



# Beazley MediaTech

# Short Form Application

**NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS IN ACCORDANCE WITH THE TERMS THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.**

**PLEASE READ THIS POLICY CAREFULLY.**

Please fully answer all questions and submit all requested information.

### GENERAL INFORMATION:

Full Name:		
Mailing Address:	State of Inc:	
City:	State & Zip:	
Date Est:		
Website URL's:		
Breach Response Contact:	Email:	Telephone:

Please describe in detail the nature and types of professional and/or technology services the Applicant is engaged in and the types of Technology Products developed, manufactured, licensed or sold:

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### REVENUE INFORMATION:

\*For all other Applicants, please provide Gross Revenue information

	Past Twelve Months:	Previous Year	Next Year (Estimate)
US Revenue:	USD	USD	USD
Non-US Revenue:	USD	USD	USD
Total:	USD	USD	USD

Please indicate the Applicant's two largest engagements for the past 2 years:

Client: \_\_\_\_\_  
Product/Service: \_\_\_\_\_  
Revenues: USD

Client: \_\_\_\_\_  
Product/Service: \_\_\_\_\_  
Revenues: USD

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## CONTRACTUAL CONTROLS

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Does the Applicant have written contracts with all clients for all service/product engagements?  Yes  No  
If no, what percentage of the time are written contracts used? \_\_\_\_\_%

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## PRIVACY

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Please identify the types of personal information of individuals that you collect, process or store (check all that apply) along with an estimate of the number of records held for each type of information:

**Type of Information:**

**Number of Records (Estimated):**

- |   |   |
|---|---|
| <input type="checkbox"/> Social Security Numbers              | <input type="checkbox"/> <100K; <input type="checkbox"/> <1M; <input type="checkbox"/> >1M; |
| <input type="checkbox"/> Consumer Financial Information       | <input type="checkbox"/> <100K; <input type="checkbox"/> <1M; <input type="checkbox"/> >1M; |
| <input type="checkbox"/> Payment Card Information             | <input type="checkbox"/> <100K; <input type="checkbox"/> <1M; <input type="checkbox"/> >1M; |
| <input type="checkbox"/> Protected Health Information         | <input type="checkbox"/> <100K; <input type="checkbox"/> <1M; <input type="checkbox"/> >1M; |
| <input type="checkbox"/> Biometric Information                | <input type="checkbox"/> <100K; <input type="checkbox"/> <1M; <input type="checkbox"/> >1M; |
| <input type="checkbox"/> Other (please describe below): _____ | <input type="checkbox"/> <100K; <input type="checkbox"/> <1M; <input type="checkbox"/> >1M; |

Which of the following procedures does the Applicant employ to test computer security controls?

**Testing:**

**Frequency of Testing:**

- |   |                                       |                                    |                                    |
|---|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Internal Vulnerability Scanning                                      | <input type="checkbox"/> Continuously | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> External Vulnerability Scanning against internet-facing IP addresses | <input type="checkbox"/> Continuously | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Penetration Testing  | <input type="checkbox"/> Quarterly    | <input type="checkbox"/> Bi-annual | <input type="checkbox"/> Annually  |
| <input type="checkbox"/> Other (please describe): _____                                       |                                       |                                    |                                    |

Does the Applicant have network intrusion detection systems that provide actionable alerts if an unauthorized computer system intrusion occurs?  Yes  No

If 'Yes', please describe: \_\_\_\_\_

Does the Applicant store data in any of the following environments, and is such stored data encrypted? (check all that apply)

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Laptops                             | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |
| <input type="checkbox"/> Portable Media                      | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |
| <input type="checkbox"/> "at rest" within computer databases | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |

Does the Applicant outsource any of the following? (Check all that apply and please identify the vendor(s))

- Data Center Hosting: \_\_\_\_\_
- Managed Security: \_\_\_\_\_
- Alert Log Monitoring: \_\_\_\_\_

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## MEDIA LIABILITY

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Please describe the media activities of the Applicant or by others on behalf of the Applicant:

- |   |   |
|---|---|
| <input type="checkbox"/> Television                     | <input type="checkbox"/> Internet Advertising     |
| <input type="checkbox"/> Radio                          | <input type="checkbox"/> Social Media             |
| <input type="checkbox"/> Print                          | <input type="checkbox"/> Marketing Materials      |
| <input type="checkbox"/> Applicant's Website(s)         | <input type="checkbox"/> Audio or Video Streaming |
| <input type="checkbox"/> Other (please describe: _____) |   |

Does the Applicant have a formal review process in place to screen any published or broadcast material (including digital content), for intellectual property and privacy compliance prior to any publication, broadcast, distribution or use?

Yes  No  N/A

Are such reviews conducted by, or under the supervision, of a qualified attorney?

Yes  No  N/A

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## eCRIME

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Are all employees that are responsible for disbursing or transmitting funds provided anti-fraud training, including detection of social engineering, phishing, business email compromise, and other scams on at least an annual basis?

Yes  No

Before processing fund transfer requests from internal sources, does the Applicant confirm the instructions via a method other than the original means of the instruction?

Yes  No

Does the Applicant confirm requested changes via a method other than the original means of request?

If yes, please provide details: \_\_\_\_\_

Yes  No

During the past five (5) years has the Applicant or other proposed insured transferred, paid or delivered money or securities as a result of fraudulent written, electronic, telegraphic, cable, teletype or telephone instructions provided by a third party?

If yes, please provide details: \_\_\_\_\_

Yes  No

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## PRIOR CLAIMS AND CIRCUMSTANCES

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Does the Applicant or other proposed insured (including any director, officer or employee) have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance?

Yes  No

If yes, please provide details: \_\_\_\_\_

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During the past five (5) years has the Applicant:

Received any claims or complaints with respect to privacy, breach of information or network security, or, unauthorized disclosure of information?

Yes  No

Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?

Yes  No

Received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regard to any content published, displayed or distributed by or on behalf of the Applicant?

Yes  No

Notified consumers or any other third party of a data breach incident involving the Applicant?

Yes  No

Experienced an actual or attempted extortion demand with respect to its computer systems?

Yes  No

Experienced an unexpected outage of a computer network, application or system lasting greater than four (4) hours?

Yes  No

If 'Yes' to any of the above, please provide details regarding such incident(s) or event(s):

\_\_\_\_\_

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THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDEWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

**FRAUD WARNING DISCLOSURE**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND 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 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 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 IN THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** 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 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 COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND 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 CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

**NOTICE TO MAINE, TENNESSEE, VIRGINIA 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 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 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.

**SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS ARISING OUT OF A CIRCUMSTANCE NOT DISCLOSED IN THIS APPLICATION.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

Signed\*: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Signature\*: \_\_\_\_\_

Agent's Printed Name: \_\_\_\_\_

Florida Agent's License Number: \_\_\_\_\_