Mainform Application RLI Privacy Protection Package for Legal Professionals



Please answer all questions completely. This form must be completed, signed and dated by a principal, partner, officer or director of the firm.

1.								
	-				•			
		We						
2.	How many employee	How many employees are in your firm? How many attorneys?						
3.	Annual revenue or to	otal billable hours from the	most recently comple	eted fiscal year: _				
4.		your firm's revenue is deri legal services?		al Injury, Medical	Malpractice,	SEC and		
5.	What electronic data	a does the Applicant store	on its computer syste	ms? (check all tha	at apply):			
	☐ Confidential client	t information		☐ Protected he	alth informat	ion		
	☐ Intellectual prope	Intellectual property assets including trade secrets Image: Cocial Security/Drivers License #'s, Financial/Bank account, Credit/Debit card interpretation of the data, please explain: Interpretation of the data please explai						
	☐ Social Security/D	rivers License #'s, Financi	ial/Bank account, Cre	dit/Debit card info	rmation			
	Other data, pleas	e explain:						
6.	If your firm uses lapte	ops, are all laptops passw	ord protected?		☐ N/A	☐ Yes	☐ No	
7.	Are written network s	security and privacy policion	es in place?			☐ Yes	☐ No	
	If "Yes", then:	is it approved by legal cou	ınsel?			☐ Yes	☐ No	
	i	is the policy posted on into	ernal and external we	bsites?		☐ Yes	☐ No	
8.	Are physical security	procedures in place to co	ontrol access to the Ap	oplicant's compute	er systems?	☐ Yes	☐ No	
9.	anti-virus, anti-spywa		protection employed o	on all desktops,	l,	☐ Yes	□No	
10.	Are data backups of	your computer system pe	rformed a minimum o	f every seventy-tv	vo (72) hours	? 🗌 Yes	☐ No	
11.	Are formal written proto access computer s	rocedures in place to repor systems?	rt and respond to una	uthorized attempt	S	☐ Yes	☐ No	
12.	PCI DSS (Payme	compliance with the following the compliance with the following the complex co	curity Standard)	oly)				
13.	Is there a written doo	cument retention and dest	ruction policy in place	?		☐ Yes	☐ No	
14.	Is all private and pers	sonal information encrypte	ed?			☐ Yes	☐ No	
15.	-	dling personally identifiable the Applicant's written ne			es	☐ Yes	□No	
16.	Are procedures in pla	ace to report and respond to	unauthorized attempt	s to access compu	ıter systems?	☐ Yes	☐ No	
17.	utterance or distribut	gal review process in place tion for the following: (chec	ck all that apply):	orior to dissemina	_			
	Copyright infringe		Libel slander			rk infringen		
	☐ Domain name info	ringement	☐ Privacy violations			of rights of	publicity	

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18. Provide the following information about your firm's insurance:

Insurance Company

22. Is any owner, principal, partner, officer, director, member, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the proposed insured, its predecessor(s) in business, or any of its present

or former partners, owners, officers, directors or independent contractors?

		insurance Company	Policy Period	Limits	Dea	uctible		
	Professional Liability							
	General Liability							
19.	19. Does your firm's practices include:							
	 Continuing education and training programs for professional personnel? 					☐ No		
	 In the last twelve (12) months, what percentage of your firm's professionals have attended a Risk Management seminar?% 							
20.	20. During the past five (5) years, have any claims or suits been made against the applicant or any principal, partner, officer, director, member, employee or other proposed Insured that could or would be covered under this policy?					☐ No		
21.	21. Within the past five (5) years, have you:							
 Had any information security breaches including unauthorized access, unauthorized use, unauthorized disclosure, virus, denial of service attack, theft of data, fraud, electronic 								
	vandalism, sabotage	or other security events?			Yes	☐ No		
	 Notified customers o 	r employees that their information may h	nave been compromise	ed? 🔲	Yes	☐ No		
	Had any cyber extori	tion threats or similar or related threats?			Yes	☐ No		
	If "Yes" to any questions	, please provide details:						

Policy Period

Deductible

☐ Yes

□ No

Limite

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.

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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

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.

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 of the third degree.

HAWAII APPLICANTS – For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

IDAHO APPLICANTS – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

KANSAS APPLICANTS – Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or who conceals, for the purpose of misleading, information concerning any fact material thereto, is guilty of a crime and may be subject to fines and confinement in prison.

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.

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.

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.

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

MINNESOTA APPLICANTS – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE APPLICANTS – Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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.

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.

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.

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.

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.

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

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.

TENNESSEE 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.

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.

WASHINGTON 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.

Fraud Statement (all other states): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

I declare that I am the authorized agent for the firm for the purposes of procuring insurance and have answered the Mainform Application on behalf of the firm and its members. As the authorized agent, I declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage. On behalf of the applicant firm, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct. I understand that the application shall form the basis of the contract of insurance should the Company offer coverage and should the firm accept the Company's quotation. I also understand that completion of this application does not bind the Company or broker to provide insurance.

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