



## Supplemental Application for Hacker Damage (1st Party Loss)

### Section 1 – Your business

1. Name of applicant:
- Address:
- Zip code:  Website:
- Telephone:  Email:
- When was your business established?

2. Have you had an external test of electronic data security in the last two years and complied with all recommendations? Yes  No   
If Yes, please attach a copy of the data security report.

3. Do you backup offsite your data and applications on a daily basis? Yes  No   
If No, please specify details:

4. Do you have a written patch management procedure? Yes  No   
If No, please specify details:

5. Do you have your systems monitored for intrusion on a real time basis? Yes  No   
If No, please specify details:



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### Section 2 – General matters

#### Claims declaration

6. In the past ten (10) years, have you or your subsidiaries suffered any loss or has any claim (whether successful or not) ever been made against you that falls within the scope of the proposed coverage?

Yes  No

If Yes, please provide full details:

#### Supplemental information

Please attach the following additional information:

- Data security report

#### Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, and that this notification obligation terminates on the date that Hiscox issues a policy pursuant to this application.

I declare that I understand and agree that if any of the contents of this application are untrue, inaccurate or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing and warranting that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

Signature

Date (mm/dd/yyyy)

Title:

**A copy of this application should be retained for your records.**