



DMD Insurance Services
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**Application for
Cyber, Media and Technology Security Services
Business and Management (BAM)
Indemnity Insurance**

NOTICE: THE CLAIMS MADE AND REPORTED LIABILITY COVERAGE SECTIONS OR PROVISIONS OF THIS POLICY FOR WHICH THIS APPLICATION IS BEING MADE, WHICHEVER ARE APPLICABLE, COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF APPLICABLE, ANY DISCOVERY PERIOD AND REPORTED TO THE INSURER PURSUANT TO THE TERMS OF THE POLICY. THE AMOUNTS INCURRED TO DEFEND A CLAIM REDUCE THE APPLICABLE LIMIT OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION OR DEDUCTIBLE.

Instructions: Please read carefully and answer all questions. If a question is not applicable, so state. This Application and all exhibits shall be held in confidence. Please read the Policy for which application for coverage is made (the "Policy") prior to completing this Application. The terms as used herein shall have the meanings as defined in the Policy.

Applicant means all corporations, organizations or other entities set forth in Question 1. of the **General Information** section of this **Application**, including any subsidiaries, proposed for this insurance.

I. General Information

1. Name of **Applicant**: _____

Address: _____
(Number) (Street)

(City) (State) (Zip Code)

2. North American Industry Classification System Code (NAICS): _____

3. Nature of Operations: _____

*Note – please include description of all **Applicants**, including any subsidiaries.

4. Website: _____

II. Cyber, Media and Technology Security Services Coverage Section Information

1. Please list the gross revenues of **Applicant** for the most recent fiscal year-end: \$ _____
2. Approximate number of physical or electronic records containing personally identifiable information the **Applicant**, directly or through a third party, has stored over the last twelve months: _____
3. Does the **Applicant** store, directly or through a third party, any health information records that are governed or regulated under the Health Insurance Portability and Accountability Act (HIPAA)? Yes No
- If yes, does the **Applicant** have procedures and audit practices in place to ensure compliance under the rules and regulations of HIPAA, including the encryption of any electronically transmitted records? Yes No N/A
4. Does the **Applicant** use regularly updated anti-virus software and firewall configurations for computers and networks used in business operations? Yes No
5. Does the **Applicant** store any personally identifiable information on unencrypted portable devices, including laptops or external memory devices? Yes No
6. Is the critical business data of the **Applicant** backed-up at least once a week and stored in a secure location? Yes No
7. Does any person to be insured have knowledge or information of any act, error, omission, fact, circumstance or situation which might reasonably be expected to give rise to a claim or loss under this proposed Cyber coverage? If yes, please provide details on a separate page. Yes No
8. Within the last five (5) years has the **Applicant** been subject to or suffered any losses or litigation from any: Yes No
- a. Breaches of security? Yes No
- b. Unauthorized acquisition, access, use, identity theft, mysterious disappearance, or disclosure of personally identifiable information? Yes No
- c. Violation of any privacy law, rule or regulation? Yes No
- d. Technology, ransomware or extortion threats? Yes No
- If yes, please provide details on a separate page.
9. Has any insurer made any payments, taken notice of a claim or loss or a potential claim or loss or non-renewed any cyber liability or similar insurance at any time in the last three (3) years? If yes, please provide details on a separate page. Yes No
10. Describe any current Cyber insurance maintained.

Name of Current Insurer:	Limit of Liability	Retention	Premium	Expiration Date

Date Coverage First Purchased: _____

III. False Information

FRAUD 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 subjects such person to criminal and civil penalties. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 in-surer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 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 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: 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.

NOTICE TO 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

IV. Other Information

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this **Application** does not bind the undersigned to complete the insurance, but it is agreed that this **Application** shall be the basis of the contract should a **Policy** be issued, and this application will be attached to and become a part of such **Policy**, if issued. The **Insurer** hereby is authorized to make any investigation and inquiry in connection with this **Application** as they may deem necessary.
2. It is represented that the particulars and statements contained in the **Application** for the proposed **Policy** and any materials submitted herewith (which shall be retained on files by **Insurer** and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed **Policy** and are to be considered as incorporated into and constituting a part of the proposed **Policy**.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the **Applicant** will notify the **Insurer** and, at the sole discretion of **Insurer**, any outstanding quotations or binders may be modified or withdrawn.
4. It is agreed that in the event of any misstatement, omission, or untruth in this **Application** or any material submitted along with or contained herein, the Insurer has the right to exclude from coverage any claim based upon, arising out of, attributable to, directly or indirectly resulting from, in consequence of, or in any way involving such misstatement, omission or untruth.

Signed: _____
(must be signed by an Executive Officer of the **Applicant**)

Date: _____

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.