



Supplemental Application for Privacy

Section 1 – Your business

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

2. Please confirm the most private and/or confidential information you hold:

3. How do you store, secure and transmit information securely?

4. Have you specifically mapped the flow of personal/confidential data through your systems? Yes No

5. Who (if anyone) can access data in its unencrypted format?

6. If you are NOT encrypting personal/sensitive data residing in your systems (i.e. data at rest in the database and storage) please describe what you believe are the 'compensating controls' to ensure protection of same:

7. Which third-parties have access to this data?



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8. Outline how you go about risk managing the security and privacy procedures of your business partners:

9. Outline any privacy related projects conducted in the last 12 months and any that are anticipated in the next 12 months:

10. Who regulates your privacy matters? Please outline the level of contact you have with them (including any subpoenas or investigations):

11. Have you made any material changes to your privacy procedures or policy in the last 12 months? Yes No
- Do you plan to do so in the next 12 months? Yes No

12. Outline how you have, or would, communicate a material change to your privacy practices:

13. Do you have a written procedure setting out how someone should contact you in the event of a privacy complaint? Yes No
14. Do you also have a written procedure for communicating a privacy breach to state authorities and affected parties? Yes No

15. Please supply a copy of any recent security audit/assessment your organization has undertaken.



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Section 2 – General matters

Claims declaration

16. 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:

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.