

# PRIVACY LIABILITY INSURANCE SUPPLEMENTAL APPLICATION

This application is a supplement to and is part of an application for Beazley Media Tech, Media or Information Security and Privacy Insurance.

- 1 Applicant Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
  
- 2 Does the Applicant have a written corporate-wide privacy policy?  Yes  No  
If yes, please attach a copy
  
- 3 Does the Applicant collect, store, maintain or transmit personally identifiable consumer information?  Yes  No  
If yes, does such information include:  
Information subject to regulation under HIPAA  Yes  No  
Information subject to regulation under GLB  Yes  No  
Credit card information  Yes  No  
Other personally identifiable consumer information (please describe):  Yes  No  
\_\_\_\_\_
  
- 4 How often are the Applicant's privacy policies reviewed and updated? \_\_\_\_\_
  
- 5 Have the Applicant's privacy policies been reviewed by a qualified attorney?  Yes  No
  
- 6 Does the Applicant employ a chief privacy officer?  Yes  No  
If no, what position is responsible for management of, and compliance with the Applicant's privacy policies?  
\_\_\_\_\_  
\_\_\_\_\_
  
- 7 Within the past two years, has the Applicant undertaken any internal or external privacy audit or received any privacy certification?  Yes  No  
If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_
  
- 8 Does the Applicant restrict employee access to private consumer information to employees on a business-need to know basis?  Yes  No
  
- 9 Does the Applicant provide training for employees on privacy and data security issues?  Yes  No

10. Does the Applicant's contracts with vendors and others with whom it shares personally identifiable information require the other party to defend and indemnify the Applicant for legal liability of the vendor or other party?  Yes  No

11. Does any Applicant, director, officer, employee or other proposed Insured have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a Claim against any Insured for invasion of or interference with any right of privacy, wrongful disclosure of personal information, or violation of any privacy related statute or regulation?  Yes  No

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. During the past three years, has anyone made any Claim against the Applicant for invasion of or interference with any right of privacy, wrongful disclosure of personal information, or violation of any privacy related statute or regulation?  Yes  No

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Supplemental Application does not bind the Applicant to buy or the insurer to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. By signing below, the undersigned duly authorized representative of the company states and represents that the information furnished in this application is complete, true and correct. The undersigned authorized officer agrees that if the information supplied on this supplemental application changes between the date of this supplemental application and the effective date of the insurance, the Applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date