TRAVELERS

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CyberRisk

Travelers Casualty and Surety Company of America **Community Association Coverage Application**

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limit of liability available to pay losses will be reduced and may be completely exhausted by amounts paid as defense costs.

IMPORTANT INSTRUCTIONS

Under this CyberRisk Coverage, affiliates, other than Subsidiaries as defined in this coverage, are not covered unless the Insurer has agreed specifically to schedule such entities by endorsement.

GENERAL INFORMATION

Name of Applicant:

Physical Address:

City:	State:	Zip:
Telephone Number (for billing inquiries):	Proposed Effective Date *(mm/dd/yyyy)*:	

Mailing Address if different than above:	City:	State:	Zip:

Applicant Website:

ORGANIZATION INFORMATION

1. Total Annual Revenues: $

2. How many units or lots will the community association have upon completion?

COVERAGE INFORMATION

3. CyberRisk Coverage Limit ☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000

4. Expiring Insurance Carrier: Expiring Limit: $

INTERNAL CONTROLS

5. Does the Applicant have a formal documented procedure in place regarding the creation and periodic updating of passwords? ☐ Yes ☐ No

6. Does the Applicant collect, receive, process, transmit, or maintain private, sensitive, or personal information from third parties (i.e. customers, clients, members) as part of its business activities? ☐ Yes ☐ No

   If Yes, indicate the types of such information:

   ☐ Credit/debit card data ☐ Medical information ☐ Bank accounts and records
   ☐ Social Security Numbers ☐ Employee/HR information ☐ Customer information
   ☐ Intellectual property of others ☐ Other

7. Does the Applicant use firewall technology? ☐ Yes ☐ No

8. Does the Applicant use anti-virus software? ☐ Yes ☐ No

9. Is the Applicant's policy to upgrade all security software as new releases or improvements become available? ☐ Yes ☐ No

10. Does the Applicant utilize a contracted independent Property Manager? ☐ Yes ☐ No
If Yes, provide the name of the Property Manager:

Does the Property Manager request to be named as an additional insured to this CyberRisk coverage for incidents involving the Applicant's data? ☐ Yes ☐ No

LOSS INFORMATION

In the past 3 years:

11. Has the Applicant received any claims or complaints, or been subject to any government action, investigation, or subpoena with respect to allegations of failing to prevent unauthorized access to confidential information, failing to notify appropriate individuals of any such unauthorized access, or failing to allow authorized users access to the Applicant's computer systems? ☐ Yes ☐ No
If question 11 is answered Yes, provide details in the Additional Information section for each claim, complaint, allegation, or incident, including costs, losses, or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as loss under any insurance policy.

12. Has the Applicant suffered any known intrusions (i.e., unauthorized access or security breach) or denial of service attacks which impaired the functionality of its computer systems? ☐ Yes ☐ No
If Yes, provide details:

13. Is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under this CyberRisk coverage? ☐ Yes ☐ No
If Yes, provide details:

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than $5,000 and not over $10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in NC, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

☐ Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature*: **X**	Authorized Representative Name, Title, and email address:	Date *(month/dd/yyyy)*:
Producer Name (required in FL & IA): **X**	State Producer License No (required in FL):	Date *(month/dd/yyyy)*:
Agency:	Agency contact and email address:	Agency Phone Number:

ADDITIONAL INFORMATION