

## **CYBERLIABILITY PLUS APPLICATION**

**Producer:**  
Swett & Crawford  
4055 Valley View Lane, Suite 250  
Dallas, TX 75244  
Phone: 972 720 8886  
Fax: 972 376 0779

### **WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION**

#### **DEFINITIONS**

The words **Applicant**, **You**, and **Your** in this application refer individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in item 1 above.

#### **SELF-INSURED RETENTION**

The coverage the **Applicant** is applying for includes a self-insured retention applying to each loss and to any combination of damages and claim expense.

#### **CLAIM EXPENSE WITHIN THE LIMIT**

The policy form for which the **Applicant** is applying contains a provision that reduces the policy limit stated in the policy by the amount of claim expense paid by the Company.

#### **APPLICATION FORMS PART OF POLICY**

The submission of this application does not obligate the **Applicant** to buy insurance nor is the Company obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers which may have affected the Company's decision to offer or bind coverage could result in the offer being retracted or coverage being voided.

#### **INSTRUCTIONS:**

The purpose of this application is not only to provide the Company with underwriting and rating information, but more importantly, to help make certain the **Applicant** and the Company have a meeting of minds about what the policy, if issued, will cover and what it will not. Thank **You** for taking the time to provide complete and accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on the **Applicant's** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the **Applicant**.
4. Attach:
  - A. A recent brochure or similar material describing activities or services;
  - B. The **Applicant's** most recent financial statement or annual report;
  - C. Copies of standard contracts the **Applicant** enters into with clients; and
  - D. Any other forms or materials which will provide the underwriter with information about the activities or services the **Applicant** performs.

**I. APPLICANT (S):**

**A. Name of entity completing this application**

Street Address

City, State, Zip Code

Telephone Number

**B. Names of parent, subsidiary or affiliated entities for which coverage is desired. Provide a brief description and operations of each, including percentage of common ownership.**

**C. Please provide Your internet address (es) and/or World Wide Web address (es):**

1. What steps were taken to insure that Your domain name(s) do/does not infringe on the intellectual property of others?

2. Are You aware of any potential or actual disputes over Your domain name(s) or domain names under Your control? \_\_\_yes \_\_\_no If yes, please explain.

**D. Provide the year You began Your cyberspace activities:**

**E. In the past five years have any of You changed Your name, acquired, merged or consolidated with any entity? \_\_\_yes \_\_\_no**

If yes, provide the following:

Name of entity	Date of transaction	Liabilities assumed
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(If more room is needed, continue answers on Applicant's letterhead)

**F. 1. Provide the number of:**

Your Principals, Officers and Partners \_\_\_\_

Your employees \_\_\_\_

Your independent contractors \_\_\_\_

2. If independent contractors are used, describe the activities or services they perform, how often You use them, and provide sample agreements utilized with those parties.
3. Are resumes/bios of key personnel posted on Your website? \_\_\_yes \_\_\_no If not, please attach.
4. List professional societies and trade associations relating to those services to be insured in which You or any of Your officers are members.
5. Do You have any certified or licensed professionals on staff? (e.g. architect, engineer, medical practitioner, attorney, CPA, actuary, insurance agent or broker, financial planner/advisor, etc.) \_\_\_yes \_\_\_no If yes, what services are they providing?

**II. ACTIVITIES OR SERVICES:**

A. 1. Describe the activities or services provided that You wish to insure:

2. Please indicate if Your operations involve the following (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Internet access                         | <input type="checkbox"/> Search engines                |
| <input type="checkbox"/> Web Page development/design/maintenance | <input type="checkbox"/> Security consulting           |
| <input type="checkbox"/> Web Hosting                             | <input type="checkbox"/> E-business consulting         |
| <input type="checkbox"/> Bulletin boards/chat/forums             | <input type="checkbox"/> E-commerce                    |
| <input type="checkbox"/> Application service provider            | <input type="checkbox"/> Proprietary database services |
| <input type="checkbox"/> Internet software development           | <input type="checkbox"/> Web site ownership activities |
| <input type="checkbox"/> Internet content provider               |  |

B. Please provide the following information regarding Your gross revenues from the operations referenced in Section II.A.2.:

1. Domestic Operations	Previous 12 months	Current 12 months	Estimate for coming year
Gross Revenue	\$ _____	\$ _____	\$ _____
Gross Expenses	\$ _____	\$ _____	\$ _____
 2. Foreign Operations			
Gross Revenue	\$ _____	\$ _____	\$ _____
Gross Expenses	\$ _____	\$ _____	\$ _____

C. Indicate all countries where any of You have a physical presence (e.g. corporate office, staff):

**III. INFORMATION GATHERING:**

- A. Do **You** collect user specific information (e.g. from site visitors)? yes no
- B. Do **You** share, sell, or give this information to outside parties? yes no  
If yes, is user permission obtained? yes no
- C. Do **You** employ a privacy disclosure statement on **Your** website(s)? yes no
- D. Do **You** perform privacy audits to make sure **You** are in compliance with **Your** privacy policy as set out in **Your** privacy disclosure statement? yes no
  - 1. If yes, who performs the audit?
  - 2. How frequently are the audits performed?
  - 3. What actions have been taken to correct any unfavorable results?

**IV. CONTENT :**

- A. Indicate type of content disseminated (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Software games             | <input type="checkbox"/> Movies/Movie clips                       |
| <input type="checkbox"/> Health/Medical             | <input type="checkbox"/> Database                                 |
| <input type="checkbox"/> Archived documents/records | <input type="checkbox"/> Music/sound clips                        |
| <input type="checkbox"/> Adult/mature audience      | <input type="checkbox"/> Directed at children under the age of 13 |
| <input type="checkbox"/> Self-help/Self improvement |   |

- B. 1. Advise percentage of the following:
- a. Original content created by **You** %
  - b. Original content created by others (third parties) for **You** %
  - c. Previously published, released, or archived content to be republished by **You** and/or retrievable by **You** %
2. Name the content providers referenced in **Section IV.B.1.b. and B.1.c.** Please attach a copy of **Your** standard contract/licensing agreement used with third parties supplying content.
3. Who evaluates **Your** intellectual property procedures (use of copyrighted/trademarked material)? Please attach that person's bio, which outlines their experience.
4. Have releases and consents been obtained and documented from performers, models, persons and/or other subjects appearing in images? yes no Please attach a copy of **Your** standard release form.
5. Have **You** obtained and documented the rights to use intellectual property (including copyright and trademark) for the following content?
- |   | yes                  | no                   | not applicable       |
|---|----------------------|----------------------|----------------------|
| a. Music  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. Streaming content  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. Downloadable content                                     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. Software, including games                                | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e. Previously published, released or archived content       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f. Original content created by third parties for <b>You</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

6. Do **You** pay licensing fees to licensing organizations (e.g. ASCAP, BMI, SESAC or other)? yes no
- C. Do **You** edit or review content created or provided by others? yes no
- D. 1. Are bulletin boards, chat rooms and/or forums/discussion groups monitored?  
yes no not applicable
2. If they are monitored, is it before or after posting?
- E. Describe **Your** policies and procedures for removing controversial or potentially defamatory or infringing material (**Your** "take down" policy):
- F. Do **You** ever frame content of others without written permission? yes no
- G. Do **You** ever deeplink (link to any page of another website deeper than its homepage)?  
yes no

**V. SECURITY MEASURES:**

- A. Describe the security measures used to prevent unauthorized access to:
1. **Your** premises and facilities
  2. **Your** computer systems/servers entrusted to others
  3. **Your** computer systems/servers entrusted to employees
  4. **Your** computer systems/servers located on **Your** premises
  5. Computer systems/services of others in **Your** care, custody and/or control
- B. Describe the security measures used by **You** to protect confidentiality and integrity of data:
- C. Advise technology **You** use for:
1. Encryption
  2. Authentication
  3. Anti-virus
- D. Do **You** perform security audits? yes no
1. If yes, who performs the audit?
  2. How frequently are the audits performed?
  3. What actions have been taken to correct any unfavorable results?

- E. 1. Do You have a formal, documented security policy? \_\_\_\_yes \_\_\_\_no
2. Do You document that all employees have read and understand Your security policy?  
\_\_\_\_yes \_\_\_\_no
- F. In the last two years, have You experienced any security breaches? \_\_\_\_yes \_\_\_\_no  
If yes, please explain and identify the steps taken to prevent future security breaches.
- G. Backup of Your computer systems and data:
1. How often is backup performed?
2. Are backups stored off site? \_\_\_\_yes \_\_\_\_no

**VI. RISK MANAGEMENT:**

- A. What do You see as Your potential exposures to liability for claims arising out of the activities or services You perform?
- B. What safeguards do You employ to avoid these claims or reduce these exposures?
- C. 1. Do You have a written disaster recovery plan in place? \_\_\_\_yes \_\_\_\_no
2. If You do have a disaster recovery plan in place, how often do You review the plan with Your employees?
- D. 1. Do You use written contracts or agreements related to the activities or services that will be provided? \_\_\_\_yes \_\_\_\_no
2. Percentage of time agreements referenced in Section VI.D.1. are used: \_\_\_\_ %
3. Do Your contracts contain hold harmless or indemnity agreements for the benefit of:
- a. You? \_\_\_\_yes \_\_\_\_no
- b. the other parties? \_\_\_\_yes \_\_\_\_no
- c. both parties on a mutually beneficial basis? \_\_\_\_yes \_\_\_\_no
4. Do Your contracts contain:
- a. Guarantees or warranties? \_\_\_\_yes \_\_\_\_no
- b. Disclaimers to Your benefit? \_\_\_\_yes \_\_\_\_no
- E. Has a law firm experienced in Your field reviewed Your:
1. Contracts? \_\_\_\_yes \_\_\_\_no
2. Procedures? \_\_\_\_yes \_\_\_\_no
3. Content? \_\_\_\_yes \_\_\_\_no

**VII. CLAIMS EXPERIENCE:**

- A. Have any claims, suits or proceedings been made during the past five years against You or any of Your predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, sales persons or employees? yes no If yes, complete a Supplemental Claim Information Form for each.

