



A Member of the Tokio Marine Group

Return application to:
 CB Malaga Insurance Services LLC
 1534 N Moorpark Rd., Suite 316
 Thousand Oaks, CA 91360
 tel: 877-245-5887 fax: 805-426-8540
 email: info@cbspecialty.com

INTEGRATED TECHNOLOGY APPLICATION

SUBMISSION REQUIREMENTS

- Copies of your current contracts or license agreements
- Current audited financial statement
- Currently valued insurance company loss runs for the current policy period plus three years

GENERAL INFORMATION (to be completed by all Applicants)

1. Name of Applicant (as it should appear on policy):
2. Street Address:
3. City, State, Zip Code:
4. Website Address:
5. Business Type: Corporation Partnership Joint Venture LLC
6. Ownership Structure: Public Private Not-for-Profit
7. Year Established: Number of Employees:

SECTION I - COVERAGES (to be completed by all Applicants)

1. Select each coverage and indicate the Limit of Liability and Deductible for which you are applying.

Coverage	Limit of Liability	Deductible
Technology Errors & Omissions	\$	\$
Media Liability	\$	\$
Network Security	\$	\$
Privacy Regulation Proceeding Sublimit	\$	\$
Privacy Event Expenses Sublimit	\$	\$
Extortion Sublimit	\$	\$

2. What is the proposed effective date (mm/dd/yyyy) of coverage:

3. Do you currently have a policy in force providing any of the above coverages?

Yes No

Coverage	Technology E&O	Media Liability	Network Security/ Privacy Injury
Carrier			
Policy Period			
Limit of Liability	\$	\$	\$
Retention	\$	\$	\$
Claims Made or Occurrence			
Retroactive Date			
Premium	\$	\$	\$

SECTION II - REVENUE (to be completed by all Applicants)

1. Indicate on what date your fiscal year ends:
2. Indicate your gross annual revenue for the following twelve (12) month fiscal time periods.

Revenue Split	Prior Fiscal Period	Current Fiscal Period	Next Fiscal Period
Domestic	\$	\$	\$
Foreign	\$	\$	\$
Total	\$	\$	\$

SECTION III - SERVICE / PRODUCTS ALLOCATION/DESCRIPTION OF OPERATIONS
(to be completed by all Applicants)

1. Description of operations:

Estimate the total percentage of revenue for the following services and work.

Technology – Software & Services	%	Technology – Hardware & Equipment	%
Application Service Provider	%	Computer System Manufacturing	%
Application Mobile Device Development	%	Computer Peripherals Manufacturing	%
Cloud Computing – Private	%	Electronic Component Manufacturing	%
Cloud Computing – Public	%	Instrument Manufacturing	%
Custom Software Development	%	Office Electronics Manufacturer (other than computers)	%
Data Processing & Outsourced Services	%	Recycling/Destruction of Hardware	%
Domain Name Registration	%	Telecommunications Equipment Manufacturing	%
E-Mail Services	%	Other <i>(describe)</i> :	%
Internet Service Provider	%		
IT Consulting	%		
IT Staff Augmentation	%	Distribution	%
Managed IT Services	%	Computer Equipment & Software Distribution	%
Network Security Software and Services	%	Electronic Component Distribution	%
Outsourcing	%	Instrument Distribution	%
Pre-Packaged Software Development/Sales	%	Other <i>(describe)</i> :	%
System Design and Integration	%	Telecommunication Services	%
Technical Support/Repair & Maintenance	%	Local & Long Distance Service Providers	%
Training & Education	%	Telecommunications Consulting	%
Value-Added Reseller Software	%	Telecommunications Installation	%
Web Portal	%	Telephone Companies	%
Website Hosting	%	Video Conferencing Services	%
Website Construction and Design	%	Voice Over Internet Protocol Services (VOIP)	%
Wholesale Software Distribution	%	Wireless Communication	%
Other <i>(describe)</i> :	%	Other <i>(describe)</i> :	%
Installation	%	Miscellaneous Professional Services (describe)	%
Cabling – Inside	%	Record Management/Retrieval	%
Cabling – Outside	%	EDP Audit/Needs Evaluation	%
Computers & Peripherals	%	Computer Security/Virus Services	%
Software	%	Other <i>(describe)</i> :	%
Telecommunications Equipment	%	Other <i>(describe)</i> :	%
Other <i>(describe)</i> :	%	Other <i>(describe)</i> :	%
Other <i>(describe)</i> :	%	Other <i>(describe)</i> :	%

