

**CyberRisk Community Association
Coverage Renewal Application**

Travelers Casualty and Surety Company of America

The term Applicant means the Home Owner Association, Cooperative or Timeshare entity and all subsidiaries proposed for this insurance. It does not mean Affiliates or Joint Ventures allied with the Applicant.

GENERAL INFORMATION

Name of Applicant: _____

Physical Address: _____		Telephone Number (for billing inquiries): _____	
City: _____	State: _____	Zip: _____	
Mailing Address if different than above: _____	City: _____	State: _____	Zip: _____

ORGANIZATION INFORMATION

- Total Annual Revenues: \$ _____
- How many units or lots will the community association have upon completion? _____

COVERAGE INFORMATION

- Does the Applicant desire any changes to the expiring policy limit? Yes No
If yes, please indicate the desired changes in the table below:

Expiring Limit (A)	Requested Limit (B)
\$ _____	\$ _____

Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A)

- Solely with respect to any new or higher limits requested or that may ultimately be issued for the proposed renewal, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under this CyberRisk Policy? Yes No
If yes, please attach an explanation.

INTERNAL CONTROLS

- Does the Applicant have a formal documented procedure in place regarding the creation and periodic updating of passwords? Yes No
- Does the Applicant collect, receive, process, transmit, or maintain private, sensitive, or personal information from third parties (i.e. customers, clients, members) as part of its business activities? Yes No
If yes, please indicate what type:

<input type="checkbox"/> Credit/Debit Card Data	<input type="checkbox"/> Medical Information	<input type="checkbox"/> Bank Accounts and Records
<input type="checkbox"/> Social Security Numbers	<input type="checkbox"/> Employee/HR Information	<input type="checkbox"/> Customer Information
<input type="checkbox"/> Intellectual Property of others	<input type="checkbox"/> Other _____	
- Does the Applicant use firewall technology? Yes No
- Does the Applicant use anti-virus software? Yes No
- Is the Applicant's policy to upgrade all security software as new releases or improvements become available? Yes No

10. Do you utilize a contracted independent Property Manager? Yes No
 If yes, please provide the name of the Property Manager: _____
 Does the Property Manager request to be named as an additional insured to the Cyber policy for incidents involving the Applicant's data? Yes No

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (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.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud 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, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

Electronic Signature and Acceptance – Authorized Representative*

Electronic Signature and Acceptance – Producer*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature*: X	Authorized Representative Name and Title:	Date (mm/dd/yyyy):
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PRODUCER INFORMATION (REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)

Producer Signature*: X	State Producer License No:	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number: