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 Wexler Insurance Agency, Inc.
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CYBER LIABILITY APPLICATION

INFORMATION SECURITY AND PRIVACY LIABILITY SUPPLEMENT

THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. THE UNDERWRITERS ARE NOT OBLIGATED TO PAY SETTLEMENTS, JUDGMENTS OR CLAIMS EXPENSES ONCE THE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THE POLICY CAREFULLY.

Please fully answer all questions and submit all requested information and supplemental forms. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. This **Application**, including all materials submitted herewith, shall be held in confidence.

Our firm or Corporation's name is:

Our premises are located at:
Address

City County State Zip-Code

Officers or Owners:

I. INFORMATION

1) What kind of Personal Information is either collected and stored on your computer system OR is taken as part of a Pawn Slip or Sales Receipt:

- Social Security Numbers Personal Health Data
- Credit Card Information Bank Account Information
- Employee Information Other

2) How many Pawn Transactions or Sales do you process a year?

- 0-2,500 2,500-5,000 5,000-10,000
- 10,000-20,000 > 20,000 **

**(If >20,000 enter estimated number of records maintained here):

3) Have you maintained continuous coverage in respect of Cyber Liability? Yes No

If "Yes", please state previous carrier:

Retro Date:

4) Combined Gross Sales:

5) How many employees do you have:

II. LIMITS OF INSURANCE

- \$500,000 Each Occurrence/Aggregate per insured (sub-limited to \$50,000 for notification of regulatory Defense)
- \$1,000,000 Each Occurrence/Aggregate per insured (sub-limited to \$100,000 for notification of regulatory Defense)
- \$1,000,000 Each Occurrence/Aggregate per insured (sub-limited to \$250,000 for notification of regulatory Defense)

III. Computer Network Security:

- 1) How many store locations do you have? _____
If more than one (1), do all locations use the same operating system? Yes No
- 2) Is your operating system online (i.e. are you connected to the Internet)? Yes No
- 3) Do all locations that are connected to the Internet use a commercially available Internet Security package including: Firewall, Antivirus, Intrusion Detection, Etc... Yes No
- 4) Does this package automatically update? Yes No
If "NO", who is responsible for updating the Software?

- 5) Is your System Password protected? Yes No
- 6) Is your staff Educated on how to handle customer information? Yes No

IV. Website Content:

- 1) Do you have a website? * Yes No
If "YES", please provide us with your address:

**If "NO", please ignore questions 2-4*
- 2) Do you sell any goods via your website? Yes No
If "YES", do you?
- I. Sell Via a link through other entity websites (i.e. EBay) Yes No
- II. Sell on your own website but outsource Credit Card Payments (i.e. PayPal) Yes No
- III. Sell via your own website and process card payments in house. Yes No
- If "YES" are you PCI Compliant?* Yes No
- If "NO" to question "2", is your website for Information purposes only?* Yes No
- 3) If you answered "YES" to any part of question 2 I-III above, does your website display a privacy policy? Yes No
If "NO", would you be willing to implement one within Thirty (30) days? Yes No
- 4) Do you share data collected from your customers with anyone other than the local Police Department, local Law Enforcement or Third Parties as required by Law? Yes No
If "YES", please explain: _____

V. Hard Copy Security

- 1) Do you store any personal information on portable media (i.e. Flash Drives, Laptops, Data Sticks, PDA's External Hard Drives, Etc...)? Yes No
- If "YES", do you encrypt these devices? (even if stored overnight in a safe)* Yes No
- 2) In regards to Pawn Slips: **(Leave Question 2 I., 2 II. & 2 III. Blank if you are not a Pawnbroker)**
- I. Do you store Pawn Slips in a locked filing cabinet, locked safe or in an interior storage room? Yes No
- II. How long are Pawn slips kept before being destroyed:
Last Transaction Plus 2 Years
- III. Do you shred Pawn Slips when destroying them? Yes No
- 3) Do you use a credit card imprinter machine? Yes No
- If "YES", how are the credit card slips Stored/Destroyed:*
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-
-

VI. Media Content

- 1) Do you check if you are authorized to use an Image/Brand name on your website to make sure you are not infringing copyright? Yes No
- 2) How quickly could you move any infringing content from your website:
 Immediately Within 3 hours Within a Day Other
- 3) Have you ever received a cease and desist letter regarding copyright infringing Material displayed on your website? Yes No
- 4) Does your Website contain a Blog? Yes No

VII REGULATORY ISSUES

- 1) Have you or your company ever been investigated in respect of the safeguards for personally identifiable information? Yes No
- If yes, please explain:
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- 2) Have you or your company ever received complaints about how someone's personally identifiable information is handled? Yes No
- If yes, please explain:
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VIII. PRIOR CLAIMS AND CIRCUMSTANCES

- 1) Has the Applicant ever received, or is there currently pending, any claims or complaints with respect to allegations of 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 such claim, allegation or incident, including costs, losses or damages incurred or paid, and any amounts paid as loss under any insurance policy. _____

- 2) Does any Applicant, director, officer or other proposed **Insured** have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a Claim under the proposed insurance? Yes No

If Yes, provide details. _____

The undersigned declares that the statements set forth herein are true. The signing of this Application does not bind the undersigned or the Insurer to complete the insurance. It is represented that the statements contained in this Application and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon by the insurer in issuing any policy. The insurer is authorized to make any investigation and inquiry in connection with this Application as it deems necessary. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

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. For Utah and Wisconsin Applicants, such Application and materials are part of the policy, if issued, only if attached at issuance. It is agreed in the event there is any material change in the answers to the questions contained in this Application prior to the effective date of the policy, the Applicant will immediately notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the Insurer's discretion.

Signed:

Must be signed by a corporate officer with authority to sign on Applicant's behalf

Print Name: _____ Date: _____

Title: _____