



**AXIS Insurance**  
**111 South Wacker Drive, Suite 3500**  
**Chicago, IL 60606**  
**(866) 259-5435**

**SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. CLAIMS MUST BE REPORTED TO THE INSURER AS SET FORTH IN THE SECTION ENTITLED REPORTING OF CLAIMS AND EVENTS. CLAIM EXPENSES ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE POLICY LIMIT OF INSURANCE.**

***ABOUT THIS APPLICATION –***

- The term "Applicant," "you" and "your" herein refers individually and collectively to all proposed Insureds. All responses shall be deemed made on behalf of all proposed Insureds.
- Your submission of this application does not obligate you to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, the Application will be deemed attached to and will form a part of the policy.

***INSTRUCTIONS –***

- Respond to all questions completely, leaving no blanks. Check responses when requested.

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**APPLICANT INFORMATION**

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Applicant Entity Name:            <click to enter text>  
Business Address:                 <click to enter text>  
Primary Website:                 <click to enter text>



Business Sector:

- Business & Professional Services
- Casino/Gambling
- Energy
- Defense/Military Contractor
- Education (Schools, Colleges, or Universities, public or private also including technical or trade)
- Entertainment & Media
- Financial Services
  - Banking
  - Insurance
  - Investment Management
- Healthcare
- Information Technology
  - Software
  - Hardware
  - Services
- Food Processing and Agriculture
- Manufacturing
- Mining and Primary (Commodity) Industries
- Pharmaceuticals
- Public Authority/National, State or Local Government or Governmental Agencies/Non-Profit Organizations
- Reals Estate, Property and Construction
- Retail
- Telecommunications
- Tourism & Hospitality
- Transportation/Aviation/Aerospace
- Utilities
- Other – Describe: <click to enter text>

## COVERAGE REQUESTS

LIMITS OF INSURANCE	
Limit of Insurance	<Select>
RETENTION	
Retention	<Select>

## EXPOSURE INFORMATION

- Number of Employees: <click to enter text>  
*Actual number*
- Total Annual Revenues (in USD): <click to enter text>  
*Actual revenues for the past twelve (12) months, prior to the date of this application*
- Estimated Internet Based Revenues: <click to enter text>  
*Estimated revenues for past twelve (12) months prior to the date of this application*
- Estimated Total Number Of Protected Records <click to enter text>  
*Electronic or paper records held, stored or processed by you or by others on your behalf*



Of the total number of protected records, how many are:

Healthcare Records

<click to enter text>

*Total number of individual records relating to healthcare information of any type*

Personal Information Records

<click to enter text>

*Bank account or other unique financial record, Social Security, Tax ID, or Driver's License. Do not include payment card records.*

Payment Card Information Records

<click to enter text>

*Payment card numbers or transactions*

Are you Payment Card Industry compliant?

YES  NO

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## CLAIMS AND DATA INCIDENT HISTORY

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Have you experienced a theft or unintended, release, disclosure or loss of protected records in the past three years?

YES  NO

If "Yes", please explain: <click to enter text>

Have any claims, suits or proceedings been made during the past three years against you or any of your predecessors in business or subsidiaries for which coverage would be available under a policy applicable to network security and privacy liability?

YES  NO

If "Yes", please explain: <click to enter text>



**REPRESENTATIONS AND SIGNATURE**

By signing this document, the undersigned officer, director, or partner of the entity of the Applicant represents, after inquiry, that:

1. That no facts or information material to the risk proposed for insurance have been misstated or concealed;
2. The statements and answers furnished to the Insurer are representations made to the Insurer on behalf of all persons and entities proposed for coverage;
3. These representations are a material inducement to the Insurer to provide a proposal for insurance;
4. Any policy the Insurer issues will be issued in reliance upon those representations; and
5. Any policy the Insurer issues will be issued in reliance upon those representations;
6. You will report to the Insurer immediately in writing any material change in your activities, products and services;
7. You will report to the Insurer immediately in writing any material changes to the answers provided in this application which occur or are discovered between the date of this application and the effective date of the policy for which coverage is sought by submission this application; and
8. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

**WARNING**

***Any person who, with intent to defraud or knowing that s(he) is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.***

<click to enter text>

**Name (type or print)**

<click to enter text>

**Name (signature of Authorized Representative)**

<click to enter date>

**Title**

**Date**

**TO BE COMPLETED BY PRODUCER(S) ONLY:**

RETAIL PRODUCER		WHOLESALE PRODUCER	
<b>Producer Name:</b>	<click to enter text>	<b>Producer Name:</b>	<click to enter text>
<b>City, State:</b>	<click to enter text>	<b>City, State:</b>	<click to enter text>
<b>Telephone No.:</b>	<click to enter text>	<b>Telephone No.:</b>	<click to enter text>
<b>License No.:</b>	<click to enter text>	<b>License No.:</b>	<click to enter text>

**PRODUCER SIGNATURE:** \_\_\_\_\_