INFORMATION PRIVACY AND SECURITY INSURANCE

for Hospital Chains (2 or more hospitals)

Please answer all questions completely, leaving no blanks. If there is insufficient space, please continue your response on separate letterhead. This form must be completed, dated and signed by three corporate officers with information security or privacy risk management responsibility, as defined at the end of this application form.

The submission of this application does not oblige us to offer you coverage or you to accept the coverage we offer. If you accept the coverage we offer, this application form and all materials submitted with it, including the risk assessment we conduct with you, will attach to and form part of the policy when issued.

1. GENERAL INFORMATION

Name of Entity applying for coverage:	
Street Address:	Where are you Incorporated?
City:	
State & Zip:	
Website URLs:	
Your incident Coordinator[1] name and position:	Telephone:
	E-mail:
Policy Limit Requested:	Requested Inception Date:
Retention Requested:	

2. LIST of HOSPITALS to be COVERED

A. **Please list the hospitals you wish to be covered. Attach a list if necessary or if you find it more convenient.**

Name	Address (Street, City, State)	Previous name if name changed in the last 24 months
B. **Total Revenue from the Hospitals listed above in the last fiscal year**		

[1] The officer in your organization who you agree is authorized to make decisions and give commitments to us on your behalf concerning the investigation and response to possible information incidents and concerning the defense and settlement of claims.

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3. CLINICS or LABS or OTHER FACILITIES to be COVERED

Total Revenue from all the Clinics, Labs, or other facilities to be covered in the last fiscal year				
Please list any Clinics, Labs, or other facilities to be covered with at least 1 of the following criteria: • **There are more than 10 beds in the facility for overnight use** • **The sum of full and part time employees is greater than 150**				
Name	Address (Street, City, State)	What do they do?	Number of Beds	Total Number of Employees

4. RESPONSIBLE AUTHORITIES

1. Do you have a SVP of Risk Management (or equivalent) who manages all aspects of your risk including mitigation, preparation, and response? ☐ Yes ☐ No

   If yes, please provide their name, title, email address and phone number.

2. Who is responsible for your IT Systems? Please provide their name, title, email address and phone number.

   Who do they report to? Please provide their name, title, email address and phone number.

   Are ALL of your IT Systems under this person's supervision? ☐ Yes ☐ No

3. Who is responsible for your IT Security Systems? Please provide their name, title, email address and phone number.

   Who do they report to? Please provide their name, title, email address and phone number.

   Are ALL of your IT Security Systems under this person's supervision? ☐ Yes ☐ No

4. Who is your designated HIPAA Privacy Officer? Please provide their name, title, email address and phone number.

   Who do they report to? Please provide their name, title, email address and phone number.

   Are ALL of your Privacy officers under this person's supervision? ☐ Yes ☐ No

5. CORPORATE STRUCTURE

1. Do you have subsidiaries or other owned entities that do activities other than deliver healthcare that together account for more than 15% of your revenue? ☐ Yes ☐ No

   If yes, please provide their names, location, websites and a full description of what they do.

2. Have you made any acquisitions that have not yet been fully integrated into your IT System, IT Security, or your Privacy plan and process? ☐ Yes ☐ No

   If yes, please describe how they are not yet integrated, if you plan to integrate them, and when you expect to complete the integration.

6. PRIOR INSURANCE

1. Do you currently have insurance covering media, privacy or network security exposures? ☐ Yes ☐ No

   If yes, please provide the details:

Insurer	Limits	Deductible	Policy Period	Premium	Retroactive Date

2. Has any E&O, D&O, professional liability, privacy, network security or media insurance ever been declined or cancelled in the last 5 years? ☐ Yes ☐ No

   If yes, please provide details.

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7. PRIOR CLAIMS AND ALLEGED INCIDENTS

1. Have you in the last 5 years received any claims or allegations of invasion or injury to privacy, identity theft, theft of information, breach of information security, software copyright infringement or content infringement or been required to provide notification to individuals due to an actual or suspected disclosure of personal information?

   ☐ Yes ☐ No

   If yes, provide details of each such claim, allegation or incident, including costs, losses or damages incurred or paid by you, and any amounts paid as a loss under any insurance policy:

2. Have you in the last 5 years been subject to any action, investigation or subpoena from any regulatory body regarding any alleged violation of any law or regulation?

   ☐ Yes ☐ No

   If yes, please provide details of any such action, investigation or subpoena:

3. Have you in the last 5 years experienced an extortion attempt or demand with respect to your computer systems?

   ☐ Yes ☐ No

   If yes, please provide details:

4. Have you in the last 5 years notified consumers of a data breach incident in accordance with a data breach notification law?

   ☐ Yes ☐ No

   If yes, please provide details:

5. After enquiry, does any individual with information security or privacy risk management responsibility (as defined at the end of this application form) at any proposed insured, have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim or privacy breach notification under the proposed insurance?

   ☐ Yes ☐ No

   If yes, provide full details:

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7. ATTACHED DOCUMENTS

1. Most recent annual report.
2. Forecast for current fiscal year covering: • Total Revenue from Hospital(s) • Total Revenue from clinics to be covered by this policy • Total Revenue from non-medical services provided to others • Expected Profit/(Loss)
3. Incident assessment and breach response procedures, protocols or playbooks Do you have any written procedures, protocols or playbooks that govern the assessment of possible incidents and / or the conduct of a response to an incident or breach? ☐ Yes ☐ No If yes, please attach a copy of those documents

THE UNDERSIGNED ARE AUTHORIZED BY THE APPLICANT AND DECLARE THAT THE STATEMENTS IN THIS APPLICATION AND ALL WRITTEN STATEMENTS, THE ASSESSMENT DOCUMENT OR PROCESS, AND ALL MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS 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 INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

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

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO COLORADO INSUREDS: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURERS OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO 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 IN THE THIRD DEGREE.

NOTICE TO LOUISIANA AND MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME. NOTICE TO 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

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO 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.

NOTICE TO NEW YORK APPLICANTS AND KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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 NEW YORK APPLICANTS 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.

This application must be signed by three corporate officers with information security and privacy risk management responsibility, **who have authority to sign on the Applicant's behalf**.

A person with information security and privacy risk management responsibility means any member of the management committee, chairperson, chief executive officer, chief operating officer, chief financial officer, risk manager, any member of the Risk Management, IT, Legal or Human Resources staffs or any other individual acting in any information risk management capacity with the applicant.

Signed:……

Title

Date:

Day Month Year

Signed: ……

Title

Date:

Day Month Year

Signed: ……

Title

Date:

Day Month Year