



# Tech E&O Insurance Application IT DEPARTMENT SUPPLEMENT

**Rockwood Programs, Inc.**  
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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.

<b>5. IT DEPARTMENT</b>			
<i>This section must be completed by the individual responsible for the Applicant's network security. As used in this section only, "you" refers to the individual responsible for the Applicant's network security.</i>			
<b>a.</b> Who is responsible for the Applicant's network security?			
Name:			
Title:			
Phone:		Email address:	
IT Security Designation(s):			
<b>b.</b> The Applicant's network security is: <input type="checkbox"/> Outsourced <input type="checkbox"/> Managed internally/in-house			
<b>c.</b> How many IT personnel are on your team?			
<b>d.</b> How many dedicated IT security personnel are on your team?			
<p><b>By signing below, you confirm that you have reviewed all questions in Sections 6 through 8 of this application regarding the Applicant's security controls, and, to the best of your knowledge, all answers are complete and accurate. Additionally, you consent to receiving direct communications from the Insurer and/or its representatives regarding potentially urgent security issues identified in relation to the Applicant's organization.</b></p>			
Print/Type Name:		_____	
Signature:		_____	