



Auto Dealers

Program Application (New Business)

Section One – Applicant Information

1. Name of Applicant: _____
(as it should appear on the policy)

(If the Applicant is seeking coverage for multiple entities, please attach a separate sheet listing all entities to be covered, with a description of the nature of business of each entity, the percentage of ownership by the Applicant named above, and a statement confirming that the information contained in this Application is reflective of the total exposure.)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Web Site: _____ No. of years in business: _____

Applicant is a/an: Corporation Partnership Individual LLC Other

2. Projected gross sales for the next fiscal year: _____

3. Requested effective date (no backdating): _____

4. Does the Applicant use a cloud provider to store data? Yes No

If “Yes”, please name the cloud provider: _____

If the Applicant uses more than one cloud provider to store data, please name the cloud provider storing the largest quantity of sensitive customer and/or employee records, including medical records, personal health information, social security numbers, bank account details, and credit card numbers.

5. Does the Applicant collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form? Yes No

If “Yes”, **please provide the approximate number of unique records:**

Paper records: _____ Electronic records: _____

*Private of sensitive information includes any information or data that could potentially be used to identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers’ license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records, and email addresses.

For Questions 6-8, if the answer is “No”, coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for any “No” answers.

6. Does the Applicant have securely configured firewall protection? Yes No

7. Does the Applicant use anti-virus software on all desktops / portable devices and servers? Yes No

8. Do you encrypt personal information stored on your servers or segregate it behind a separate firewall on your network and limit access to it? Yes No

For Question 9, if the answer is “No”, PCI DSS Liability Coverage will not be available; however, the Applicant is still eligible for this program.

9. Are you (or your credit card point of sale vendor, if applicable) PCI-DSS Compliant? Yes No

For Questions 10-12, if the answer is "Yes", coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for any "Yes" answer.

10. In the last 5 years, has the Applicant or any other person or organization proposed for this insurance:
- a) Received any complaints or demand letters, or been the subject of any litigation, government action or investigation, or other regulatory or legal proceedings involving matters of privacy injury, breach of private information, violation of privacy law, network security, identity theft, denial of service attacks, computer virus infections, theft or loss of confidential information, damage to third party networks, or the ability of third parties to rely on the Applicant's network? Yes No
 - b) Sustained any unscheduled network outage or interruption for any reason? Yes No
 - c) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud? Yes No
11. Does the Applicant or any other person or organization proposed for this insurance have knowledge of any security breach, privacy breach or other privacy-related event or incident, cyber extortion demand or threat, or allegations of breach of privacy? Yes No
12. Has any IT service provider that the Applicant relies on sustained an unscheduled network outage or interruption lasting longer than 4 hours within the last 3 years? Yes No
- If "Yes", did the Applicant experience an interruption in business due to such outage or interruption? Yes No

Section Two – Acknowledgements and Representations

- A. The Applicant represents that the statements, representations and information contained herein or attached to this Application are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application.
- B. The undersigned acknowledges that the signing of this Application does not bind the undersigned to complete the insurance. The undersigned further acknowledges that the statements, representations, and information contained herein, or submitted with this Application (which shall be retained on file by the Underwriters and shall be deemed attached hereto, as if physically attached hereto), are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this Application and all written statements and materials furnished to the Insurer in conjunction with this Application shall be deemed incorporated into and made a part of the policy, should a policy be issued.
- C. The undersigned acknowledges and agrees that if the information supplied on this Application, or in any attachments, changes between the date of the Application and the effective date of the policy period, the Applicant will immediately notify the Underwriters of such change, and the Underwriters may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
- D. 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 have 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: _____
Must be signed by an authorized officer, partner or principal of the Applicant no more than 45 days prior to binding

Title: _____ Date (Mo/Day/Yr): _____

Applicant Organization: _____

Section Three – Payment Instructions

Premium:	\$ _____	
Taxes & Fees <i>(if applicable)</i> :	\$ _____	<i>Exact Amount will be confirmed at binding</i>
Policy Issuance Fee*:	\$ _____	
Broker fee:	\$ _____	
TOTAL PAYMENT	\$ _____	

***Policy issuance fees vary by state, with \$175 being the maximum. The applicable policy issuance fee will be confirmed at the time of binding.**

If this risk is subject to surplus lines tax, you must arrange for the filing of the affidavit and for payment of the applicable state tax/fees in addition to the premium.

