

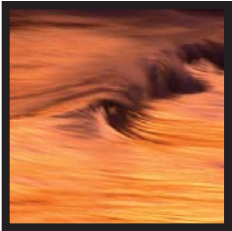
BEACON



HILL
ASSOCIATES INC

BEACON HILL ASSOCIATES, INC.

Experienced access to the environmental insurance marketplace.

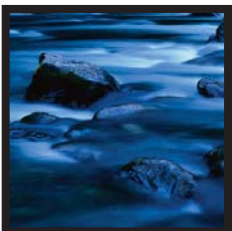


In order for us to provide the best terms from our carriers, we need a complete submission from you. Please try to put together as much of the following material as possible. If an item is unavailable or not applicable, let us know when you submit the account. If you have questions about applicability of a particular item, please don't hesitate to call.

General Qualification Questions:



1. Are you the incumbent agent? _____
2. Do they currently carry this coverage? _____
3. Will the applicant receive a renewal quote from their current carrier?



4. Are there any issues under their current program you would like us to improve upon? _____
5. History of any mold claims, whether insured or not:

6. Describe quality controls, guidelines, and procedures developed to address mold concerns:

Contact Information:

Toll-free (800) 596-2156
Fax: (434) 979-8964
Email: info@b-h-a.com
Website: www.b-h-a.com

Corporate Mailing Address:

P.O. Box 1532
Charlottesville
Virginia 22902

Offices Located In:

Charlottesville, Virginia
Atlanta, Georgia
Plano, Texas
Denver, Colorado

dba in California as:

Beacon Hill
Insurance Services
License #0C84253

All items are critical

- All sections of specialty apps completed, and the application signed.
- A narrative describing the services performed by the Insured.
- Financial statements covering the most recent two years.
- Three years currently valued loss runs, or no loss letter on Insured letterhead.



o ESSEX INSURANCE COMPANY
o EVANSTON INSURANCE COMPANY

BEACON



HILL
ASSOCIATES INC

DataBreachSM

APPLICATION FOR DATA BREACH AND PRIVACY LIABILITY, DATA BREACH LOSS TO INSURED AND ELECTRONIC MEDIA LIABILITY INSURANCE

Notice: The liability coverage(s) for which application is made: (1) applies only to "Claims" first made during the "Policy Period" and reported to the Company during the "Policy Period" or within sixty days after the expiration of the "Policy Period", unless the Extended Reporting Period is exercised; and (2) the limits of liability shall be reduced by "Claim Expenses" and "Claim Expenses" shall be applied against the deductible.

Please read the policy carefully.

If space is insufficient to answer any question fully, attach a separate sheet.

If response is none, state NONE.

I. GENERAL INFORMATION

1. (a) Full Name of Applicant: _____
- (b) Principal business premise address: _____

(Street)
(County)

(City)
(State)
(Zip)
- (c) Phone Number: _____
- (d) Date formed/organized (MM/DD/YYYY): _____
- (e) Business is a: corporation partnership individual other _____
- (f) Website(s): _____

2. Does the Applicant own (or long-term lease on an exclusive basis) and control its own computer network? Yes No

NOTE: If the response to Item 1.2. is No, Data Breach and Privacy, Data Breach Loss to Insured and Electronic Media Insurance would not afford coverage to the Applicant.

3. Does the Applicant's business include any of the following activities?
 - (a) ACH (automated clearing house), outsource ATM network, credit card processing?..... Yes No
 - (b) Online providers of adult content, auctions, computer games or gambling?..... Yes No
 - (c) Search Engine services other than search within Applicant's own web site? Yes No
 - (d) Credit Bureau, Data Broker, List Broker, Mail Service Bureau?..... Yes No
 - (e) Any matter requiring governmental security clearance? Yes No
 - (f) Education (K-12, College or University)?..... Yes No
 - (g) Peer to Peer Networks or Software – Consumer Market? Yes No
 - (h) Securities broker/dealers, clearing operations, mutual fund? Yes No
 - (i) Social Networking or User Generated/User Uploaded Content Sites? Yes No

4. Does the Applicant use internal staff or an outside service provider to manage their network? internal outside
 - (a) If outside service provider, provide name of firm: _____

NOTE: If an outside service provider manages or assists in managing the Applicant's network, please consult with such outside service provider in completing this application.

5. Number of employees including principals and independent contractors:
 Full-time _____ Part-time _____ Seasonal/Temporary _____ Independent Contractors _____ Total _____
6. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? Yes No
 - (a) If Yes, attach a corporate organization chart with names and operations of each organization detailed.
7. During the last year has the Applicant been involved in, or are they presently considering or contemplating:
 - (a) Any merger, consolidation or acquisition? Yes No

- (i) If Yes, attach a complete explanation detailing liabilities assumed and any technology related coverage purchased by any predecessor organization.
 - (b) A change in the nature of business operations? [] Yes [] No
 - (i) If Yes, provide details. _____
8. During the last year has the name of the Applicant been changed? [] Yes [] No
- (a) If Yes, provide details. _____

II. NETWORK OPERATIONS AND BUSINESS FUNCTIONS

1. (a) Describe in detail the Applicant's business operations:
- _____
- _____
- _____
- (b) Applicant's gross annual revenues:
- | | | |
|--|----------|------------|
| | Total | E-Commerce |
| (i) Estimated annual gross revenues for the coming year: | \$ _____ | \$ _____ |
| (ii) For the past twelve (12) month period: | \$ _____ | \$ _____ |
2. Does the Applicant anticipate any change to its present network capabilities within the next twelve (12) months?..... [] Yes [] No
- (a) If Yes, provide details or attach separate description: _____
- _____
- _____

III. NETWORK SECURITY INCIDENT AND LOSS HISTORY

1. Has the Applicant at any time during the past three (3) years had any incidents, claims or suits involving unauthorized access, intrusion, breach, compromise, or misuse of the Applicant's network, including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other incident whether or not reported to its insurance carrier? [] Yes [] No
If Yes, attach a separate document describing each incident including the cause, internal costs, cost to third parties, length of time involved in recovery and steps taken to mitigate exposure in the future.
2. Is the Applicant or any of its principals, partners, officers, directors, trustees, managers, managing members, or employees, its predecessors, subsidiaries, affiliates or any other person or organization proposed for this insurance aware of any fact, circumstance, situation or incident related to its network operations which might give rise to a loss or a claim?..... [] Yes [] No
- (a) If Yes, provide full details: _____
- _____
3. Has any application for similar insurance made on behalf of the Applicant, its predecessors, subsidiaries, affiliates, and/or for any other person(s) or organization(s) proposed for this insurance ever been declined, cancelled or nonrenewed? [] Yes [] No
- (a) If Yes, provide full details: _____
- _____
4. Has the Applicant at any time during the past three (3) years had any incidents, claims or suits involving the following and/or is the Applicant aware if any fact, circumstance, situation or incident related to the following which might give rise to a claim:
- (a) Infringement of copyright, trademark, trade dress, rights of privacy or rights of publicity? [] Yes [] No
- (b) Libel, slander or other form of disparagement, arising out the Applicant's web site or other electronic media? [] Yes [] No
- If Yes, to either of the above provide full details: _____
- _____

IV. NETWORK SECURITY

By attachment provide explanation of any No response.

If an outside service provider is used to manage the Applicant's network, please consult with them in responding to these questions.

A. Basic Controls (all coverages)

1. Does the Applicant:
- (a) Have written information security and acceptable use policies? [] Yes [] No

- (i) If Yes, are they disseminated to all users annually or more frequently? [] Yes [] No
- (b) Have either a trained staff member or outside contractor responsible for managing its information security?..... [] Yes [] No
- (i) If Yes, which of the following applies:
 [] Network security only [] Network security and privacy compliance
- (c) Reassess its information security policy and procedures?..... [] Yes [] No
 If Yes, how frequently: [] Less than annually [] Annually or more frequently
- (d) Securely configure firewalls, routers and other security appliances? [] Yes [] No
- (i) If Yes, which of the following applies:
 [] Change default admin passwords [] Remove unneeded services
- (e) Use anti-virus and anti-spyware software?..... [] Yes [] No
- (i) If Yes, which of the following applies:
 [] On all desktop computers with automatic update
 [] On all computers and servers with automatic update
 [] Scanning all incoming email
2. How does the Applicant manage its:
- (a) Security patch notifications from its major systems vendors? [] No automatic notice
 [] Automatic notice (where available) and implement in more than 30 days
 [] Automatic notice (where available) implement in 30 days or less
- (b) Change control process to ensure that modifications to its network do not compromise security before implementing them in production? [] No security testing
 [] Some upgrades subject to security testing [] All upgrades subject to security testing
3. How does the Applicant limit access to its network? [] No controls or use shared log on ID's
 [] Unique user ID's [] Unique user ID's and role based access to sensitive data
4. Does the Applicant have a process to delete systems access after employee termination?
 [] Yes \leq 48 hours [] Yes $>$ 48 hours [] No
5. Does the Applicant perform background checks on all employees and contractors with access to parts of its network that contain sensitive data?..... [] Yes [] No
6. Is sensitive data in databases, logs, files, backup media, etc. stored securely for example by means of encryption or truncation? [] Yes [] No
7. Does the Applicant store sensitive information on any of the following media? If Yes, is it encrypted?
- | | <u>Sensitive Data</u> | <u>Encrypted</u> |
|--|-----------------------|------------------|
| (a) Laptop hard drives? | [] Yes [] No | [] Yes [] No |
| (b) PDA's / other mobile devices?..... | [] Yes [] No | [] Yes [] No |
| (c) Flash drives or other portable storage devices?..... | [] Yes [] No | [] Yes [] No |
| (d) Back-up tapes | [] Yes [] No | [] Yes [] No |
8. Is encryption used in the transmission of sensitive information via e-mail? [] Yes [] No
9. How does the Applicant:
- (a) Log access attempts to its network? [] No log [] Log unsuccessful attempts only [] Log all attempts
- (b) Audit access to sensitive information by authorized users? [] No audits [] In response to incidents
 [] Random audits quarterly or more frequently
10. Is access to equipment, such as servers and workstations, and storage media containing sensitive data physically protected? [] Yes [] No
 If Yes, how is it physically controlled? [] Areas open to employees only [] Role based access controls
11. Does the Applicant ensure sensitive data is permanently removed (e.g., degaussing, overwriting with 1's and 0's, physical destruction but not merely deleting) from hard drives and other storage media before equipment is discarded or sold and from paper records prior to disposal?..... [] Yes [] No
 If Yes, how is data permanently removed? [] Paper records with sensitive data shredded
 [] Data permanently removed before equipment sold or discarded
12. Is a vulnerability scan or penetration test performed on all Internet-facing applications and systems before they go into production and at least quarterly thereafter? [] Yes [] No
13. Is an intrusion detection or intrusion prevention system used in the Applicant's network?..... [] Yes [] No
14. Are security alerts from the intrusion detection or intrusion prevention system (IDS/IPS) continuously monitored and are the latest IDS/IPS signatures installed? [] Yes [] No

15. Are there regular internal or external audit reviews of the Applicant's network?..... [] Yes [] No
If Yes, attach a copy of the last examination/audit of the Applicant's network operations, security and internal control procedures, PCI or HIPAA compliance.

B. Collection or Storage of Sensitive Information on Web Sites & Servers

Check if not applicable. []

- 1. Does the Applicant require individual user ID's and passwords for any areas of your web site where sensitive data is collected? [] Yes [] No
- 2. Are all sessions where sensitive data is entered encrypted with a Secure Socket Layer (SSL)?..... [] Yes [] No
- 3. Does the Applicant have any sensitive data on its web server or on any device connected to its web server? [] Yes [] No
If Yes, is this data encrypted? [] Yes [] No
- 4. In the development of the Applicant's web applications, has the Applicant adopted Open Web Application Security Project (OWASP) or other best practices to defend against known web attacks (Cross Scripting, SQL Injection, etc.)? [] Yes [] No

C. Wireless and Remote Access to Applicant's Network

Check if not applicable. []

