

# THE HARTFORD ASSET MANAGEMENT CHOICE<sup>SM</sup> POLICY NETWORK SECURITY AND THEFT OF DATA COVERAGE APPLICATION

\_\_\_\_\_  
Name of Insurance Company to which application is made

**NOTICE: THIS POLICY PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. NOTICE OF A CLAIM MUST BE GIVEN TO THE INSURER AS SOON AS PRACTICABLE IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION. PAYMENT OF DEFENSE COSTS REDUCES THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

Name of Applicant: \_\_\_\_\_  
(Together with any subsidiaries for whom this policy is intended, hereinafter, "Applicants.")

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

1. What sensitive information do the Applicants collect, store, process, destroy or otherwise manage?  
(Please check all that apply and provide approximate number of records in the space provided.)

<input type="checkbox"/> Social Security, Driver License or other Government ID Numbers: _____	<input type="checkbox"/> Credit History and Ratings: _____
<input type="checkbox"/> Financial Account Numbers: _____	<input type="checkbox"/> Intellectual Property of Others: _____
<input type="checkbox"/> User Name and Passwords: _____	Other: _____

2. Do any Applicants or any of its vendors or business partners hold personally identifiable information (PII) in a non electronic format?  
 Yes  No (If yes, what percentage of PII records are in a non-electronic form? \_\_\_\_\_)

3. In how many states do the Applicants have current or former clients? \_\_\_\_\_

4. List all client-resident states where the Applicants have client records in excess of 10% of total records.  
\_\_\_\_\_  
\_\_\_\_\_

5. Do any Applicants have clients located outside of the US?

Yes  No

6. Do the Applicants have written information security policies addressing the following:

(If yes, check all that apply):

- Specific individuals or functional groups responsible for detecting and reporting suspected unauthorized activity
- Verifying requests for the transfer of customer funds or assets to identify anomalous and potentially fraudulent requests
- Response and mitigation of a cybersecurity incident

7. Do the Applicants have formal written systems and business continuity policies in place?

Yes  No

8. Do the Applicants periodically test the functionality of its back up systems?  
 Yes  No
9. Do the Applicants annually assess their compliance processes and employee practices against any regulatory data protection standards (such as HIPAA, GLB, and state provisions like CA1386)?  
 Yes  No
10. Do the Applicants have enterprise wide policies with regard to:
- a. Records and information management compliance, including the retention and destruction of sensitive data?  
 Yes  No
  - b. Accessing and handling confidential information?  
 Yes  No
  - c. Network security?  
 Yes  No
  - d. Appropriate use of network resources and the Internet?  
 Yes  No
  - e. Appropriate use of email?  
 Yes  No
11. Have any Applicants posted privacy policies or notices on its website(s) or mobile application(s)?  
 Yes  No
12. Do the Applicants conduct third party audits of network security process and practices?  
 Yes  No
13. Do the Applicants have a process for remaining current on the privacy laws in all jurisdictions where they have clients?  Yes  No
14. Do the Applicants have a Chief Information Securities Officer or equivalent position?  Yes  No
15. Do the Applicants use any of the following standards to model its information security?  
(If yes, check all that apply):
- National Institute of Standards and Technology (NIST) Cybersecurity Framework
  - International Organization for Standardization (ISO) 27001
  - Other (provide list) \_\_\_\_\_
- 
16. Do the Applicants:  
(If yes, check all that apply):
- Prior to hiring, run background checks on employees and independent contractions?
  - Manage/restrict access to PII data?
  - Maintain a current inventory of all physical devices and systems and all software platforms and applications within the firm?
17. Do the Applicants have an enterprise wide employee training program regarding privacy and information security?  
 Yes  No
18. With regard to vendors, business partners and contractors, do the Applicants:  
(If yes, check all that apply):
- incorporate requirements relating to cybersecurity risk into contracts?
  - include indemnity provisions in its vendor contracts that protect you from any liability arising out of their mishandling of sensitive information?

- conduct or require cybersecurity risk assessments of those that have access to the firm's networks, customer data or other sensitive information?
- require E&O insurance?
- require cyber liability insurance?

19. Do the Applicants use any of the following cloud services? *(please check all that apply)*

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Infrastructure as a Service (IAAS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Platform as a Service (PAAS)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Software as a Service (SAAS)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Public                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Private                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hybrid                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

20. Please complete the following information for all Cloud Service Providers (CSP):

Cloud Service Provider	Type (ex. Public)	Use (ex. IAAS)	Annual Contract Fee
			\$
			\$
			\$

21. Do the Applicants use any CSP to process or store sensitive information?

- Yes    No

If so, please identify all Cloud Service Providers (CSP) that processes or stores any customer or client information or confident corporate information:

PII – Personally Identifiable Information; CCI – Corporate Confidential Information

Cloud Service Provider	Type of Information (PII or CCI)	# of Records	Encrypted (Yes/No)

22. Do the Applicants enforce a password management process for all users with access to Applicant systems?

- Yes    No (If yes, check all that apply):
- Unique username and password for user authentication is required,
  - Password complexity scheme is in place and technically enforced/testing is performed to ensure compliance,
  - Technology is configured to require users to change passwords at least every 180 days,
  - Technology is confirmed to required privileged users to change passwords at least every 90 days,
  - Passwords cannot be reused for at least 4 changes,
  - Other (attach detail) \_\_\_\_\_

---



---



---

23. Do the Applicants encrypt all company confidential information as well as personally sensitive data?  Yes

- No If yes, what encryption technologies are used?

---



---



---

24. Do the Applicants encrypt data in the following environments?

- a. In-transit data       Yes  No
- b. Laptops               Yes  No
- c. Mobile devices       Yes  No
- d. Storage devices      Yes  No
- e. Archived data        Yes  No

25. Do the Applicants utilize remote shutdown of employee laptops?  Yes  No
26. Do the Applicants permit the use of thumb drives or external memory drives by employees?  
 Yes  No
27. Do the Applicants have e-mail detection systems in place to monitor for download of personal information or large file download?  Yes  No
28. Do the Applicants have automatic shutdowns for data access when employees are terminated?  
 Yes  No
29. Do the Applicants utilize and regularly review results of automated data auditing which continually monitors, records, analyzes, and reports on its database activity?  Yes  No
30. Do the Applicants use tools (software) for monitoring its network and mobile devices for malicious code?   
Yes  No
31. Do the Applicants maintain protection against Distributed Denial of Service attacks for critical internet-facing IP addresses?  Yes  No
32. Do the Applicants maintain a firewall?  Yes  No
33. Do the Applicants utilize software or other practices to authenticate customer on-line account access and transactions?  Yes  No
34. Do the Applicants utilize software or other practices to detect anomalous transaction requests that may be the result of compromised customer account access?  Yes  No
35. Do the Applicants utilize software or hardware that is no longer supported or has been identified as end-of-life support by the software or hardware vendor?  Yes  No

Please identify any such software and hardware and outline any plans for remediation:

---

36. Has an Applicant had a cybersecurity incident in the past twenty-four (24) months that resulted in any of the following:  Yes  No (If yes, attach details):
- Malware was detected on one or more Applicant devices
  - Access to an Applicant web site or network resource was blocked or impaired for more than 10 minutes by a denial of service attack
  - The Applicant's network was breached by an unauthorized user accessing customer information
  - Applicant was the subject of an extortion attempt by an individual or group threatening to impair access to or damage data, devices, network, or web services
  - An employee or other authorized user of the Applicant's network engaged in misconduct resulting in the misappropriation of funds, securities or sensitive customer information, or damage to the Applicant's network or data

37. Has an Applicant had any non-network data privacy breaches or violations that have resulted in the unauthorized access or misuse of customer information?  Yes  No

If yes, was the incident reported to any of the following? (check all that apply)

- FinCEN,
- FINRA,
- State or federal regulatory agency

31. Do any Applicant or any of its partners, directors, officers, trustees or employees have any knowledge of any fact, circumstance or act which might give rise to a claim under the proposed Network Security and Theft of Data coverage?  YES  NO (If yes, attach details)

*Pertaining to the Question above, it is agreed that if the Undersigned or any Insured proposed for this insurance has knowledge of any such fact, circumstance or act, or if such pending or prior claim or suit exists, then any claim or suit arising therefrom shall be excluded from coverage under the proposed policy.*

### FRAUD WARNING STATEMENTS

**ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

**ATTENTION COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.**

**ATTENTION FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

**KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A " FRAUDULENT INSURANCE ACT " MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.**

**ATTENTION KENTUCKY, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**ATTENTION LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.**

**ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

**ATTENTION OKLAHOMA APPLICANTS: WARNING, ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.**

**ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.**

**ATTENTION PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.**

**ATTENTION NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE \_\_\_\_\_

**THIS PAGE CONTAINS STATE SPECIFIC LANGUAGE OR REQUIREMENT FOR APPLICANTS RESIDING IN THE FOLLOWING STATES: Florida, Iowa, Maine and New Hampshire**

**Applicable to Maine applicants only**

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE PRESIDENT OF THE COMPANY.

**Applicable to New Hampshire applicants only**

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE TO THE BEST OF HER/HIS KNOWLEDGE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE PRESIDENT OF THE COMPANY.

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Required applicants in Florida, Iowa & New Hampshire**

Name of Broker \_\_\_\_\_  
(Required: FLORIDA, IOWA, NEW HAMPSHIRE only)

Broker License #: \_\_\_\_\_  
(Required: FLORIDA only)

Print Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_  
(Required: NEW HAMPSHIRE only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

(Enter the address and phone number of the local The Hartford office.)