SECTION IV - CLIENT INFORMATION (to be completed by all Applicants)

1. Provide the following information regarding your five (5) largest clients.
(Determined as a percentage of the total gross revenue for the past fiscal year)

Client	Size of Contract	Length of Contract	Description of Services

2. What is the percentage of sales to repeat customers: _____ %
3. Rate the technical level of sophistication of your average customer: Novice Average Sophisticated
4. Are procedures in place to evaluate the financial condition and legitimacy of all new clients? Yes No

5. Indicate the percentage of products and services you provide to the following customer segments.

Customer Segment	DfcXi Wg`#`% of Services`
Commercial Client	%
Individual Consumers	%
United States Federal Government	%
United States State and Local Governments	%
Foreign Governments	%

6. Indicate the percentage of revenue derived from the following business sectors.

Business Sector	% of Receipts	Business Sector	% of Receipts
Aerospace & Defense	%	Healthcare	%
Automobiles & Components	%	Information Technology	%
Chemical	%	Manufacturing	%
Construction & Engineering	%	Media	%
Consumer Services	%	Oil, Gas & Utilities	%
Electrical Equipment	%	Retail	%
Energy Equipment & Services	%	Telecommunication	%
Financial Services	%	Transportation	%

7. Do you hold non-public information on behalf of your client(s)? Yes No

If yes, please complete Section IX, Information Security.

SECTION V - CONTRACTUAL PROCEDURES (to be completed by all Applicants)

- Do you require the use of a written contract or agreement for all engagements? Yes No
What percent of contracts are in writing: %
- Do you maintain and enforce a contractual review process? Yes No
- Does this process include review by legal counsel? Yes No
- Do you have a standard written contract that you use on most engagements? Yes No
- Indicate the percentage of contracts where your standard contract, the customer's contract, or a combination of both is used.
Standard: % Customer: % Combination: %
- What contractual provisions do you strive to impose on most contracts? (select all that apply)**

Disclaimer of Warranties	Hold Harmless to your Benefit
Dispute Resolution	Limitation of Liability
Exclusions for Consequential Damages	Performance Milestone
Exclusive Remedies	Statement of Work
Force Majeure	Venue or Governing Law
- Do you have a formal customer acceptance process in place? Yes No
- Are performance milestones accepted with signoffs by both parties? Yes No
- Are interim changes in contracts documented and signed off by both parties? Yes No
- Does anyone other than a principal have the authority to amend the standard contract? Yes No
If yes, who:

SECTION VI - QUALITY CONTROL PROCEDURES (to be completed by all Applicants)

- Do you employ a Risk Manager? Yes No
If no, please indicate who is responsible for handling insurance related matters:
- Do you have policies and procedures in place to respond to customer complaints? Yes No
- Do you utilize an escalation procedure to respond to customer complaints? Yes No
- Indicate which of the quality control procedures are in place. (select all that apply)

Alpha Testing	Customer Service via E-Mail
Beta Testing	Formalized Training for New Hires
Business Continuity Plan	Prototype Development
Customer Screening Process	Vendor Certification Process
Customer Service via a Toll-Free Number	Written Quality Control Guidelines
Customer Service via a Web Portal	Other:
- Do you have a disaster recovery/business continuity plan? Yes No
How often do you test it:
- Do you backup network data and configure files daily? Yes No
If not daily, then how often are data and files backed up:
Do you store backup files in a secure location? Yes No
Where: Onsite Offsite

**SECTION VII - SUB-CONTRACTED WORK, USE OF SUPPLIERS AND OUTSOURCED MANUFACTURING
(to be completed by all Applicants)**

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|--|-----|----|
| 1. Do you sub-contract any professional services or manufacturing to fulfill commitments to clients? | Yes | No |
| 2. If yes, what percentage do you sub-contract: | | % |
| 3. Do you utilize a standard sub-contractor? | Yes | No |
| 4. Do you require evidence of General Liability from sub-contractors? | Yes | No |
| 5. Do you require evidence of Errors & Omissions insurance from sub-contractors? | Yes | No |

SECTION VIII - MEDIA (Complete only if applying for Media Liability)

Business Activities or Website Contents	% of Receipts	Business Activities or Website Contents	% of Receipts
Advertising/Marketing for Others	%	Music or Sound Clips	%
Executable programs or shareware	%	Pornographic or Sexually Explicit Material	%
File Sharing	%	Sweepstakes or Coupons	%
Interactive Gaming	%	Video Producers	%
Movie/Commercial Production	%	Other (describe):	%
Website Content Provider	%	Open Source	%
Content created by Applicant	%	Open Source Code originated by Applicant	%
Content supplied by Client	%	Open Source Code created by others and used by Applicant	%
Domain Name Registration	%		

- | | | | |
|---|-----|-----|----|
| 1. If you distribute computer systems with software included, are the appropriate license agreements supplied with each system? | N/A | Yes | No |
| 2. Do you follow all contractual requirements when distributing hardware or software manufactured by others? | N/A | Yes | No |
| 3. Is the ownership of intellectual property created by you, or on your behalf, clearly stated in all customer contracts and followed by you? | N/A | Yes | No |
| 4. If you sell used equipment, are new license agreements purchased? | N/A | Yes | No |
| 5. Do you have a procedure for reviewing all content that is disseminated via your website? | | Yes | No |
| 6. Does your website, or any website managed by you, include chat rooms, bulletin boards, or blogs?
If yes, do you review and edit prior to posting? | | Yes | No |
| Do you have a formal procedure for removing controversial or infringing material? | | Yes | No |
| 7. Have you received notification that any of your material or services infringe on the intellectual property rights of others? | | Yes | No |
| 8. Risk Management Procedures for all Media Activities | | | |
| a. Do you employ an in-house counsel who specializes in intellectual property rights? | | Yes | No |
| b. Do you have written intellectual property clearance procedures? | | Yes | No |
| c. Do you acquire all necessary rights, licenses or consent to use of content? | | Yes | No |
| d. Do you require employees and contractors to sign a statement that they will not use previous employers' or clients' intellectual property? | | Yes | No |
| e. Do you have agreements in place with contractors, working on your behalf, granting you ownership of all intellectual property developed for you? | | Yes | No |

SECTION IX - INFORMATION SECURITY (Complete only if applying for Network Security & Privacy Liability Coverage, or if you are responsible for non-public information on behalf of others.)

- | | | | |
|---|--------------------|--|---------|
| 1. Have you dedicated at least one staff member to manage, on a full-time basis, information security such as a Chief Information Security Officer or equivalent? | Yes | No | |
| 2. Do you have a written security policy that must be followed by all employees, contractors, or any other person with access to your network? | Yes | No | |
| 3. Have you established employee awareness and/or security training programs? | Yes | No | |
| 4. Do you disclose a privacy policy and always honor it? | Yes | No | |
| 5. Has your privacy policy been reviewed by: | Qualified Attorney | 3 rd Party (TRUSTe, eTrust) | Neither |

6. Please indicate which type of third party sensitive information resides in your network: *(Select all that apply)*
- Credit card data for the duration of a transaction
 - Credit card data stored for future use (all but last four (4) digits masked)
 - Credit card data stored for future use (un-masked card numbers or including track two (2) data)
 - Private health information
 - Sensitive or proprietary company information (including trade secrets)
 - Other personally identifiable financial information *(describe)*:
7. a. Do you use wireless networks? Yes No
- b. If yes, do you use security at least as strong as WPA authentication and encryption requiring two factor authentication (e.g. some combination of VPN or Access Token, and password/account logon) before allowing wire connections to the network? Yes No
- c. Have you established an internal security breach incident response team? Yes No
- d. Have you established a formal, written security breach response plan? Yes No
- e. Does the plan contain a process for assessing whether a breach notice is legally mandated? Yes No
- f. Does the plan contain a process regarding the proper means to communicate the breach? Yes No

TECHNICAL SECURITY

1. a. Do you implement virus controls on all of your systems? Yes No
- b. Please check all items that accurately describe this program.
- Anti-Virus/malicious code software is deployed on all computing devices within your network
 - Automatic updates occur, at least daily
 - Anti-virus scans are performed on all e-mail attachments, files, and downloads before opening
 - Rejected files are quarantined
 - Unneeded services and ports are disabled
 - Virus/information security threat notifications are automatically received from CERT or similar
2. a. Do you have a firewall in place? Yes No
- b. Please check all items that accurately describe the firewall.
- A formal process has been established for approving and testing all external network connections
 - A firewall has been established at each internet connection
 - A firewall has been established between any DMZ and intranet connection
3. Do you install and configure anti-spyware software to provide maximum protection of personally identifiable/sensitive information on all servers, desktop PCs and laptops? Yes No
4. Do you check for security software updates and patches at least weekly and implement them within thirty (30) days? Yes No

ADMINISTRATIVE SECURITY

1. Do you control access to information that resides on data storage devices such as servers, desktops, PCs laptops, and PDAs? Yes No
2. Do you control access to information that can be displayed, printed, and/or downloaded to external storage devices? Yes No
3. Are you able to identify whose non-public information is being held and how to contact individuals if their information is breached? Yes No
4. Do you monitor user accounts to identify and eliminate inactive users? Yes No
5. Do you use reasonable encryption methods when transmitting, receiving, or storing personally identifiable/sensitive information? Yes No
6. Do you replace factory default settings to ensure information security systems are securely configured? Always
Sometimes
Never
7. Do you retain personally identifiable information only for as long as needed? Always
Sometimes
Never
8. Do you discard personally identifiable information when no longer needed by irreversibly erasing or destroying the data using a technique that leaves no residual data? Always
Sometimes
Never
9. Do you require third parties to whom you entrust personally identifiable information to contractually agree to protect such information using safeguards at least equivalent to your own? Always
Sometimes
Never

- | | | | |
|---|--------|-----------|-------|
| 10. Does your hiring process include conducting background checks on employees and independent contractors? | Always | Sometimes | Never |
|---|--------|-----------|-------|

PHYSICAL SECURITY

- | | | |
|---|--------|-----------|
| 1. Have you established physical security controls to control access to sensitive data? | Yes | No |
| 2. Do you limit server, server room and data center access only to authorized personnel? | Yes | No |
| 3. a. Do your removable devices such as laptops, PDAs, thumb drives, tapes or diskettes (removable media) contain non-public personal or commercial information?
If yes, attach a detailed description of the type of information contained on these devices. | Yes | No |
| b. Do you encrypt personally identifiable information stored on removable media? | Always | Sometimes |
| | Never | |
| 4. Do you have an established procedure for employee departures that includes an inventoried recovery of all information assets, user accounts, and systems previously assigned to each individual during their period of employment? | Yes | No |

SECTION X - HISTORICAL BUSINESS INFORMATION (to be completed by all Applicants)

- | | | |
|--|-----|----|
| 1. Do you have any account receivables for professional or technology service contracts that are more than ninety (90) days past due?
If yes, attach details. | Yes | No |
| 2. Within the past five (5) years, have you sued any customers for non-payment of any contract or licensing fee?
If yes, attach details. | Yes | No |
| 3. Within the past five (5) years, have any customers withheld payment or requested a refund of fees because your products/services | | |
| a. did not meet customer's performance expectations? | Yes | No |
| b. did not perform in compliance with your warranty or guarantee? | Yes | No |
| If yes, attach details. | | |

**SECTION XI - HISTORICAL CLAIMS & INVESTIGATORY INFORMATION
(to be completed by all Applicants)**

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|--|-----|----|
| 1. Have any technology errors and omissions, media liability, or network security/privacy injury claims been made during the past five (5) years against you?
If yes, attach a detailed summary, including the name of the claimant, the date the claim occurred, the date it was reported, the demand amount, whether the claim is open or closed, and the amount paid by both the insured and insurance. | Yes | No |
| 2. Does your Chief Executive Office, Chairperson, Chief Financial Officer, President, or Risk Manager have knowledge, information of any circumstance, or any allegation of contentions of any incident that could give rise to a claim that would be covered by this policy?
If yes, attach a detailed summary, including the name of the claimant, the date the claim occurred, the date it was reported, the demand amount, and any other pertinent details. | Yes | No |
| 3. Have you received any complaints, claims, or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft or information, damage to third party networks or your customers ability to rely on your network?
If yes, attach details. | Yes | No |
| 4. Within the last five (5) years, have you been the subject of an investigation or action by any regulatory or administrative agency arising out of your business practices?
If yes, attach details. | Yes | No |

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO 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). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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 ANY AGENT THEREOF, ANY WRITTEN 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.

APPLICABLE IN 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

SIGNATURE

DATE

PRODUCED BY: (SECTION TO BE COMPLETED BY PRODUCER/BROKER)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)