

## PRIOR ACTS FOR CYBERSURANCE QUESTIONNAIRE

1. Other than planned maintenance have you experienced any network-related business interruption greater than 8 hours in the last 36 months? Yes  No
  
2. Have you been the subject of any investigation or action by any regulatory or administrative agency, such as the Federal Trade Commission, Department of Health and Human Services, Office of Civil Rights, The Federal Communications Commission or any other state, federal, local or foreign governmental entity, for privacy-related violations in the last 36 months? Yes  No
  
3. Have you received or been subject to a demand, claim or complaint or lawsuit against you alleging invasion or interference of rights of privacy or inappropriate disclosure of Personally Identifiable Information (PII) in the last 36 months? Yes  No
  
4. Are you aware of any circumstance that could reasonably be anticipated to result in a claim being made by you or against you for the coverage being applied for? Yes  No

Provide details of any "yes" response on a separate sheet.

*As authorized representative of the "First Named Insured" (see E&O policy condition 12), I have inquired of all staff in responding to the questions above and declare that the statements as set forth and responded to above are true and accurate to the best of my knowledge and understand that this may be relied upon by the company in quoting and issuing coverage. If these responses should change prior to the effective date of coverage, I will notify the company of the changes at which time I understand that coverage may be modified or withdrawn.*

Agency Name: \_\_\_\_\_ Utica Mutual Policy #: \_\_\_\_\_

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*The Insured acknowledges that the retroactive date on the Cybersurance – Privacy and Security Breach Coverage Form underwritten by Utica Mutual Insurance Company (or the appropriate Utica National company) applies only to the terms, conditions, definitions and exclusions of the Cybersurance – Privacy and Security Breach Coverage Form. Any prior forms or coverage underwritten by other carriers prior to the inception date of the Utica Mutual Insurance Company Cybersurance – Privacy and Security Breach Coverage Form are not contemplated by this policy. Any Breaches (privacy/security) that occur after the retroactive date, that would constitute a covered event under the Cybersurance – Privacy and Security Breach Coverage Form, but prior to the inception date of this endorsement (provided the Breach or Breaches were not known to the insured prior to the inception date), will be reviewed for coverage under the Cybersurance – Privacy and Security Breach Coverage Form, only.*

Return this completed and signed form using one of the three following methods:

1. Email: [eo.apps@uticanational.com](mailto:eo.apps@uticanational.com)
2. Facsimile: 315-734-2986
3. Mail: Utica National Insurance  
E&O Dept., PO Box 530, Utica, NY 13503

If you should have questions, please feel welcome to call the Utica E&O Department at **800-598-8422**.



Utica Mutual Insurance Company and its affiliated companies, New Hartford, NY 13413  
www.uticanational.com • 1.800.598.8422