

**APPLICATION FOR INCREASED PRIVACY BREACH LIABILITY AND EXPENSES COVERAGE
(For attachment with Claims-Made Non-Profit Directors & Officers Liability Form)**

Full Legal Name of Insured Organization _____ CPP _____
Policy Number _____

In order to be eligible for increased limits of coverage for Privacy Breach Liability and Expense coverage under your Non-Profit Directors and Officers Liability coverage, please fully complete the answers to the following questions and have signed by a director, officer, executive director, or other qualified signing officer. Coverage is subject to approval and terms from underwriter.

1) Please provide the total number of estimated persons (i.e. directors, employees, volunteers, members, adherents, guests, participants, clients, etc.) for which your organization keeps Personal Information (e.g. personal financial, credit card, donor, health, medical, employee or volunteer applications, criminal record checks, background references, waivers, etc.) on file.

2) Does your organization you have firewall protection and Anti-Virus/Malware detection software in place? YES NO If YES, please describe:

3) Do you turn on automatic updates for your operating system and make every effort to immediately install critical updates to your operating software? YES NO
If YES, please describe:

4) Do you password-protect ALL of your electronic hardware (Computers, Laptops, Mobile Phones, Tablets, etc.) used for conducting the organization's business? YES NO

5) Are you aware of any current or past circumstances that could result in a data breach/privacy claim or suit? YES NO If YES, please describe:

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Amount(s) requested for Increased Privacy Breach coverage:

Option A. () \$500,000 Privacy Breach Liability including \$50,000 Expenses

Option B. () \$1,000,000 Privacy Breach Liability including \$100,000 Expenses

Option C. () \$1,000,000 Privacy Breach Liability including \$250,000 Expenses

By completing this application, it does not bind or effect any increase in the coverage amount. Increased coverage is subject to the approval of the answers to the questions in this application, and to any coverage and additional premium terms from the insurance company underwriter.

I confirm by signing this application that I am not aware of any facts or circumstances that could reasonably result in a privacy breach allegation against my business or organization due to an unauthorized breach of protected personal information, and that any such facts, circumstances, allegations or claims shall be excluded from increased Privacy Breach coverage.

_____	CPP _____
Full Legal Name of Insured Organization	Policy Number
_____	_____
Name of Authorized Person on behalf of Organization	Title
_____	_____
Signature of Authorized Person on behalf of Organization	Date