

RESTAURANTEURS APPLICATION BEAZLEY BREACH RESPONSE & CONTINGENT DELIVERY

NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS IN ACCORDANCE WITH THE TERMS THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

PLEASE READ THIS POLICY CAREFULLY.

Please fully answer all questions and submit all requested information.

GENERAL INFORMATION

Full Name:			
Contact Name and Email:		Contact Phone Number:	
Mailing Address:			
City:		State & Zip:	
# of Employees:		Date Established:	
Website URL's:		FEIN:	
# Locations:	If 2 or more locations, please complete Appendix 1.		
Address of primary location:			
Business Description:			

REVENUE INFORMATION

	Most Recent Twelve (12) months: (ending: ____/____)	Previous Year	Next Year (estimate)
Gross Revenue:	USD	USD	USD
Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes within the past twelve (12) months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please explain:			
Has the Applicant within the past twelve (12) months completed or agreed to, or does it contemplate entering into within the next twelve (12) months, a merger, acquisition, consolidation, whether or not such transactions were or will be completed?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'Yes', please explain:

THIRD-PARTY DELIVERY SERVICE

Total third-party delivery sales \$ _____

Which third-party delivery services do you use:

Door Dash
Uber Eats
Grub Hub
Post Mates
Other

Please select

☐
☐
☐
☐
☐

Do you offer delivery of your product with your own employees?

☐ Yes ☐ No

Details on your current General Liability Insurance Coverage:

- Name of carrier _____
- Policy Limits _____
- Policy # _____
- Effective and expiration dates _____

Does it include hired and non-owned auto (HNOA) Coverage?

☐ Yes ☐ No

Have you had any liability claims in the last three years?

☐ Yes ☐ No

- If yes, details including DOL and amount paid. _____

PRIVACY AND COMPUTER & NETWORK SECURITY

Does the Applicant have and require employees to follow written computer and information systems policies and procedures?

☐ Yes ☐ No

Does the Applicant use the following controls:

Commercially available Firewall protection:

☐ Yes ☐ No

Commercially available Anti-Virus protection:

☐ Yes ☐ No

If No, Please describe the alternative controls implemented to prevent unauthorized access or intrusion to Computer Systems:

Does the Applicant terminate all computer access and user accounts as part of the regular exit process when an employee leaves the company or when a third-party contractor no longer provides the contracted services?

☐ Yes ☐ No

Is the Applicant compliant with applicable data security standards issued by financial institutions with which the Applicant transacts business (e.g. PCI standards)?

☐ Yes ☐ No

What format does the Applicant utilize for backing up and storage of computer system data?

☐ Tape or other media ☐ Online backup service ☐ Other:

How frequently are backups performed?

☐ Daily ☐ Weekly ☐ Monthly or less frequently

Are tapes or other portable media containing backup materials encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are tapes or other portable media stored offsite using secured transportation and secured storage facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If stored offsite, are transportation logs maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If stored onsite, please describe physical security controls:	
Does the Applicant verify the authenticity of a funds transfer request internally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant verify the instruction to transfer money by following a pre-arranged callback or other established procedural method to authenticate the validity of the request prior to acting upon any transfer instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR CLAIMS AND CIRCUMSTANCES

Does the Applicant or other proposed insured (including any director, officer or employee) have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
During the past 5 years has the Applicant:	
Received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notified consumers or any other third party of a data breach incident involving the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experienced an actual or attempted extortion demand with respect to its computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received any claims or complaints with respect to a third-party delivery service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details of any such action, notification, investigation or subpoena:	

SIGNATURE SECTION

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDERWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE

DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND 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 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 MAINE, 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 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 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 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 KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND 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 CLAIMS 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.)

Signed*:_____

Date:_____

Print Name:_____

Title: _____

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Signature*:_____

Agent's Printed Name:_____

Florida Agent's License Number:_____

APPENDIX 1

SCHEDULE OF LOCATIONS

If the applicant has more than one business location for which coverage is required. Please provide the following details for each additional location. If additional space is needed, please attach additional sheets or provide a schedule.

Location address	DBA name	% of Gross Revenues	Franchise name (if applicable)

APPENDIX 2

FURTHER INFORMATION

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.