



16501 VENTURA BLVD. SUITE 200 ENCINO, CA 91436  
Lic. #0677191 · NASinsurance.com

APPLICATION for: **e-MD™**

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

**Notice: The Policy for which this Application is made subject to its terms, applies only to any Claim made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Defense costs shall be applied to the retentions. Submission of this Application does not guarantee coverage.**

**General Instructions for completing this Application:**

1. Please read carefully and answer all questions. If a question is not applicable, so state by writing "Not Applicable".
2. The completed Application should include all information relative to all subsidiaries and locations to be covered.
3. The Application must be signed by an executive officer.
4. Please read the Policy for which application is made prior to completing this Application. The terms as used herein shall have meanings as defined in the Policy.

**SECTION I. YOUR DETAILS**

1. Name of Applicant: \_\_\_\_\_  
(Include names of all subsidiary or affiliated companies to be insured, or attach separate sheet, if necessary)  
Applicant Type:     Individual     Corporation     Partnership     Other  
Headquarters Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Corporate Website Address: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

**SECTION II. YOUR BUSINESS**

2. Date established: \_\_\_\_\_
3. Any significant changes in nature or size (more than 20% of revenues) of Applicant's business anticipated over the next twelve (12) months?     Yes     No  
If "Yes", please explain: \_\_\_\_\_

**SECTION III. COVERAGES REQUESTED**

4. Proposed Effective Date: \_\_\_\_\_
5. Requested Retroactive Date (policy inception unless otherwise stated): \_\_\_\_\_

6. Limit of Liability Desired (and options):  
 \$500,000     \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000
7. Retention Options Desired:  
 \$2,500     \$5,000     \$7,500     \$10,000     \$25,000

**SECTION IV. EXPOSURE INFORMATION**

**ANNUAL REVENUE AND EXPOSURE BASE**

8. Total Revenues: \$ \_\_\_\_\_
9. What percentage of the overall above revenues is attributed to e-commerce? \_\_\_\_\_%
10. Please estimate total number of customer and employee records you store either electronically or in physical files. \_\_\_\_\_

**SECTION V. NETWORK SECURITY AND PRIVACY**

**Please have a senior IT representative (such as a Chief Security Officer) answer the following questions:**

11. Does your company use anti-virus software and firewall protection on all desktops, portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations?.....  Yes  No
12. Do you enforce a software update process that includes monitoring of vendors or automatically receiving notices from them for availability of security patches, upgrades, testing and installing critical security patches?.....  Yes  No  
 If "Yes", how frequently is this done?     Weekly     Within 30 days     More than 30 days
13. Do you enforce a security policy that must be followed by all employees, contractors, or any other person with access to patient information?.....  Yes  No
14. Is all sensitive and confidential information stored on your organization's databases, servers and data file encrypted?.....  Yes  No
15. If encryption is not in place for databases, servers and data files, are the following compensating controls in place?.....  
 a) Segregation of servers that store confidential information:.....  Yes  No  
 b) Access control with role-based assignments:.....  Yes  No
16. Does your organization store personal information on portable devices, including laptops, PDA's, back-up tapes, USB thumb drives and external hard drives?.....  Yes  No  
 If "Yes", is such data encrypted to industry standards?.....  Yes  No
17. Does your security and privacy policy include mandatory training for all employees?.....  Yes  No
18. Do you process, store, or handle credit card transactions?.....  Yes  No  
 If, "Yes", are you PCI-DSS Compliant?.....  Yes  No
19. Does the Applicant utilize a cloud provider to store data?.....  Yes  No  
 If "Yes", please list the name of the cloud provider: \_\_\_\_\_ if more than one provider is utilized, please list the provider that stores the most confidential information for the Applicant.

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**SECTION VII. LOSS HISTORY**

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20. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customers' ability to rely on the Applicant's network?..... Yes No  
If "Yes", please provide specific details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Are you aware of or have knowledge of any circumstances or incidents that may give rise to a claim which would have been covered by this policy?..... Yes No

22. Has any employee ever been disciplined for mishandling data or otherwise tampering with your computer network?..... Yes No

23. Has the company sustained any unscheduled network outage or interruption within the past 24 months?..... Yes No

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**SECTION VIII. OTHER INFORMATION**

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1. **The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**

2. **It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto) are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.**

3. **It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.**

4. **For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date (Mo/Day/Yr): \_\_\_\_\_

Applicant Organization: \_\_\_\_\_



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A1818eMD-0512  
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