APPLICATION
BREACH RESPONSE - PHYSICIAN PRACTICES EDITION

INFORMATION SECURITY & PRIVACY INSURANCE WITH BREACH RESPONSE SERVICES

NOTICE: INSURING AGREEMENTS I.A., I.C. AND I.D. OF THIS POLICY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD OR AS OTHERWISE PROVIDED IN CLAUSE X. OF THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

INSURING AGREEMENT I.B. OF THE POLICY PROVIDES COVERAGE ON AN INCIDENT DISCOVERED AND REPORTED BASIS; COVERAGE UNDER SUCH INSURING AGREEMENT APPLIES ONLY TO INCIDENTS FIRST DISCOVERED BY THE INSURED AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD.

PLEASE READ THIS POLICY CAREFULLY.

Please fully answer all questions and submit all requested information. If the Applicant is a private company, please attach a copy of your most recent financial statement.

Full Legal Entity/Corporation Name:	
Mailing Address:	
City:	State & Zip:

Date Established:			
Authorized Officer [1]:		Telephone: E-mail:	
Breach Response Contact [2]:		Telephone: E-mail:	
1. Is the Corporation's Total Revenue greater than **$30,000,000**? Please circle one: Yes No If Yes, please complete 1A, 1B and 1C	1A. Most Recent Twelve (12) months: (ending: /)	1B. Previous Year:	1C. Next Year (Estimate):

2. Professional Employees: Please indicate the **number** of employees with the following credentials:

_____ Doctor of Medicine
_____ Doctor of Chiropractic
_____ Doctor of Dental Surgery
_____ Doctor of Dental Medicine
_____ Doctor of Osteopathic Medicine
_____ Doctor of Podiatric Medicine
_____ Doctor of Optometry
_____ Doctor of Philosophy

_____ Anesthetist
_____ Medical Assistant
_____ Physicians Assistant
_____ Registered Nurse
_____ Nurse Practitioner
_____ Licensed Practical Nurse
_____ Certified Nurse Midwife
_____ Licensed Social Worker
_____ Licensed Clinical Social Worker

[1] The officer of the Applicant that is designated to receive any and all notices from the Insurer or its representative(s) concerning this insurance.

[2] The employee of the Applicant that is designated to manage a response, including consumer notification, in response to a data breach event.

3. Has the Applicant complied with HIPAA requirements by:
   a. Adopting and implementing written privacy procedures? Yes No
   b. Training all of its employees to understand your privacy procedures? Yes No
   c. Designating a privacy official? Yes No

4. Does the Applicant encrypt data that contains Protected Health Information stored on laptop computers, blackberries, other "smart phones", and portable media such as thumb drives? Yes No

5. Does the Applicant enforce network security policies and procedures that include:
   a. Anti-virus software for all computers? Yes No
   b. Firewalls on all internet access points? Yes No
   c. A software update process including installation of security related software "patches" on a regular basis? Yes No

6. Has the Applicant ever received any claims or complaints with respect to allegations of invasion of or injury to privacy, unauthorized disclosure, theft or loss of personal information, identity theft, breach of information security, orcontent infringement (such as trademark or copyright infringement) or been required to provide notification to individuals due to an actual or suspected disclosure of personal information? Yes No

   If yes, please describe:

7. Has the Applicant been subject to any government action, investigation or subpoena regarding any alleged violation of any privacy or information security related law or regulation? Yes No

   If yes, please describe:

8. Is the Applicant aware of any actual or alleged fact, circumstance, issue, situation, error or omission or event which: a) might give rise to a claim against any proposed insured for invasion or interference with rights of privacy, disclosure, loss or misuse of personal information, or which might otherwise result in a claim against any proposed insured with regard to the insurance sought or; b) which might give rise to an obligation to comply with a law requiring notification of an actual or suspected disclosure of personal information? Yes No

If yes, please give details:

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE UNDERWRITERS IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE UNDERWRITERS IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE UNDERWRITERS AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE UNDERWRITERS ARE AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS THEY DEEM NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITERS OF SUCH CHANGES, AND THE UNDERWRITERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

WARNING TO APPLICANTS

ANY PERSON WHO, WITH INTENT TO KNOWINGLY DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A MATERIALLY FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD. SUCH INSURANCE FRAUD MAY BE A CRIME AND MAY RESULT IN CIVIL LIABILITY, DENIAL OF INSURANCE BENEFITS, FINES AND/OR IMPRISONMENT UNDER THE APPLICABLE LAW OF YOUR STATE.

Signed:

_____

Must be signed by corporate officer with authority to sign on Applicant's behalf

Date: _____ Month _____ Day _____ Year

Additional Explanations: