FRAUD STATEMENT 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.

## FRAUD STATEMENT 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.

## FRAUD STATEMENT 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 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.

## FRAUD STATEMENT 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.

## FRAUD STATEMENT TO OKLAHOMA APPLICANTS

**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.

## FRAUD STATEMENT TO OREGON APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## FRAUD STATEMENT 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 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.

## FRAUD STATEMENT TO TENNESSEE 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.

RMS 00 02 08 15	Copyright, American Alternative Insurance Corporation, 2015 Includes copyrighted material of the Insurance Services Office, Inc., with its permission.	Page 4 of 5
-----------------	--	-------------

# THE PRINCETON EXCESS AND SURPLUS LINES INSURANCE COMPANY

Administration Office: 555 College Road East, Princeton, NJ 08543-5241  
800.305.4954  
Statutory Office: 2711 Centerville Road, Suite 400 – Wilmington, DE 19805  
(a stock insurance company)

## FRAUD STATEMENT TO 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title