- 1. Does the Applicant secure remote access to its network? [] Yes [] No
If Yes,
[] ID/password only [] VPN or equivalent [] VPN or equivalent with two factor authentication
[] No remote access
- 2. Does the Applicant require minimum security standards (anti-virus, firewall, etc.) for any computers used to access the network remotely?..... [] Yes [] No
- 3. Are all wireless access points to the Applicant's network encrypted with WPA/WPA2 or more recent standard (e.g., not unencrypted or using WEP standard)? ... [] Not Applicable – no wireless access [] Yes [] No
- 4. Is there a firewall between all wireless access points and the parts of your network on which sensitive information is stored?..... [] Yes [] No
- 5. Does the Applicant have a repeatable process to identify rogue/unauthorized wireless devices connected to its wireless network? [] Yes [] No

D. Payment (Credit and Debit) Card Handling

Check if not applicable. []

- 1. Does the Applicant:
 - (a) Store any payment card information on its network? [] Yes [] No
 - (i) If Yes, is it for one time use or does the Applicant retain it for re-use or regular subscription/installment payments? [] One time use [] Retain at least some for future use
 - (ii) Is it masked, encrypted and purged in compliance with PCI standards? [] Yes [] No
 - 2. Does the Applicant process any payment card transaction over wireless networks? [] Yes [] No
 - 3. Does the Applicant store Card Security Code/Card Verification Value (CSC/CVV) data on its network? [] Yes [] No
 - 4. Is the Applicant certified as complying with the applicable PCI standard?..... [] Yes [] No
If Yes, indicate the person or outside firm which certified the Applicant and the date of the last PCI audit. _____

E. Data Breach Loss to Insured Coverage

Check if coverage not requested. []

- 1. Are alternative facilities available in the event of a shutdown/failure of the network system? [] Yes [] No
- 2. Do you maintain proof of and documented procedures for routine backups? [] Yes [] No
- 3. Are key data and software code stored:
 - (a) On redundant storage device? [] Yes [] No
 - (b) At secured offsite storage? [] Yes [] No

F. Electronic Media Liability Coverage

Check if coverage not requested. []

- 1. Does the Applicant conduct prior review of any content, including (if applicable), blogs, for copyright

infringement, trademark infringement, libel or slander, violation or rights of privacy or publicity? [] Yes [] No
 If Yes, who is responsible for these reviews (internal counsel, outside counsel, etc.)? _____

2. Does the Applicant post or permit employees to post, anonymous entries on blogs, bulletin boards or other forums related to the Applicant's business? [] Yes [] No
3. Does the Applicant have take down procedure to comply with DMCA safe harbor provisions if hosting content posted by third parties on their servers or web site? [] Yes [] No [] NA
4. Does the Applicant obtain clear rights to intellectual property (IP) supplied by third parties if such IP is displayed on their web site? [] Yes [] No
5. Does the Applicant use the names or likeness of any celebrities or other public figures on their web site? [] Yes [] No

V. PRIOR AND OTHER INSURANCE

1. List current and prior Hacker or Cyber Security Insurance for each of the last three (3) years:
 If None, check here []

Insurance Company	Limits of Liability	Deductible	Premium	Inception-Expiration Dates (MM/DD/YYYY)	Retroactive/Prior Acts Date

2. Provide the following other insurance information:

	Insurer	Limit	Deductible	Expiration Date
A. General Liability:	_____	_____	_____	_____
B. Professional Liability:	_____	_____	_____	_____

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance, situation or incident indicating the probability of a claim, loss or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance, situation or incident any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy.

For the purpose of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and entity(ies) proposed for this insurance understand that the liability coverage(s) for which this application is made apply(ies):

- (i) Only to "Claims" first made during the "Policy Period" and reported to the Company during the "Policy Period" or within sixty days after the expiration date of the "Policy Period," unless the extended reporting period is exercised. If the extended reporting period is exercised, the policy shall also apply to "Claims" first made during the extended reporting period and reported to the Company during the extended reporting period or within sixty days after the expiration of the extended reporting period;

- (ii) The limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy; and
- (iii) "Claim Expenses" shall be applied against the "Deductible".

WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by the undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its, owners, partners, directors, officers and employees.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date

Notice to 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 or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.