



PUBLIC SECTOR SERVICES CYBERFIRST® LIABILITY APPLICATION

Only for use with Network and Information Security Liability coverage and limits of \$50,000 and less

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s):

Web Address:

Proposed Effective Date (mm/dd/yyyy):

CURRENT INSURANCE INFORMATION

Policy Period	Insurance Company	Limit	Deductible	Retroactive Date	Premium
		\$	\$		\$

WEBSITE INFORMATION AND INFORMATION AND NETWORK SECURITY

- Which of the following characteristics applies to your website content? *Please check all that apply.*
 - Information website that provides general information about your services
 - Accessible website that has log-in capabilities allowing access to secure or restricted content (e.g., accounts, subscriptions, profiles) or allows user to upload or download secure data
 - Transactional website that allows orders or purchases using credit card, debit card, or bill-pay payment
- Do you collect, receive, process, transmit, or maintain private, sensitive, or personal information from third parties (i.e., customers, clients, citizens) as part of your business activities? Yes No
If yes, is the data encrypted? Yes No
Please indicate what type:
 - Credit/debit card data
 - Social security numbers
 - Medical information
 - Employee/HR information
 - Bank accounts and records
 - Intellectual property of others
- Do you have the following network security controls? *Please check all that apply.*
 - Firewall technology
 - Valuable/sensitive data backup
 - Anti-virus software
 - Formal program to audit network security controls
 - Intrusion detection software
- Do you have the following employee policies and procedures? *Please check all that apply.*
 - Information security training
 - Creating and updating passwords
 - Background checks on employees who access private, sensitive, or personal information of others
 - Terminating accounts and access as part of exit process
 - Communicating information and network security policies

LOSS HISTORY

- In the past 5 years have you received any claims, complaints, or suits, or been the subject to any government action, investigation or subpoena with respect to allegations of failing to: (1) prevent the transmission of a computer virus or unauthorized access to confidential information, (2) notify appropriate individuals of any such unauthorized access, or (3) allow authorized users access to your computer systems? Yes No
If yes, please provide details: _____

6. Do you or any person proposed for this insurance aware of any fact, circumstances, situation, event, or act that reasonably could give rise to a claim against them under the insurance for which you are applying? Yes No
 If yes, please provide details: _____

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:
http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html
 If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA: 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. (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.)

LOUISIANA, MAINE, 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.

SIGNATURES

Authorized Representative Signature*: X	Authorized Representative Name - Printed	Date:
Producer Signature*: X	State Producer License No (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer