

## HiscoxPRO™

### Modular application form

#### Instructions

The HiscoxPRO Policy may be purchased on an à-la-carte basis.

The table in section 1 of this application allows you to specify the coverages for which you are applying. Please check the box for each coverage part you want to purchase and fill out the section for that coverage part (section numbers listed in the last column of the table).

**All applicants must complete sections 1 and 8 of this application.**

#### Additional information

Please also provide us with the following information in addition to your application:

1. Loss runs for the last five years (if you currently carry coverage).
2. If you have any pending or prior litigation, please provide details, including demand amounts, name of the plaintiff, amount of any settlements or payouts, and steps you have taken to mitigate similar issues in the future.
3. If you have coverage currently in place, please provide the Declarations Page of your current policy in order to evidence existing prior acts coverage. Any newly purchased coverage will be bound with a retroactive date of inception.

#### Coverage information

##### Coverage type

##### Coverage description

Data Breach and Privacy Security Liability	Data Breach and Privacy Security Liability provides insurance coverage for both the costs that you incur and the 3rd party claims made against you that typically arise from a data breach or privacy violation.	
Cyber Enhancements		
	Hacker Damage	Hacker Damage provides insurance coverage for the costs to repair or replace your website, intranet, network, computer system, programs, or data, following a hacking event.
	Cyber Business Interruption	Cyber Business Interruption provides insurance coverage for your losses resulting from a hacker impairing the availability of your website, intranet, network, computer system, programs, or data.
	Cyber Extortion	Cyber Extortion provides insurance coverage for the costs of expert assistance and the payment of a ransom in the event a hacker threatens to damage your website, intranet, network, computer system, any programs you use, or data, or to divulge confidential information.

#### Application

If a policy is issued, it will provide coverage only for claims that are first made against you and reported to us during the policy period, or any extended reporting period, if applicable; or first party events first discovered by you and reported to us during the policy period, or any extended reporting period, if applicable.

Notice: This application is for insurance in which the policy limit available to pay judgments or settlements will be reduced by amounts incurred for defense costs. Amounts incurred for defense costs will be applied against the retention amount.

**HiscoxPRO™ – Common**  
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**Section 1**

All applicants must complete this Section and Section 8.

1. Applicant details

Applicant name:

Address:

State:  Zip code:

Website:

What state(s) do you operate in?

Do you provide any services outside of the United States? Yes  No

If Yes, please describe/attach an explanation and estimated revenues:

Subsidiaries for which you seek coverage, to be incorporated into this application (entities in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests). Please specifically note the country for any subsidiaries located outside of the United States.

Applicant is a/an: Corporation  Partnership  Individual

Date established:

2. Coverage required

Please indicate coverage required:

	Check desired coverage part(s)	Requested Limit(s):	Requested Retention(s):	Required application section(s)
Data Breach and Privacy Security Liability	<input type="checkbox"/>	\$	\$	<b>6a or 6b</b>
Cyber Enhancements	<input type="checkbox"/>	\$	\$	<b>6a or 6b &amp; 7</b>

3. Gross revenue\*

Last 12 months	Next 12 months (estimate)
\$	\$

\*Inclusive of subsidiaries from item 1 above. Healthcare entities, please use net patient revenue. Not-for-profits, please use annual budget.

4. Claims details

Please answer the following questions for each coverage part for which you are applying for coverage:

- a) Has any claim of the type that could be covered by this coverage part ever been made against you?
- Data Breach and Privacy Security Liability Yes  No
- Cyber Enhancements Yes  No

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If Yes, please specify details below or attach additional information.

- b) Are you aware of any act, error, omission, or other matter which is likely to lead to a claim against you or other loss of the type that could be covered by this coverage part ?

Data Breach and Privacy Security Liability Yes  No

Cyber Enhancements Yes  No

If Yes, please specify details below or attach additional information.

- c) Have you ever been subject to an inquiry, investigation, or action by any regulatory body or administrative agency?

Yes  No

If Yes, please specify details below or attach additional information.

- d) Have you ever experienced a breach or event of the type that could be covered by this coverage part?

Data Breach and Privacy Security Liability Yes  No

Cyber Enhancements Yes  No

If Yes, please specify details below or attach additional information.

5. Material dependencies

- a) Do you use the services of independent contractors or subcontractors to perform your professional services?

Yes  No

If Yes, please answer the following three questions:

- i) Do you always use a written contract with independent contractors/subcontractors?

Yes  No

- ii) Do you require independent contractors/subcontractors to carry their own professional liability insurance?

Yes  No

- iii) What percentage of your professional services are contracted out to independent contractors or subcontractors?

%

- b) Please identify any material supplier (not including utility services, telecommunication services, or internet service providers) you depend on to conduct your technology services:

Type	Supplier name	Written contract in place?	Are you able to contractually recover for direct losses arising from the failure of their services, including from a data breach?
Data center/ co-location		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cloud computing		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Payment processing		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Records storage		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Managed IT services		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**HiscoxPRO™ – Data Breach and Privacy Security Liability**  
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## 1. Qualification criteria

Please check the appropriate box:

(IF you answer "False" to **ANY** of the following, **STOP** and proceed immediately to **Section 6b**)

- a) You are requesting limits of \$3M or less True  False
- b) Your gross revenue for the last fully completed financial year (or your good faith estimate of this year's gross revenues if you are a start-up) did not (or will not) exceed \$100,000,000 True  False
- c) You are not a(n): True  False
- Depository institution (savings bank, commercial bank, savings and loan, credit union, or similar), investment bank, securities underwriter, securities broker-dealer, or similar;
  - Payment card processor or gateway, payroll processor, or credit rating agency;
  - Insurance company;
  - Social or professional networking site or service or a dating site or service;
  - Producer, distributor, advertiser, or broadcaster of pornography or a gambling operation, including casinos;
  - Data warehouse, direct marketer, data aggregator, or information broker;
  - Family planning or substance abuse center/service, adoption agency, or abortion clinic;
  - Mobile application or video game developer or publisher;
  - Utility provider; or
  - Collection agency.
- d) You do not have any revenue-generating, permanent physical operations located outside of the United States True  False
- e) You do not transact more than 1,000,000 payment card transactions annually True  False
- f) You do not store, at any one time, more than 1,000,000 records containing personally identifiable information True  False
- g) You have either: 1) confirmed you are compliant with; or 2) confirmed you are not subject to, the Payment Card Industry Data Security Standards (PCI/DSS) True  False
- h) You are not aware of any matter that is reasonably likely to give rise to a loss or claim, nor have you suffered any loss, nor has any claim been made against you, in the last five years True  False
- i) No regulatory, governmental, or administrative action has been brought against you, nor any investigation or information request been made, concerning any handling of personally identifiable information True  False
- j) You do not centrally store any personally identifiable information OR process any payment card information in a centralized location that is shared with another entity, business, franchisee, or franchisor True  False



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2. Prior coverage

Please indicate if you currently carry similar coverage:

Insurance carrier/coverage	Limit	Retention	Premium	Retroactive date
	\$	\$	\$	

**If you answered “Yes” to all of the above questions a) through j), you do not have to answer the questions in Section 6b or Section 7. Please proceed to Section 8.**

## HiscoxPRO™ – Data Breach and Privacy Security Liability

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### Section 6b - Data Breach and Privacy Security Liability

Complete this section **ONLY IF** you answered “False” to **ANY** of the questions in **Section 6a**:

#### 1. Security history

Please check the box which applies:

- a) Have you ever been investigated with respect to your safeguards for sensitive information, including but not limited to protected health information, credit card information, or your privacy practices? Yes  No   
If Yes, please specify details (attach additional information).
- b) Have you ever reported any issues relating to a breach of healthcare information to the Office of Civil Rights or other similar regulatory body? Yes  No   
If Yes, please specify details (attach additional information).
- c) Have you ever received complaints about how someone’s personally identifiable information has been collected, used, or handled? Yes  No   
If Yes, please specify details (attach additional information).
- d) In the past five years, have you experienced a system intrusion, hacking incident, data theft, malicious code attack, cyber extortion threat, or denial of service attack? Yes  No   
If Yes, please specify details (attach additional information).

