



Errors &  
Omissions

Utica Mutual Insurance Company  
Graphic Arts Mutual Insurance Company  
Republic-Franklin Insurance Company

[www.uticanational.com](http://www.uticanational.com) ▪ 1-800-598-8422

## CYBERSURANCE APPLICATION AGENTS E&O

**This is an application for a Claims-Made policy. Coverage is effective only upon company's approval. If more space is needed to answer questions, please attach additional information.**

Agency/named insured: \_\_\_\_\_ Policy number: \_\_\_\_\_

1. Does each computer require a password to gain access? ☐ Yes ☐ No  
If yes, do you require passwords to be at least 6 characters and changed regularly? ☐ Yes ☐ No
2. For all software installed on your computers do you have a process in place for maintaining the latest operating system & recommended security patches? ☐ Yes ☐ No
3. Do you back up critical data and personally identifiable information on a regular basis? ☐ Yes ☐ No  
If yes, do you back it up onsite? ☐ Yes ☐ No
4. Do you have a written information security plan that includes procedures on how to handle and protect personally identifiable information? ☐ Yes ☐ No
5. Do you encrypt data on office computers? ☐ Yes ☐ No
6. Do you have a third party perform vulnerability scans or penetration testing on your computer network at least once a year? ☐ Yes ☐ No
7. During the past three years has your company experienced any serious information security incidents, breaches or successful virus attacks, resulting in significant losses of data or personally identifiable information, or potential legal liability? ☐ Yes ☐ No
8. Do you use social media to promote or market your business? ☐ Yes ☐ No
9. Do you block or restrict your employees from accessing their personal accounts on social media sites? ☐ Yes ☐ No

**10. Select a limit and corresponding deductible:**

Limit	Deductible
<input type="checkbox"/> \$50,000	\$1,000 (\$50,000 not available in North Dakota)
<input type="checkbox"/> \$100,000	\$1,500
<input type="checkbox"/> \$250,000	\$2,500
<input type="checkbox"/> \$500,000	\$2,500
<input type="checkbox"/> \$1,000,000	\$5,000
<input type="checkbox"/> \$2,000,000	\$5,000 (\$2,000,000 not available in New York)

11. Optional coverage enhancements not available as standalone coverages:

a. Increased Limits for Payment Card Industry Fines And Penalties Coverage (\$10,000 included):\*

**Limit** (Not available in New York)

- ☐ \$25,000  
☐ \$50,000  
☐ \$75,000  
☐ \$100,000  
☐ I do not want this coverage

b. Online Banking Theft (This includes online banking theft, funds transfer fraud and social engineering fraud coverage.)

**Limit** (Not available in New York)

- ☐ \$25,000  
☐ \$50,000  
☐ I do not want this coverage

**Fraud Warnings:**

**Applicable in AL, AR, LA, MD, NM, RI and WV:** 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. \*Applies in MD Only.

**Applicable in CA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in CO:** 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.

**Applicable in DC:** 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 FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, OH and PA:** 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.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding 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, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in NY: Applicable to all applications and claim forms for automobile insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**All Other States:** 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 materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

**This supplemental application must be signed by the owner (if the agency is a sole proprietorship), a duly authorized officer (if the agency is a corporation), or a partner (if the agency is a partnership). Carbon or stamped signatures are not acceptable.**

I/We HEREBY DECLARE that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any facts, and I/we agree that this application shall be the basis of the coverage issued by the company providing this insurance, and shall be deemed part of the policy. It is also acknowledged that the applicant is obligated to report any changes in the information provided herein that occur after the date of signature but prior to the effective date of coverage.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Required in Iowa:* Producer's Signature: \_\_\_\_\_ License Number: \_\_\_\_\_



**Utica National Insurance Group**

Utica Mutual Insurance Company and its affiliated companies, New Hartford, NY 13413