

Travelers Casualty and Surety Company of America

NOTICE

ALL THIRD PARTY LIABILITY INSURING AGREEMENTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.

Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

1. Name of **Applicant**: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
2. Have significant changes in the nature the Applicant's business occurred in the last 12 months or anticipated over the next 12 months? *If Yes, please attach an explanation.* Yes No
3. Total number of employees (full and part time including leased, seasonal and temporary): _____
4. Financials (Most Recent Fiscal Year End): **Total Revenue**: _____ **Total Assets**: _____

II. REQUESTED INSURANCE TERMS

1. Does the Applicant desire any changes to the expiring policy limit or retention? Yes No
If Yes, please indicate the desired changes in the table below:

Expiring Limit (A)	Expiring Retention	Requested Limit (B)	Requested Retention
\$	\$	\$	\$

Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A).

2. Solely with respect to any new or higher limits requested or that may ultimately be issued for the proposed renewal, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under this CyberRisk Policy? Yes No
If Yes, please attach an explanation.

Solely with respect to any portion of the Limit for this CyberRisk Policy in the proposed policy that is new or exceeds the amount of the Expiring Limit for this CyberRisk Policy in the expiring policy, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the Applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

III. CYBER SECURITY INFORMATION

1. Has there been a change to the position that is responsible for information security? Yes No
If Yes, please attach an explanation.
2. Have there been any material changes to policies or procedures relating to oversight of website or other electronic material? *If Yes, please attach an explanation.* Yes No
3. Have there been any material changes to security policies or procedures provided to employees? *If Yes, please attach an explanation.* Yes No
4. Does the Applicant currently use a Cloud Service Provider in the course of business operations? Yes No
 a. Cloud Provider currently under contract: _____

VII. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, OR CHIEF INFORMATION/SECURITY OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: (President, CEO, or Chief Information/Security Officer) x	Authorized Representative Name - Printed	Date (mm/dd/yyyy):
Producer Signature*: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer