

in partnership with Swett & Crawford San Francisco and NAS Insurance.

IABCal member exclusive Cyber Insurance Program



NetGuard[™] Plus Application

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE. READ THE ENTIRE APPLICATION CAREFULLY.

I. <u>APPLICANT INFORMATION</u>

Pı	rincipal Address:		
Ci	ity:	State:	Zip Code:
М	Mailing Address (if different):		
Ci	ity:	State:	Zip Code:
Te	elephone Number:	Fax Number:	
C	Corporate Website Address:		
I. <u>C</u>	OVERAGE REQUESTED		
Pr	roposed Effective Date:		
	roposed Effective Date: equested Retroactive Date (policy inception un		
Re			
Re II. <u>Y</u> e	equested Retroactive Date (policy inception un	less otherwise stated):	
Re II. <u>Y</u> e	equested Retroactive Date (policy inception un <u>OUR BUSINESS</u> . Nature of Business:	less otherwise stated):	
Ro II. <u>Y</u> 1.	equested Retroactive Date (policy inception un <u>OUR BUSINESS</u> . Nature of Business:	less otherwise stated):	
Ro II. <u>Y</u> 1. 2.	equested Retroactive Date (policy inception un <u>OUR BUSINESS</u> Nature of Business: Please give a description of operations: Total Revenues:	less otherwise stated):	
Ro II. <u>Y</u> (1. 2. 3.	equested Retroactive Date (policy inception un <u>OUR BUSINESS</u> Nature of Business: Please give a description of operations: Total Revenues: Please estimate total number of customer and	less otherwise stated):	
Ro II. <u>Y</u> (1. 2. 3.	equested Retroactive Date (policy inception un OUR BUSINESS Nature of Business:	less otherwise stated):	
Ro II. <u>Y</u> (1. 2. 3.	equested Retroactive Date (policy inception un OUR BUSINESS Nature of Business:	less otherwise stated):	

IV. LOSS HISTORY

6. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customers' ability to rely on the Applicant's network?

If "YES", please provide specific details:

7. Are you aware of or have knowledge of any circumstances or incidents that may give rise to matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customers' ability to rely on the Applicant's network?

V. NOTICE TO APPLICANT

- 1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
- 2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto) are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
- 3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.
- 4. 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 be 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.

Signed:	Print Name:
Title:	Date (Mo/Day/Yr):
Applicant Organization:	
SUBMIT TO: Swett & Crawford One California Street, 12 th Floor, San Francisco CA 94111	
Ann McCarthyLisa Quintanann mccarthy@swett.comlisa quintanilla415-951-9819415-951-84	al@swett.com