



# CYBER LIABILITY/ DATA BREACH APPLICATION

Return Applications to:  
**Rockwood Programs, Inc.**  
3001 Philadelphia Pike, Claymont, DE 19703  
Tel: 800-558-8808 • FAX: 302-764-5477  
www.rockwoodinsurance.com

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

## General Information .....

- A** Applicant Name \_\_\_\_\_  
 Principal Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_
- B** Contact Name \_\_\_\_\_ Email \_\_\_\_\_
- C** Applicant SIC Code \_\_\_\_\_ Description of Business \_\_\_\_\_

## Operations .....

- A** Total Annual Revenues, last 12 months ..... \$ \_\_\_\_\_
- B** Does the Applicant:
- 1 Maintain anti-virus and malware prevention solutions on their computer systems? .....  Yes  No
  - 2 Update anti-virus and malware prevention software on regular intervals? .....  Yes  No
  - 3 Maintain firewalls on their computer systems? .....  Yes  No
  - 4 Maintain and implement an ongoing patch management process to ensure timely patching of their computer systems? .....  Yes  No
- C** Is the Applicant aware of any incidents of data breach that has occurred during the last five (5) years?  Yes  No
- D** Has the Applicant had any losses in the past five (5) years, or have knowledge/information of any incident which might reasonably be expected to give rise to a claim under the terms of this policy? ...  Yes  No
- Please provide details if the Applicant responded "Yes" to either question "C" or "D" above:*

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**THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE.** THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE COVERAGE. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Authorized Signature