



# Ohio Municipal Joint Self Insurance Pool CYBER/PRIVACY/MEDIA LIABILITY INSURANCE APPLICATION

**IMPORTANT:** Please note that cover, if provided, is provided on a claims made basis.

Entity Name:			
Address:			
		Zip Code:	
Email Address:		Phone:	
Population:			

Total Annual Operating Budget (\$m):

**This is not a guarantee of coverage. In order to confirm eligibility for the program, please answer the questions below:**

- Do you have anti-virus software installed and enabled on all desktops and servers (excluding database servers) and is it updated on a regular basis? Do you also have firewalls installed on all external gateways? Finally, do you take regular back-ups (at least weekly) of all critical data? Note: check "yes" only if all apply.  Yes  No
- If confidential information is stored on laptops, flash drives and other mobile devices, is the information stored in an encrypted format?  Yes  No
- Is data "at rest" (servers, etc.) stored in an encrypted format?  Yes  No
- Have you suffered a claim or loss in the last five years, in relation to the risks that this proposal relates to? If yes, please describe via attached page.  Yes  No
- Does the Applicant, or any director, officer, employee or other proposed insured have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim or privacy breach notification under the proposed insurance? If yes, please provide details.  Yes  No

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## PLEASE READ

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated.

Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

### Further, Applicant understands and acknowledges that:

- If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof.
- This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
- Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, omission or circumstances might reasonably be expected to be the basis of a claim. The policy applied for provides coverage on a claims-made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability. Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.



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INSURANCE APPLICATION

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

The undersigned certifies that he or she is an authorized representative of the applicant identified in and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

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