- **Policy fee is fully earned.**
- **No Flat Cancellations.**



Auto Dealers
Program Application (Renewal)

Section One – Applicant Information

1. Name of Applicant: _____
(as it should appear on the policy)

(If the Applicant is seeking coverage for multiple entities, please attach a separate sheet listing all entities to be covered, with a description of the nature of business of each entity, the percentage of ownership by the Applicant named above, and a statement confirming that the information contained in this Application is reflective of the total exposure.)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Web Site: _____ No. of years in business: _____

2. Projected gross sales for the next fiscal year: _____

3. Have there been any material changes in the Applicant’s nature of operations or data security/media controls in the last twelve (12) months? Yes No

If “Yes”, please explain: _____

For Question 4, if the answer is “No”, PCI DSS Liability Coverage will not be available; however, the Applicant is still eligible for this program.

4. Are you (or your credit card point of sale vendor, if applicable) PCI-DSS Compliant? Yes No

For Questions 5 and 6 below, if the answer is “Yes”, coverage cannot be bound under the terms and conditions of this program. If you desire an indication outside of the program, please provide details for any “Yes” answer.

5. In the last 12 months, has the Applicant or any other person or organization proposed for this insurance:

a) Received any complaints or demand letters, or been the subject of any litigation, government action or investigation, or other regulatory or legal proceedings involving matters of privacy injury, breach of private information, violation of privacy law, network security, identity theft, denial of service attacks, computer virus infections, theft or loss of confidential information, damage to third party networks, or the ability of third parties to rely on the Applicant’s network? Yes No

b) Notified customers, clients, or any third party of any security breach or privacy breach? Yes No

c) Received any cyber extortion demand or threat? Yes No

d) Sustained any unscheduled network outage or interruption for any reason? Yes No

e) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud? Yes No

6. Has any IT service provider that the Applicant relies on sustained an unscheduled network outage or interruption lasting longer than 4 hours within the last 12 months? Yes No

If “Yes”, did the Applicant experience an interruption in business due to such outage or interruption? Yes No

If the answer to question 5 or 6 is "Yes", have all such claims, lawsuits, proceedings, actions, complaints, demand letters, investigations/inquiries, incidents, events, or losses been reported to Tokio Marine HCC? Yes No

Please provide full details on a separate page of each claim, lawsuit, proceeding, action, complaint, demand letter, investigation/inquiry, incident, event, or loss received or experienced by the Applicant or any other person or organization proposed for this insurance within the last 12 months, but not yet reported to Tokio Marine HCC.

Section Two – Acknowledgements and Representations

- A. The undersigned represents that the statements, representations and information contained herein, or attached to this Application, are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application.
- B. The undersigned acknowledges that the signing of this Application does not bind the undersigned to complete the insurance. The undersigned further acknowledges that the statements, representations, and information contained herein, or submitted with this Application (which shall be retained on file by the Underwriters and shall be deemed attached hereto, as if physically attached hereto), are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this Application and all written statements and materials furnished to the Insurer in conjunction with this Application shall be deemed incorporated into and made a part of the policy, should a policy be issued.
- C. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
- D. The undersigned acknowledges and agrees that if the information supplied on this Application, or in any attachments, changes between the date of the Application and the effective date of the policy period, the Applicant will immediately notify the Underwriters of such change, and the Underwriters may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
- E. 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 have 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: _____ Date: _____
Must be signed by an authorized officer, partner or principal of the Applicant no more than 45 days prior to binding

Print Name: _____ Title: _____

Applicant Organization: _____

Section Three – Payment Instructions

Premium:	\$ _____	
Taxes & Fees <i>(if applicable)</i> :	\$ _____	<i>Exact Amount will be confirmed at binding</i>
Policy Issuance Fee*:	\$ _____	
Broker fee:	\$ _____	
TOTAL PAYMENT	\$ _____	

***Policy issuance fees vary by state, with \$175 being the maximum. The applicable policy issuance fee will be confirmed at the time of binding.**

If this risk is subject to surplus lines tax, you must arrange for the filing of the affidavit and for payment of the applicable state tax/fees in addition to the premium.

- **Policy fee is fully earned.**
- **No Flat Cancellations.**