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| ACE EXPRESS Management Indemnity Package®  ACE PRIVACY PROTECTION® | | |  |
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|  | ACE PRIVACY PROTECTION | | |
|  | ***renewal*** APPLICATION form | |  |

## NOTICE

The policy for which you are applying is written on a claims made and reported basis. Only claims first made against the insured and reported to the insurer during the policy period or extended reporting period, if applicable, are covered subject to the policy provisions. The limits of liability stated in the policy are reduced, and may be exhausted, by claims expenses. Claims expenses are also applied against your retention, if any. If a policy is issued, the application is attached to and made a part of the policy so it is necessary that all questions be answered in detail.

## INSTRUCTIONS

Please respond to answers clearly. Underwriters will rely on all statements made in this application. This form must be dated and signed by the CEO, CFO, President, Risk Manager or General Counsel. Completion of this submission may require input from your organization’s risk management, information technology, finance, and legal departments:

Please note that you may be asked to provide the following information as part of the renewal application:

* Security Supplemental Application based on certain revenue or record counts (over $500mm in annual revenues or over 2mm Privacy Information records)
* Most recent annual report, 10K or audited financials
* List of all material litigation threatened or pending (detailing plaintiff’s name, cause(s) of action/allegations, and potential damages) which could potentially affect the coverage for which applicant is applying
* Descriptions of any acts, errors or omissions which might give rise to a claim(s) under the proposed policy
* Loss runs for the last five years
* Copy of your in-house corporate privacy policy(ies) currently in use by your organization

## NEED HELP

If you have any questions about the items asked in this form, please contact your broker or agent. An ACE underwriter can also be made available to discuss the application.

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| **Part 1 – Applicant Information** | |
| Applicant Name | Address (City, State, Zip) |
| Individual Name (Applicant Contact Person) | Title |
| Email Address | Phone |
| Last 12 months gross revenues (% online if applicable) | Projected 12 months gross revenue (% online if applicable) |

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| Part 2 – Applicant and Financial Updates | |
| 1. Has the applicant changed its name? **If Yes,** please enter a description and previous name used by the applicant: | Yes  No |
| 1. (if ACE Express renewal application not part of the submission) Has the applicant acquired or been acquired by another company or organization? **If Yes**, please list the names of the companies or organizations and explanation: | Yes  No |
| 1. (if ACE Express renewal application not part of the submission Is the acquired or acquiring company or organization in the same business as the applicant? **If No**, please provide a description and explanation: | Yes  No |
| 1. Has the applicant changed its organizational format during the last year? **If Yes**, please provide a describe the new organizational format: | Yes  No |
| 1. (if ACE Express renewal application not part of the submission) Has the applicant acquired or divested any interests during the last year? **If Yes**, please provide a description and explanation: | Yes  No |
| 1. Are any changes anticipated in the size or nature of the business over the next 12 months? **If Yes**, please provide a description: | Yes  No |
| 1. Do any principals, directors, officers, partners, professional employees or independent contractors of the Applicant have knowledge or information of any act or omission that might reasonably be expected to give rise to a claim that has not been reported during the past year?   **If Yes**, please provide details including the date of loss, date of service, demand amount, circumstance and alleged wrongful acts, plaintiff and service provided. Please note that this does not constitute the reporting of a claim or incident and any claims or incidents should be reported in accordance with the terms of the expiring policy: | Yes  No |
| 1. (Optional) Additional comments regarding applicant or financial changes: |  |

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| Part 3 – Information Security Updates | |
| 1. Does applicant use any software or hardware that has been officially retired (i.e., considered “end-of-life”) by the manufacturer (e.g., Windows XP)? **If Yes**, please identify all software or hardware and describe plans for replacement: | Yes  No |
| 1. Has applicant made changes to the security organization and/or implemented new solutions to help prevent against data loss or business interruption. **If Yes**, please provide a description (optional): | Yes  No |

FRAUD WARNING STATEMENTS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND 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 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 Agencies.

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 guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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.

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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 NEW MEXICO 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 civil fines and criminal penalties.

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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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 company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties

declaration and certification

FOR ALL APPLICANTS IN ALASKA, ALABAMA, ARIZONA, DELAWARE, FLORIDA, GEORGIA, HAWAII, IDAHO, KANSAS, KENTUCKY, MAINE, MONTANA, NORTH CAROLINA, NEW HAMPSHIRE, NEVADA, OKLAHOMA, OREGON, PENNYSYLVANIA, SOUTH DAKOTA, VIRGINIA, WEST VIRGINIA, AND WYOMING:

By signing this application, the applicant represents to the company that all statements made in this application and attachments hereto about the applicant and its operations are true and complete, and that no material facts have been misstated or misrepresented in this application, suppressed or concealed. The undersigned agrees that if after the date of this application and prior to the effective date of any policy based on this application, any occurrence, event or other circumstance should render any of the information contained in this application inaccurate or incomplete, then the undersigned shall notify the company of such occurrence, event or circumstance and shall provide the company with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the company.

Completion of this form does not bind coverage. The applicant’s acceptance of the company’s quotation is required before the applicant may be bound and a policy issued. The applicant agrees that this application, if the insurance coverage applied for is written, shall be the basis of the contract with the insurance company, and be deemed to be a part of the policy to be issued as if physically attached thereto. The applicant hereby authorizes the release of claims information from any prior insurers to the company.

FOR ALL APPLICANTS IN ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT, DISTRICT OF COLUMBIA, ILLINOIS, INDIANA, IOWA, LOUISIANA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, NEBRASKA, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, OHIO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VERMONT, WASHINGTON, AND WISCONSIN:

By signing this application, the applicant warrants to the company that all statements made in this application and attachments hereto about the applicant and its operations are true and complete, and that no material facts have been misstated or misrepresented in this application, suppressed or concealed. The undersigned agrees that if after the date of this application and prior to the effective date of any policy based on this application, any occurrence, event or other circumstance should render any of the information contained in this application inaccurate or incomplete, then the undersigned shall notify the company of such occurrence, event or circumstance and shall provide the company with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the company.

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SIGNATURE – FOR ALL APPLICANTS (REQUIRED)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be Officer of Applicant)

Print Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE - FOR ARKANSAS, MISSOURI, AND WYOMING APPLICANTS ONLY

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

I understand and acknowledge that the policy for which i am applying contains a defense within limits provision which means that claims expenses will reduce my limits of liability and may exhaust them completely. Should that occur, I shall be liable for any further claims expenses and damages.

Applicant’s Signature (Arkansas, Missouri, & Wyoming Applicants, In Addition To Application Signature Above):

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be Officer of Applicant)

Print Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| FOR FLORIDA APPLICANTS ONLY: | FOR IOWA APPLICANTS ONLY: |
|  |  |
| Agent Name: | Broker: |
| Agent License ID Number: | Address: |