



Tech E&O Insurance Application

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NOTICE: THIS IS A CLAIMS-MADE 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.

1. GENERAL INFORMATION			
Name of Applicant:			
Street Address:			
City, State, Zip:		Phone:	
Website:		Fax:	
Square footage for all locations owned or leased by the Applicant (If applying for General Liability Insurance):			
2. FORM OF BUSINESS			
a. Applicant is a(an): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
b. Date established:			
c. Description of operations:			
d. Total number of employees:			
e. Please attach a list of all subsidiaries, affiliated companies or entities owned by the Applicant. Please describe (1) the nature of operations of each such subsidiary, affiliated company or entity, (2) its relationship to the Applicant and (3) the percentage of ownership by the Applicant.			
3. REVENUES			
	Current Fiscal Year ending / (current projected)	Last Fiscal Year ending /	Two Fiscal Years ago ending /
Total gross revenues:	\$	\$	\$
4. RECORDS			
a. Do you collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form? If "Yes", please provide the approximate number of unique records: Paper records: _____ Electronic records: _____ <small>*Private or sensitive information includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers' license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you collect, store, host, process, control, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person? If "Yes", have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you process, store, or handle credit card transactions? If "Yes", are you PCI-DSS Compliant?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. IT DEPARTMENT -- Please see IT Supplement			
6. INFORMATION AND NETWORK SECURITY CONTROLS			
a. Do you use a cloud provider to store data or host applications? If "Yes", please provide the name of the cloud provider: _____ If you use more than one cloud provider to store data, please specify the cloud provider storing the largest quantity of sensitive customer and/or employee records (e.g., including medical records, personal health information, social security numbers, bank account details and credit card numbers) for you.			<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>b. Do you use Multi-Factor Authentication (MFA) to secure all cloud provider services that you utilize (e.g. Amazon Web Services (AWS), Microsoft Azure, Google Cloud)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Do you encrypt all sensitive and confidential information stored on your organization's systems and networks? If "No", are the following compensating controls in place: (1) Segregation of servers that store sensitive and confidential information? (2) Access control with role-based assignments?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. RANSOMWARE CONTROLS	
<p>a. Do you pre-screen emails for potentially malicious attachments and links? If "Yes", do you have the capability to automatically detonate and evaluate attachments in a sandbox to determine if they are malicious prior to delivery to the end-user?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Do you allow remote access to your network? If "Yes": (1) Do you use MFA to secure all remote access to your network, including any remote desktop protocol (RDP) connections? If MFA is used, please list your MFA provider: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Can your users access email through a web application or a non-corporate device? If "Yes", do you enforce Multi-Factor Authentication (MFA)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. Do you use a next-generation antivirus (NGAV) product to protect all endpoints across your enterprise? If "Yes", please list your NGAV provider: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. Do you use an endpoint detection and response (EDR) tool that includes centralized monitoring and logging of all endpoint activity across your enterprise? If "Yes", please list your EDR provider: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f. Do you use MFA to protect access to privileged user accounts?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>g. Do you use a data backup solution? If "Yes": a. How frequently does it run? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly b. Estimated amount of time it will take to restore essential functions in the event of a widespread malware or ransomware attack within your network? <input type="checkbox"/> 0-24 hours <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-6 days <input type="checkbox"/> 1 week or longer c. Please check all that apply: <input type="checkbox"/> Backups are encrypted. <input type="checkbox"/> Backups are kept separate from your network (offline/air-gapped), or in a cloud service designed for this purpose. <input type="checkbox"/> Backups are secured with different access credentials from other administrator credentials. <input type="checkbox"/> You utilize MFA to restrict access to your backups. <input type="checkbox"/> You use a cloud-syncing service (e.g. Dropbox, OneDrive, SharePoint, Google Drive) for backups. <input type="checkbox"/> Your cloud-syncing service is protected by MFA. <input type="checkbox"/> You have tested the successful restoration and recovery of key server configurations and data from backups in the last 6 months. <input type="checkbox"/> You are able to test the integrity of backups prior to restoration to ensure that they are free of malware.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>ADDITIONAL COMMENTS (Use this space to explain any "No" answers in the above section and/or to list other relevant IT security measures you are utilizing that are not listed here.)</p>	

8. PHISHING CONTROLS	
<p>a. Do any of the following employees at your company complete social engineering training:</p> <p>(1) Employees with financial or accounting responsibilities?</p> <p>(2) Employees without financial or accounting responsibilities?</p> <p>If "Yes" to question 8.a.(1) or 8.a.(2) above, does your social engineering training include phishing simulation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Does your organization send and/or receive wire transfers?</p> <p>If "Yes", does your wire transfer authorization process include the following:</p> <p>(1) A wire request documentation form?</p> <p>(2) A protocol for obtaining proper written authorization for wire transfers?</p> <p>(3) A separation of authority protocol?</p> <p>(4) A protocol for confirming all payment or funds transfer instructions/requests from a new vendor, client or customer via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer before the payment or funds transfer instruction/request was received?</p> <p>(5) A protocol for confirming any vendor, client or customer account information change requests (including requests to change bank account numbers, contact information or mailing addresses) via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer before the change request was received?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
9. PROFESSIONAL SERVICES	
<p>a. Please describe in detail the professional services for which coverage is desired.</p>	
<p>b. Are you engaged in any business or profession other than described in Question 9.a?</p> <p>If "Yes", please provide an explanation below and an estimate of total revenues derived from such other business or profession:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. For the revenues listed in Question 3, please provide the approximate percentage derived from performing the following services for others:</p> <ul style="list-style-type: none"> • Computer/Telecommunications Systems Consulting/Design: _____% • Hardware/Software/System Sales, Installation and/or Training: _____% • Development, Publication or Reproduction of Prepackaged Software: _____% • Custom Software Development, Installation and/or Training: _____% • Hardware/Firmware Development or Assembly (including Robotics): _____% • Personnel Outsourcing/Contract Services: _____% • Facilities Outsourcing, Server Farm, Data Storage: _____% • Data Recovery, Disaster Planning Services: _____% • Website Consulting and/or Development: _____% • Internet Time Leasing, Web Server Farming, Website Hosting: _____% • Internet Access Provider/Service Provider: _____% • Application Service Provider: _____% • Other (please describe): _____% <p>TOTAL REVENUE: 100%</p>	

d. Please indicate by percentage of your overall services the type(s) of businesses to which you provide services:

- | | | | |
|----------------------|-------|---------------------------|-------|
| • Aeronautics | ____% | • Manufacturing | ____% |
| • Communications | ____% | • Government/Military | ____% |
| • Consumer/Home use | ____% | • Government/Non-Military | ____% |
| • Engineering | ____% | • Office | ____% |
| • Healthcare/Medical | ____% | • Retail/Wholesale | ____% |
| • Internet | ____% | • Other (state): _____ | ____% |
| TOTAL | | 100% | |

e. Please list your five (5) largest jobs or projects during the past three (3) years:

Project/Client Name	Date Services Began	Nature of Services Performed	Revenue	% of Total Gross Revenue

10. CONTRACTUAL INFORMATION

a. Do you use a written contract/agreement with clients describing the services provided?

- Always Most of the time Some of the time Never

Please attach a sample copy of your written contract/agreement.

b. Do your contracts contain indemnification or hold harmless clauses inuring to your benefit?

- Always Most of the time Some of the time Never

c. Do your contracts contain limitation of liability clauses or disclaimers inuring to your benefit?

- Always Most of the time Some of the time Never

d. Do your contracts contain an exclusion of consequential damages inuring to your benefit?

- Always Most of the time Some of the time Never

e. Do your contracts contain guarantees or warranties?

- Always Most of the time Some of the time Never

f. Do you assume liability for others under your contracts?

- Always Most of the time Some of the time Never

g. Does the Applicant ever enter into contracts where the fees for services are contingent upon the client achieving cost reductions or improved operating results?

- Yes No

11. MEDIA LIABILITY

a. Do you use, disseminate or display any material or content (e.g., music, graphics or video streams) of others on your website, media material or media platforms?

- Yes No

If "Yes", do you always obtain the necessary rights, licenses, releases & consents for the use of any material/content of others?

- Yes No

Please describe below your process for obtaining the necessary rights, licenses, releases & consents for the use of any material/content of others.

b. Please describe your policies and procedures for identifying, editing and/or removing defamatory or infringing content from your websites, media material or media platforms.

12. LOSS HISTORY

If the answer to any question in 12.a. through 12.c. below is “Yes”, please complete a Claim Supplemental Form for each claim, allegation or incident.

<p>a. In the past three (3) years, has the Applicant or any other person or organization proposed for this insurance:</p> <p>(1) Received any complaints or written demands, or been a subject of litigation or any governmental investigation, inquiry or other proceedings involving allegations of professional errors or omissions?</p> <p>(2) Received any complaints or written demands or been a subject of litigation involving matters of privacy injury, breach of private information, network security, defamation, content infringement, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the ability of third parties to rely on the Applicant’s network?</p> <p>(3) Been the subject of any government action, investigation or other proceedings regarding any alleged violation of privacy law or regulation?</p> <p>(4) Notified customers, clients or any third party of any security breach or privacy breach?</p> <p>(5) Received any cyber extortion demand or threat?</p> <p>(6) Sustained any unscheduled network outage or interruption for any reason?</p> <p>(7) Sustained any property damage or business interruption losses as a result of a cyber-attack?</p> <p>(8) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Do you or any other person or organization proposed for this insurance have knowledge of any wrongful act, error, omission, security breach, privacy breach, privacy-related event or incident or allegations of breach of privacy that may give rise to a claim?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. In the past three (3) years, has any service provider with access to the Applicant’s network or computer system(s) sustained an unscheduled network outage or interruption lasting longer than four (4) hours?</p> <p>If “Yes”, did the Applicant experience an interruption in business as a result of such outage or interruption?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

CERTIFICATION AND SIGNATURE

NOTICE TO ALL OTHER APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT, OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE, OR CORRECT SUCH INFORMATION. AN OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT’S ACCEPTANCE OF THE COMPANY’S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

<p>Must be signed by an officer of the company. Print or Type Applicant’s Name</p>	<p>Title of Applicant</p>
<p>Signature of Applicant</p>	<p>Date Signed by Applicant</p>