



Member Companies of American International Group, Inc.

Name of Insurance Company To Which Application is Made

Name of Insurance Company to which Application is made (herein called the "Insurer"*)

AIG MERCHANT DATA SECURITY POLICY

NOTICE: AMOUNTS INCURRED FOR DEFENSE COSTS, ADMINISTRATIVE EXPENSES, NOTIFICATION COSTS, CRISIS EXPENSES, AND POST EVENT SERVICES EXPENSES SHALL REDUCE THE AMOUNT OF INSURANCE AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS AND SHALL BE SUBJECT TO THE APPLICABLE RETENTIONS.

"You," "Your" or "Applicant" refer individually and collectively to the **Applicant**, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(s), proposed for this insurance. Other words and phrases that appear in **boldface** in this Application have the meaning assigned to them in Clause III of the AIG Merchant Data Security Policy. Some sections of the Application may not apply to **You**. If this is the case, please mark "not applicable" (N/A). In the event **You** need more space to fully answer a question, please attach separate sheet(s) to this Application with **Your** full answer.

I. GENERAL INFORMATION

Full Name of Applicant :			
Description of Business:			
Corporate Structure	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private with public debt
State of Incorporation:			
Applicant Contact Name:			Contact E-Mail Address:
Mailing Address:			
City, State, Zip:			
Telephone:			Fax:
Subsidiary Coverage**:	<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested (Attach list of <i>subsidiaries</i> for which coverage is requested with addresses, websites, and business descriptions.) **		
Applicant Home Page:			
Year Established:			Number of Employees:
Projected Annual Revenue:	\$	Year end Assets:	\$

Broker Name:			
Broker Contact Name:			Broker E-mail Address:
Broker Address:			
Broker City, State, Zip:			
Broker Telephone:			Broker Fax:
Broker License Number:	<input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Excess and Surplus Lines		

* If this blank is not completed "Insurer" shall mean the insurer that issues the policy to the **Applicant** based on this Application.

** Regardless of the list of subsidiaries provided by **You**, there shall be no coverage for any subsidiary unless specifically endorsed to the proposed policy. Information provided in this application must incorporate subsidiaries for which coverage is requested.

II. DESIRED TERMS

Effective Date: [REDACTED]

Aggregate Limit: \$ [REDACTED]

Sublimit for **Applicant's** Liability: \$ [REDACTED]

Sublimit per **Merchant**: \$ [REDACTED]

Retention for **Applicant's** Liability: \$ [REDACTED]

III. APPLICANT'S ACTIVITIES

1. Mark below those Card Association transactions for which **Applicant** is requesting coverage?

- American Express
- Discover
- JCB
- MasterCard
- Visa
- Other: [REDACTED]

2. Provide the validation date and name of assessor for **Applicant's** Payment Card Industry (PCI) Payment Application Data Security Standards validation:

Validation Date: [REDACTED] Assessor: [REDACTED]

3. Does **Applicant** contractually require **Merchants** to be PCI DSS compliant? Yes No

4. How many Level 1, 2, 3, or 4 **Merchants** does **Applicant** have and what percent are PCI DSS compliant, if known?

Level	Number of Merchants	PCI DSS Compliance Validated (State as % of total within each level)	Initial Validation Submitted/Remediating (State as % of total within each level)	Initial Validation in Progress (State as % of total within each level)
Level 1:				
Level 2:				
Level 3:				
Level 4:				
Total:				

5. Under what circumstances does **Applicant** require **Merchants** to conduct security scans or security audits? (attached additional sheets as necessary)

6. What services are provided by **Applicant** to help **Merchants** become PCI DSS compliant or to prevent **Data Security Events**? (attached additional sheets as necessary). For the purpose of this application only, **Data Security Event** means the actual or suspected unauthorized access to or use of cardholder information, arising out of a **Merchant's** possession of or access to such cardholder information.

7. The following should be submitted with this application.

Attached:

- Customer Processing Agreement
- Agreements with Card Associations
- Any other contract or agreement which assigns liability for **Data Security Events**

IV. PRIOR COVERAGE AND LOSS INFORMATION

1. Has **Applicant** had an application for a merchant data security insurance policy providing same or similar coverage as the insurance sought declined or has a policy issued to **Applicant** been cancelled or non-renewed by the insurance carrier in the past 3 years? Yes No

If yes, give details: _____

2. For the prior 3 years, describe the number of **Data Security Events** and resulting expenses incurred by **Applicant** and **Applicant's Merchants**?

Year	Number of Data Security Events	Number of Merchants experiencing Data Security Events	Costs incurred for Forensic Audits, Card Association Assessments and Card Replacement	Costs incurred for Notification Expenses

V. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

VI. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS AND 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 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 DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE **APPLICANT**.

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 LOUISIANA 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 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 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, OR 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 OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

The undersigned duly authorized representative of the **Applicant** hereby acknowledges that he/she is aware that the limit of insurance contained in this policy for all applicable Insuring Agreements shall be reduced, and may be completely exhausted, by defense costs and, in such event, we shall not be liable for defense costs or for the amount of any judgment or settlement to the extent that such exceeds the limit of insurance of this Policy.

The undersigned duly authorized representative of the **Applicant** hereby acknowledges the he/she is aware that, with respect to all applicable Insuring Agreements, defense costs that are incurred shall be applied against the retention amount.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed _____ Date _____
(Authorized officer, by and on behalf of the **Applicant**)

Name _____
Title _____