The policy for which You are applying, if issued, will not insure any claims, suits or proceedings made against You before the Inception Date of the policy or any subsequent claims, suits or proceedings arising therefrom.

- B. Are any of You aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against You or any of the persons or entities described in Section VII.A. above? yes no If yes, explain below or on Applicant's letterhead.

The policy for which You are applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any of You before the Inception Date of the policy.

- C. Have any of You or any of Your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? yes no If yes, explain below or on Applicant's letterhead.

**VIII. PRIOR OR CURRENT COVERAGE:**

- A. 1. Provide the following information for similar insurance, if any, carried during the last five years:

Company	Limit	Deductible	Premium	Policy Term
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2. Advise current retroactive date: \_\_\_\_\_ (Please attach current declarations page)

- B. 1. Provide the following information for Commercial General Liability coverage currently in force:

Company	Limit	Policy Period
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2. Does the policy referenced in Section VIII.B.1. include coverage for Products/Completed Operations Hazards? yes no
3. Does the policy referenced in Section VIII.B.1. include coverage for Personal Injury and Advertising Injury? yes no

**IX. POLICY LIMIT/SELF-INSURED RETENTION:**

Advise Policy Limit and Self-Insured Retention options for which You desire proposals:

Policy Limit	Self-Insured Retention
_____	_____
_____	_____
_____	_____

**X. REPRESENTATIONS:**

By signing this application, You agree that:

- A. The statements and answers given in the application and any attachments to it are accurate and complete;
- B. The statements and answers You furnish to the Company are representations You make to the Company on behalf of all persons and entities proposed for coverage;
- C. Those representations are a material inducement to the Company to provide a proposal for insurance;
- D. Any policy the Company issues will be issued in reliance upon those representations;
- E. You will report to the Company immediately, in writing, any material change in Your activities, services, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
- F. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

**WARNING**

**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 IN NEW YORK 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.**

_____	_____
Name (please type or print)	Name (signature of authorized representative)
_____	_____
Title	Date

To Be Completed By Producer(s) Only:

**RETAIL PRODUCER**

Producer Name: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**WHOLESALE PRODUCER**

Producer Name: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**NOTE: AGENT/BROKER IS RESPONSIBLE FOR COLLECTION AND FILING OF ANY SURPLUS LINES TAXES AND FEES THAT MAY APPLY.**

# Media/Professional Insurance

A division of Media/Professional Insurance Agency, Inc.  
2300 Main Street, Suite 800  
Kansas City, Missouri 64108-2404  
(816)471-6118 Fax: (816)471-6119  
E-Mail: mediaprof.com

## SUPPLEMENTAL CLAIM INFORMATION

### INSTRUCTIONS

- A) Copy this form so that it can be used to disclose additional claims;
- B) Complete one form for each claim;
- C) Please print or type all answers;
- D) Leave no blanks;
- E) Attach copy of summons and complaint, if available.

If additional space is needed to answer questions, please attach a separate sheet.

1. NAME OF APPLICANT/NAMED INSURED:	
2. DATE OF ALLEGED ERROR OR OCCURENCE, OR CONTRACT DATE:	3. DATE OF CLAIM:
4. NAME OF CLAIMANT:	
5. NAME OF INSURER ON RISK:	
6. PRESENT STATUS OF CLAIM, OR FINAL DISPOSITION:	
7.a. DEFENSE COSTS PAID TO DATE, INCLUSIVE OF ANY DEDUCTIBLE: \$	
7.b. IF CLOSED, TOTAL LOSS PAID, INCULSIVE OF ANY DEDUCTIBLE: \$	
7.c. IF PENDING, INSURER'S LOSS RESERVES:	
DEFENSE \$	LOSS \$
8. DESCRIPTION OF CASE AND EVENTS (IF CASE IS PENDING INCLUDE ALLEGATIONS AND ASSESSMENT OF LIABILITY):	
CLAIMANT'S LAST SETTLEMENT DEMAND: \$	
9. NAME, ADDRESS AND PHONE NUMBER OF ATTORNEY DEFENDING CLAIM ON YOUR BEHALF:	

**THIS SUPPLEMENT FORMS A PART OF THE INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS**

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE OF INSURED:	
Name:	Date: