Chubb Privacy Protection® Renewal Application Form

**Notice**

The policy for which you are applying is written on a claims made and reported basis. Only claims first made against the insured and reported to the insurer during the policy period or extended reporting period, if applicable, are covered subject to the policy provisions. The limits of liability stated in the policy are reduced, and may be exhausted, by claims expenses. Claims expenses are also applied against your retention, if any. If a policy is issued, the application is attached to and made a part of the policy so it is necessary that  
all questions be answered in detail.

**Instructions**

Please respond to answers clearly. Underwriters will rely on all statements made in this application. This form must be dated and signed by the CEO, CFO, President, Risk Manager or General Counsel. Completion of this submission may require input from your organization’s risk management, information technology, finance, and legal departments:

Please note that you may be asked to provide the following information as part of the renewal application:

* Security Supplemental Application based on certain revenue or record counts (over $500mm in annual revenues or over 2mm Privacy Information records)
* Most recent annual report, 10K or audited financials
* List of all material litigation threatened or pending (detailing plaintiff’s name, cause(s) of action/allegations, and potential damages) which could potentially affect the coverage for which applicant is applying
* Descriptions of any acts, errors or omissions which might give rise to a claim(s) under the proposed policy
* Loss runs for the last five years
* Copy of your in-house corporate privacy policy(ies) currently in use by your organization

**Need Help?**

If you have any questions about the items asked in this form, please contact your broker or agent. A Chubb underwriter can also be made available to discuss the application.

**Part 1: Applicant Information**

|  |  |
| --- | --- |
| Applicant Name | Address (City, Province, Postal Code) |
| \_\_\_\_\_ | \_\_\_\_\_ |
| Individual Name (Applicant Contact Person) | Title |
| \_\_\_\_\_ | \_\_\_\_\_ |
| Email Address | Phone |
| \_\_\_\_\_ | \_\_\_\_\_ |
| Last 12 Months Gross Revenues (% online if applicable) | Projected 12 Months Gross Revenue (% online if applicable) |
| \_\_\_\_\_ | \_\_\_\_\_ |

**Part 2: Applicant and Financial Updates**

a. Has the applicant changed its name?  Yes  No  
If Yes, please enter a description and previous name used by the applicant:  
\_\_\_\_\_

b. Has the applicant acquired or been acquired by another company or organization?  Yes  No  
If Yes, please list the names of the companies or organizations and explanation:  
\_\_\_\_\_

c. Is the acquired or acquiring company or organization in the same business as the applicant?  Yes  No  
If No, please provide a description and explanation:  
\_\_\_\_\_

d. Has the applicant changed its organizational format during the last year?  Yes  No  
If Yes, please provide a description of the new organizational format:  
\_\_\_\_\_

e. Has the applicant acquired or divested any interests during the last year?  Yes  No  
If Yes, please provide a description and explanation:  
\_\_\_\_\_

f. Are any changes anticipated in the size or nature of the business over the next 12 months?  Yes  No  
If Yes, please provide a description:  
\_\_\_\_\_

g. Do any principals, directors, officers, partners, professional employees or independent contractors  Yes  No  
of the Applicant have knowledge or information of any act or omission that might reasonably be  
expected to give rise to a claim that has not been reported during the past year?  
If Yes, please provide details including the date of loss, date of service, demand amount, circumstance  
and alleged wrongful acts, plaintiff and service provided. Please note that this does not constitute the  
reporting of a claim or incident and any claims or incidents should be reported in accordance with the  
terms of the expiring policy:  
\_\_\_\_\_

h. (Optional) Additional comments regarding applicant or financial changes:  
\_\_\_\_\_

**Part 3: Information Security Updates**

a. Does applicant use any software or hardware that has been officially retired (i.e., considered  Yes  No  
“end-of-life”) by the manufacturer (e.g., Windows XP)?  
If Yes, please identify all software or hardware and describe plans for replacement:  
\_\_\_\_\_

b. Has applicant made changes to the security organization and/or implemented new solutions to help  Yes  No  
prevent against data loss or business interruption.  
If Yes, please provide a description (optional):  
\_\_\_\_\_

**Fraud Warning Statements**

**Notice to All Applicants:** Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

**Declaration and Certification**

By signing this application, the applicant warrants to the company that all statements made in this application and attachments hereto about the applicant and its operations are true and complete, and that no material facts have been misstated or misrepresented in this application, suppressed or concealed. The undersigned agrees that if after the date of this application and prior to the effective date of any policy based on this application, any occurrence, event or other circumstance should render any of the information contained in this application inaccurate or incomplete, then the undersigned shall notify the company of such occurrence, event or circumstance and shall provide the company with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the company.

Completion of this form does not bind coverage. The applicant’s acceptance of the company’s quotation is required before the applicant may be bound and a policy issued. The applicant agrees that this application, if the insurance coverage applied for is written, shall be the basis of the contract with the insurance company, and be deemed to be a part of the policy to be issued as if physically attached thereto. The applicant hereby authorizes the release of claims information from any prior insurers to the company.

**Signature – For All Applicants (Required)**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be Officer of Applicant)

Print Name & Title: \_\_\_\_\_

Date: dd/mm/yyyy Email: \_\_\_\_\_ Phone: \_\_\_\_\_