

Technology Errors & Omissions Liability Privacy/Release of Non-Public Personal Information Supplemental Application

1. Do you collect or store private or confidential information of others? Yes No
If "Yes," is the information related to the following?
 - Financial/Credit Card
 - Human Resources/Employee Benefits
 - Health Records
 - Corporate Information (e.g., business plans, sales information, product design)
 - Other: _____
2. Is the data you collect and store encrypted at all times?..... Yes No
3. Do you ever allow private or confidential information of others to reside on a laptop or similar device?..... Yes No
4. How frequently do you back up data residing on your system? Daily Other: _____
 - a. Are your back-ups transferred or replicated offsite? Yes No
 - b. If "Yes," how often? _____
 - c. How long are back-ups retained? _____
5. Do you have a written policy regarding the protection of private information of others? Yes No
If "Yes," is the written policy disseminated to all employees and contractors you use? Yes No
6. Do you share or sell any of your customers' data or information to others? Yes No
7. Have you ever received any complaints, claims or been accused of a privacy violation, identity theft, or Denial of Service attack from a customer, government agency or other third party? Yes No
 - a. If "Yes," how many in the past five years? _____
 - b. Please provide details for each including the type of complaint and the outcome: _____



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 MAINE 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.

Signature and Title of Applicant (must be President or CEO) _____ Date

Producer's Name _____ Area Code _____ Phone Number

Agent Name: _____ Agent License Number: _____
(Applicable to Florida Agents Only)

Iowa Licensed Agent: _____
(Applicable to Iowa Agents Only)

Producer's Signature: _____ Date: _____
(Applicable to New Hampshire Producers Only)