#### 2. Regulatory

Please check the box which applies:

- a) Have you confirmed your compliance with the following:
  - Payment Card Industry Data Security Standards (PCI/DSS) Yes  No  N/A
  - PCI/DSS Certification Level: 1  2  3  4  Date of last assessment:
  - Health Insurance Portability and Accountability Act (HIPAA) Yes  No  N/A
  - Gramm-Leach-Bliley Act (GLBA) Yes  No  N/A
  - Drivers Privacy Protection Act (DPPA) Yes  No  N/A
  - California’s Song-Beverley Act and similar state statutes regarding the collection and use of personal information Yes  No  N/A
  - Red Flag Rules Yes  No  N/A
  - Other:  Yes  No  N/A

#### 3. Privacy/security practices

Please check the box which applies:

- a) Is there an individual in your organization specifically assigned responsibility for your privacy and security practices? Yes  No
- b) Is there an individual in your organization specifically assigned responsibility for monitoring changes in statutes and regulations related to your handling and use of sensitive information? Yes  No
- c) Do you have a written, published privacy policy? Yes  No
- d) Has the privacy policy been reviewed by a suitably qualified attorney? Yes  No
- e) Has a third-party audited your privacy practices in the last two years? Yes  No
- f) Have you identified, located, and secured all sensitive information in your care, custody, or control? Yes  No
- g) If applicable, do you contractually indemnify your customers/clients for Yes  No  N/A

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costs they incur as a result of a breach suffered by you?

h) Do you have formalized data destruction procedures in place for data and documents no longer needed by your organization? Yes  No

i) What is your sensitive data retention policy? How long do you retain personally identifiable information?

Hours:  Days:  Weeks:

Months:  Years:  Indefinitely:

4. Sensitive information

Please provide the type and amount of information (in both electronic and non-electronic form) you process or store. If you do not know exact amounts, please provide estimates:

**Type of sensitive information transmitted, processed or stored:**

**A) number of records transmitted or processed per year**

**B) maximum number of records stored at any one time**

Social security number or individual taxpayer identification number A)

B)

Financial account record (e.g. bank accounts) A)

B)

Payment card data (e.g. credit or debit card) A)

B)

Driver's license number, passport number, or other state or federal identification number A)

B)

Protected health information (PHI) A)

B)

Other - Please specify: A)

B)

5. Encryption/compensating controls

Please check the box which applies:

a) Regarding the sensitive information in item 4 above, do you encrypt this information:

While at rest in your databases/on your network? Yes  No  N/A

In internal and external email transmissions? Yes  No  N/A

On wireless networks? Yes  No  N/A

In file transfers? Yes  No  N/A

On mobile computing devices including laptops and smart phones? Yes  No  N/A

On mobile storage devices including USB flash drives and DVDs? Yes  No  N/A

Other:  Yes  No  N/A



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- b) In lieu of or in addition to encryption, what compensating controls have you implemented to protect any sensitive information that you process, transmit, or store?

### 6. Security controls

Please check the box which applies:

- a) Have you installed and do you maintain a firewall configuration to protect data? Yes  No
- b) Do you regularly scan your network for weaknesses, including for SQL injection vulnerabilities? Yes  No
- c) Do you use anti-virus software and regularly apply updates/patches? Yes  No
- d) Do you have a defined process implemented to regularly patch your systems and applications? Yes  No
- e) Have you installed and do you maintain an Intrusion Detection System (IDS) to monitor your network for malicious activities or policy violations? Yes  No
- f) Have you installed and do you maintain a Data Loss Prevention (DLP) system to identify, monitor, and protect sensitive data while in use, in motion, and at rest on your network? Yes  No
- g) Have you installed physical controls to protect sensitive systems and sensitive, physical information under your care, custody, or control? Yes  No

Please provide details regarding any measures you have taken to protect and secure your network and sensitive information (both in digital and physical form):

### 7. Payment card information

- a) Do you accept credit card payments in your facilities or via the web? If yes, please answer the following four questions: Yes  No
- b) Do you outsource all of your payment processing? Yes  No
- c) If you outsource payment processing, do you require the processor to indemnify you for their security breaches? Yes  No
- d) Do you ever store or transmit credit card details on your network? Yes  No
- e) Do you ensure that credit card details are masked or encrypted at all times when stored, displayed, or transmitted from your system? Yes  No

### 8. Backup storage controls

- a) Is all sensitive information stored on back up tapes/cassettes/disks, etc. encrypted as a standard practice? Yes  No
- b) If you maintain your own backup tapes/cassettes/disks, etc., are these stored in a physically secured location? Yes  No
- c) If you utilize any third-party transportation or storage company, do you require them to indemnify you if they lose your data or your data is breached while in their care, custody, or control? Yes  No

### 9. Access control

- a) Do you track and monitor all access to sensitive information on your network? Yes  No
- b) Do you restrict access to all sensitive information stored by you on a business need-to-know basis? Yes  No
- c) Do you have procedures in place to restrict or remove login credentials of employees immediately following an employee's departure from your company? Yes  No



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organization?

10. Prior coverage

Please indicate if you currently carry similar coverage:

Insurance carrier/coverage	Limit	Retention	Premium	Retroactive date
	\$	\$	\$	

**Please proceed to any subsequent section for which you wish to apply, otherwise please proceed to Section 8.**

**HiscoxPRO™ – Cyber Enhancements** Modular application form

**Section 7 - Cyber Enhancements**

Complete this section **ONLY IF** you answered “No” to **ANY** of the questions in **Section 6a**

1. Redundancy

Please check the box which applies:

- a) Do you maintain redundant backups of sensitive and critical system information? Yes  No  N/A
- b) Do you have backups stored off-site? Yes  No  N/A
- c) Are restore procedures documented and tested? Yes  No  N/A
- d) Do you have scheduled backup procedures in place? Yes  No  N/A   
 How often is sensitive information backed up?  
 Daily  Weekly  Monthly  Annually
- e) Do system backups reside with third-parties? Yes  No  N/A   
 How quickly can you obtain backups stored by third-parties?  
 24-hours  One week  One month  Unknown

2. Business interruption

- a) For Cyber Business Interruption only, what is your average revenue generated through your website or network?  
  
 \$  Daily  Weekly  Monthly

3. Prior coverage

Please indicate if you currently carry similar coverage:

Insurance carrier/coverage	Limit	Retention	Premium	Retroactive date
	\$	\$	\$	

**Please proceed to section 8. All applicants must complete Sections 1 and 8.**



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### HiscoxPRO™ – Execution and Declaration Modular application form

#### Section 8 - Execution

All applicants must complete this Section and Section 1.

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide us with details. Feel free to attach an addendum to this application if insufficient space is provided below:

**NOTE: Hiscox policyholders may qualify for various complimentary value-added services. Please provide the contact details of the individual who may be contacted by Hiscox or its partners regarding these services:**

Name:  Phone:

Email:

#### APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing and any outstanding quote for insurance coverage may be modified or withdrawn.

Your submission of this Application does not obligate us to issue, or you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials furnished to us in conjunction with this Application are incorporated into this Application and made a part of it.

#### Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors, and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I will undertake to inform you before the inception of any policy issued pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

\* Applicant Signature:

Date:

Title:

\* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.



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**HiscoxPRO™ – Execution and Declaration** Modular application form

**THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM, and RI:**

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy will be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, we will not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred will be applied against the retention amount.

\* Applicant Signature:

Date:

Title:

\* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY 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 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 INSURANCE 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 AUTHORITIES

**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 INSURER 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



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## **HiscoxPRO™ – Execution and Declaration** Modular application form

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**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY 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 MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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 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.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO 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 (365:15-1-10, 36 §3613.1).

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

**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 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 INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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



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OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO CIVIL PENALTIES UNDER STATE LAW.

**NOTICE TO 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.

\* Applicant Signature:

Date:

Title:

\* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

**THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF IA and FL:**

**Producer Information:**

\*\* Producer Signature:

Date:

Address of Producer:

\*\*\* Producer License Number:

\*\* required only in the following State(s): Iowa

\*\*\* required only in the following State(s): Florida

**A copy of this application should be retained for your records.**