



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

Section 1: General Information

1. Corporate Name:	2. Trade Name:
3. Mailing Address:	
4. Contact Person:	Telephone:
Cell:	Fax:
Website:	Email:

Section 2: Business Information

1. Publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is coverage being requested for any "additional entities" (Subsidiaries or affiliates of the Company)? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Projected Revenue for the current financial year:
4. Has the applicant experienced any of the following situation in the last 5 years? <input type="checkbox"/> A data breach requiring you to notify individuals of the breach <input type="checkbox"/> Loss any laptop, smartphone, or other mobile device with PII or PHI <input type="checkbox"/> A hacking incident including but not limited to a system intrusion, tampering, virus or malicious code attack <input type="checkbox"/> Regulatory inquiry, investigation or action related to data or network security <input type="checkbox"/> Allegation by anyone (including allegation by an employee of the Company) that their personal information has been compromised
5. Please check which of the following types of third party client/consumer/customer/user data you collect, store, manage or process. DO NOT INCLUDE Payment Cards or data provided by employees as part of their employee files. <input type="checkbox"/> Social Security Numbers <input type="checkbox"/> Driver's License/Passport Numbers <input type="checkbox"/> Credit History/Reports/Ratings <input type="checkbox"/> Email Address <input type="checkbox"/> Date of Birth <input type="checkbox"/> Bank Account Numbers <input type="checkbox"/> Educational Records <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Financial Reports/Records <input type="checkbox"/> Mother's Maiden Name <input type="checkbox"/> Protected Health Information <input type="checkbox"/> Government/Tax ID Numbers <input type="checkbox"/> User ID & Password <input type="checkbox"/> Background Check Information <input type="checkbox"/> None of the above
6. With respect to the information above, how many unique individuals' records do you store?
7. How many payment card transactions do you process in a year?
8. How many of the above payment card transactions are online/E-commerce transactions?
9. How many payment cards do you store for future/recurring charges?
10. Does the company conduct periodic intrusion detection, penetration or vulnerability testing? <input type="checkbox"/> Yes <input type="checkbox"/> No



Section 2: Business Information (continued)

- 11. Does the Company maintain a formal data breach/incident response plan? Yes No
- 12. Does the Company currently purchase any form of Privacy, Cyber, Media or Network Liability insurance either on a stand alone basis or by endorsement to any policy? Yes No
- 13. Are you or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which you or such individual or entity has reason to believe may or could reasonably be foreseen to give rise to a claim or loss that may fall within the scope of the proposed insurance? Yes No

Section 3: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 4: SIGNATURE

Print Name of Applicant	Title:
Signature of Applicant (Mandatory)	Date:



FRAUD NOTICE

GENERAL STATEMENT: 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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORIDIA: 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: 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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: 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.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: 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 deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE IN WASHINGTON: 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: