**AIG Specialty Insurance Company**

Name of Insurance Company

To Which Application is Made:

(herein called the Company)

**Personal Identity Coverage**

**Group Policy Application**

**NOTICE:** THE LIMITS OF INSURANCE AVAILABLE TO PAY LOSS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL COSTS

1. **Company Information**

|  |  |  |
| --- | --- | --- |
| **1.** | **Full Name of Applicant:** |  |
| **2.** | **Address:** |  |
|  |  |
| **3.** | **Internet Address(es):** |  |
| **4.** | **Contact Person, title  & phone number:** |  |
| **5.** | **Description of your business  activities, products and services:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6.** | **Revenue:** |  |  |  |  |
|  | **Next Year Estimate** |  | **Current Year** |  | **Prior Year** |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **7.** | **Please attach the following to the signed Application:** | |
|  | Most recent audited financial statement | |
|  | **⭘** Attached | **⭘** Not Attached |
|  |  | |
|  | Descriptive advertising materials regarding Applicant’s business. | |
|  | **⭘** Attached | **⭘** Not Attached |
|  |  |  |
|  | If the Applicant has been established for three years or less, please provide resumes of senior professional staff. | |
|  | **⭘** Attached | **⭘** Not Attached |

1. **Producer Licensing Information**

|  |  |  |
| --- | --- | --- |
| **8.** | **Producer/Broker/Agent Name:** |  |
| **9.** | **Full Mailing Address:** |  |
|  |  |
| **10.** | **Telephone and Email:** |  |
| **11.** | **Producer Code:** |  |
| **12.** | **Surplus Lines License No:** |  |

1. **Coverage Options Requested**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Limit** |  | **Deductible** |  | **Program Name  (see Section III)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Program Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **13.** | **How do you intend to offer Personal Internet & Identity Theft Coverage?  Please check all that apply:** | | |
|  | **a.** | **Purchase coverage on behalf of some or all of your own members/customers/employees at program inception.** | **⭘** Yes **⭘** No |
|  |  | If yes, then: |  |
|  |  | 1. How many sponsor organizations do you expect to participate in offering this coverage during the 12 month period following program inception: |  |
|  |  | 1. What is the estimated number of new insured persons (net of adds and deletes) to be added to the program every month during the 12 month period following program inception: |  |
|  | **b.** | Roll out coverage as part of a bundled product offering during the next 12 month period following program inception. | **⭘** Yes **⭘** No |
|  |  | If yes, then: |  |
|  |  | 1. How many sponsor organizations do you expect to participate in offering this coverage during the 12 month period following program inception: |  |
|  |  | 1. What is the expected number of insured persons at program inception: |  |
|  |  | 1. What is the estimated number of new insured persons (net) to be added to the program every month during the 12 month period following program inception: |  |

|  |  |  |
| --- | --- | --- |
| **14.** | **Estimated start date of program** |  |
| **15.** | **If the offering is being made as part of a bundled product (see 13.b above), then please describe the bundled product in detail including all product components.** |  |
| **16.** | **What is the annual retail sales price of the bundled product?** |  |
| **17.** | **Describe the target market(s) for this offering.** |  |
| **18.** | **How do you intend to market this offering (i.e. direct mail, telemarketing, e-mail etc.)? Answer only if you answered “yes” to question 8.b.** |  |
| **19.** | **Do you have a customer service phone number?** | **⭘** Yes **⭘** No |
|  | If yes, please list: |  |

1. **Network Security Information**

|  |  |  |
| --- | --- | --- |
| **20.** | **How is your network security managed?** | |
|  | **⭘** In-House | |
|  | **or** | |
|  | **⭘** By a third party vendor | |
|  | **Name of vendor:** |  |

|  |  |
| --- | --- |
| **21.** | **If your network security is managed In-House, please check the applicable network security services that you use to safeguard the personal information of your customers/members/employees.** |
|  | **🞎** Physical security |
|  | **🞎** Firewall |
|  | **🞎** Data encryption |
|  | **🞎** Access control |
|  | **🞎** Periodic security assessments |
|  | **🞎** Incident response |
|  | **🞎** Dedicated IT personnel |

1. **Prior Coverage**

|  |  |  |
| --- | --- | --- |
| **22.** | **Do you currently have an identity theft insurance program in place?** | **⭘** Yes **⭘** No |
|  | **If yes, please attach policy.** |  |

|  |  |  |
| --- | --- | --- |
| **23.** | **Have you ever had an application for identity theft insurance declined or has a policy issued  to you been cancelled or  non-renewed by the  insurance carrier?** | **⭘** Yes **⭘** No |
|  | **If yes, please give details:** |  |

1. **Loss Information**

|  |  |  |
| --- | --- | --- |
| **24.** | **Have you (or in the case of a sponsored program, the sponsor, to the best of your knowledge) had any identity theft losses over the past three years (whether or not covered by insurance)?** | **⭘** Yes **⭘** No |
|  | **If yes, include date, type and amount of loss:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **25.** | **Have you (or in the case of a sponsored program, the sponsor,  to the best of your knowledge) experienced within the last 3 years:** | | |
|  | **a.** | A theft of customer/member/employee information | |
|  |  | **🞎** Yes, with an approximate loss value of |  |
|  |  | **🞎** No, not to the best of our knowledge (sponsored program only) | |
|  | **b.** | If yes, was this a result of a computer or electronic access? | |
|  |  | **🞎** Yes **🞎** No **🞎** Not to the best of our knowledge (sponsored program only) | |

**The applicant represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dated at** |  | **this** |  | **day of** |  | **in the year of** |  |

|  |  |
| --- | --- |
| **By** |  |
|  | **Print Name** |
|  |  |
|  | **Print Title** |
|  | **Signature** |

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “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 AUTHORITIES.”

NOTICE TO FLORIDA APPLICANTS: “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 IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

NOTICE TO MAINE APPLICANTS: “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 OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, 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.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO $15,000.”