



**CYBER SECURITY LIABILITY APPLICATION
SUPPLEMENTAL CLAIM INFORMATION**

Name of Insurance Company to which **Application** is made (herein called the “**Insurer**”)

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY

THE LIMITS OF LIABILITY AVAILABLE TO PAY CLAIMS OR SUITS AND THE DEDUCTIBLE
MAY BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS UNDER COVERAGES E., F., AND G.

Submit one form for each claim or incident. If space is insufficient to answer any question completely, please use the Additional Information page attached to this application.

1. Full name of the Applicant Firm:
2. Full name of the firm which reported the claim (if different from above):
3. Full name of the claimant:
4. Indicate whether: Claim/Suit Incident/Potential Claim
5. Date / Period of alleged error:
6. Date the claim was reported to the insurance carrier:
7. Other parties against which this claim is made:
8. This claim is: Open Closed
9. If CLOSED, indicate the date closed:
10. Please complete the following:

If claim is still open:

- a. Claimants settlement demand: \$
- b. Defendant’s offer for settlement: \$
- c. Insurance company’s loss reserve: \$
- d. Deductible: \$
- e. Total loss and expenses paid to date: \$

If claim is closed:

- a. Loss paid in excess of deductible: \$
- b. Expenses paid in excess of deductible: \$
- c. Deductible: \$
- d. Settlement reached via:

Court judgment	Formal mediation/Arbitration proceeding	Out of court settlement
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Note: If information is not available, please provide a copy of the suit papers.

11. Name of Insurance company:
12. Claim number:

13. Description of claim / incident:

- a. Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter. Please indicate if the claimant was your client. **If no, fully explain claimant's relationship to client:**

b. Was an engagement letter used? Yes No

c. What action has your firm taken to prevent a recurrence of such a claim in the future?

d. Did this incident or claim follow or result from an action to collect fees? Yes No

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cyber Security application and is subject to the same conditions as stated on the application.

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

APPLICABLE IN NEW YORK: 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)