

**RENEWAL APPLICATION for: NetGuard™ Plus**

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

**Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Defense costs shall be applied to the retentions. Submission of this Application does not guarantee coverage.**

**General Instructions for completing this Application:**

1. Please read carefully and answer all questions. If a question is not applicable, so state by writing "Not Applicable".
2. The completed Application should include all information relative to all subsidiaries and locations to be covered.
3. The Application must be signed by an executive officer.
4. Please read the Policy for which application is made (the "Policy") prior to completing this Application. The terms as used herein shall have meanings as defined in the Policy.

**SECTION I. GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_  
(Include names of all subsidiary or affiliated companies to be insured, or attach separate sheet, if necessary)  
Headquarters Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Corporate Website Address: \_\_\_\_\_
2. Has the name of the firm changed, or has any merger or consolidation taken place in the last twelve (12) months?  
☐ Yes ☐ No  
If "YES", please provide details, including dates and any liabilities assumed:  
\_\_\_\_\_  
\_\_\_\_\_
3. Has the Applicant changed the nature of their professional services in any way in the past twelve (12) months?  
☐ Yes ☐ No  
If "YES", please provide explanation:  
\_\_\_\_\_  
\_\_\_\_\_
4. Total Revenues: \$ \_\_\_\_\_
5. What percentage of the overall above revenues is attributed to e-commerce? \_\_\_\_\_%
6. Please estimate total number of customer and employee records you store either electronically or in physical files.  
Current number: \_\_\_\_\_ For the Next 12 Months: \_\_\_\_\_
7. Please estimate the total number of credit card transactions for the next 12 months: \_\_\_\_\_

8. Does your organization process, store, transmit or handle credit or debit card data? ☐ Yes ☐ No  
If "YES", are your data security controls compliant with the Payment Card Industry Data Security Standard (PCI DSS)? ☐ Yes ☐ No
9. Does the Applicant utilize a cloud provider to store data? ☐ Yes ☐ No  
If "YES", please list the name of the cloud provider: \_\_\_\_\_ If more than one provider is utilized, please list the provider that stores the most confidential information for the Applicant.
10. If your organization stores personal information on portable devices, including laptops, cell phones, PDA's, back-up tapes, USB thumb drives and external hard drives, is such data encrypted to industry standards? ☐ Yes ☐ No  
**If you do not store personal information on portable devices, check here** ☐
11. (a) Have any claims, lawsuits, proceedings, actions, complaints, demand letters, or investigations/inquiries regarding security or privacy-related incidents (including denial of service attacks, computer virus infections, theft or loss of confidential information, damage to third-party networks, or the ability of third parties to rely on your network) been made against you or any other person or entity proposed for this insurance within the last twelve (12) months? ☐ Yes ☐ No  
(b) If "YES" to question 11(a), have all such claims, lawsuits, proceedings, actions, complaints, demand letters, or investigations/inquiries been reported to NAS? ☐ Yes ☐ No ☐ N/A  
(c) If "NO" to question 11(b), please provide full details on a separate page of each matter received within the last twelve (12) months.

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## SECTION II. ACKNOWLEDGEMENTS AND REPRESENTATIONS

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- The undersigned represents that the statements, representations and information contained herein, or attached to this application, are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application.
- The undersigned acknowledges that the signing of this application does not bind the undersigned to complete the insurance. The undersigned further acknowledges that the statements, representations, and information contained herein, or submitted with this application (which shall be retained on file by the Underwriters and shall be deemed attached hereto, as if physically attached hereto), are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this application and all written statements and materials furnished to the Insurer in conjunction with this application shall be deemed incorporated into and made a part of the policy, should a policy be issued.
- The Underwriters are hereby authorized to make any investigation and inquiry in connection with this application as they may deem necessary.
- The undersigned acknowledges and agrees that if the information supplied on this application, or in any attachments, changes between the date of the application and the effective date of the policy period, the Applicant will immediately notify the Underwriters of such change, and the Underwriters may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
- For purposes of creating a binding contract of insurance by this application, or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature, and that the original and any such copies shall be deemed one and the same document.

\_\_\_\_\_  
Authorized Director or Officer, Partner or Principal of the Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NAS** insurance

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