**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA**

2595 Interstate Drive, Suite 103., Harrisburg, PA 17110

**ADMINISTRATIVE OFFICES: 175 Water Street, 18th Floor, New York, NY 10038**

(A Capital Stock Insurance Company)

### CORPORATE IDENTITY PROTECTION INSURANCE

### SUPPLEMENTAL APPLICATION

**NEW HAMPSHIRE**

All questions must be answered completely. If the answer to any question is NONE or NOT APPLICABLE, so state. The application and all supplemental forms must be signed and dated by the applicant.

**I. GENERAL INFORMATION**

1. Name of Applicant:

2. Physical Address: 3. Mailing Address:

4. Business Phone: 5. Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Email Address: \_\_\_\_ 7. Fax Number: \_\_\_\_

**II. COVERAGE REQUESTED**

1. Requested Corporate Identity Protection (CIP) Coverage Limit (Check One). (Note: This is an overall aggregate limit, not a separate limit for each person covered). The CIP Coverage Limit applies to a, b, and c below for each Personal Identity Event.

CIP Coverage Limit $xx,xxx

a. Personal Identity Liability Sublimit $xx,xxx for all Personal Identity Events

b. Administrative Action Sublimit $xx,xxx for all Administrative Expenses

c. Identity Event Services Sublimit $xx,xxx for all Notification Costs, Crisis Expenses and Post Event Services

CIP Retention $500 each Personal Identity Event

$ 10,000 CIP Coverage Limit

$ 25,000 CIP Coverage Limit

$ 50,000 CIP Coverage Sublimit

$ 100,000 CIP Coverage Sublimit

2. Do you have EACH of the following in place?

(a) a person or group responsible for information security Yes No

(b) a virus protection program Yes No

(c) a firewall Yes No

(d) a software update process, including updating patches and anti-virus software  Yes No

3. Has Applicant experienced any loss that would be covered under this policy in the past 3 years? Yes No

If yes, include date, type and amount of loss:

4. Are there any circumstances of which you are aware that may result in a loss that would be covered under this policy?

Yes No

If yes, include details:

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE, THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

**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.

Applicant's Signature: Date:

Title: