sciemus

BigData INSURE

SafeHealth® CyberWrap

Cyber Risk Assurance for Health and Telehealth Providers

Application Form

SAFEHEALTH APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD AND REPORTED TO US PURSUANT TO THE TERMS OF THE POLICY ARISING FROM ANY CIRCUMSTANCES WHICH TOOK PLACE ON OR AFTER ANY RETROACTIVE DATE SPECIFIED IN THE SCHEDULE AND BEFORE THE EXPIRY DATE OF THE POLICY PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY

APPLICATION INSTRUCTIONS
ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; THIS APPLICATION MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

COMPANY DESCRIPTION

Name of Company:

Address:

Names and URLs of all subsidiary companies (if any)

Contact Name: Contact Email:

1. Please provide the following details about your firm

	Prior Year	Current Year	Next Year (Estimate)
Total Revenue	Click here to enter text.	Click here to enter text.	Click here to enter text.
Number of Providers	Click here to enter text.	Click here to enter text.	Click here to enter text.

2.	Please indicate the applicants number of:		
	Primary Providers	Click here to enter text.	Other Providers	Click here to enter text.
3	Does the applicant participate In the meaningful use program?			**Y** ☐ **N** ☐

3.	A. Please provide the following information regarding the Applicants **Healthcare Professional Liability Insurance Policies**. The Applicant's **Healthcare Professional Liability Policies** means primary or excess healthcare or medical malpractice insurance policies designed to provide coverage for errors or omissions in the delivery or failure to deliver healthcare professional services.	
	i) The Applicant's **Healthcare Professional Liability Policy** Limit. Please include the per claim limit and the aggregate limit.	Click here to enter text.
	ii) The Applicant's **Healthcare Professional Liability Policy** deductible. Please include the per claim deductible and aggregate deductible, if applicable.	Click here to enter text.
	iii) The Applicant's **Healthcare Professional Liability Policy** premium.	Click here to enter text.
	iv) The Applicant's **Healthcare Professional Liability Policy** Retroactive Date.	Click here to enter text.
	v) A copy of the Applicant's **Healthcare Professional Liability Policy** application.	Please attach
4.	Has the Applicant had any computer or information **security incidents** during the past three (3) years? A **security incident** includes any interruption, suspension or unauthorised access, intrusion, breach, compromise or use of your computer systems, including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other similar incidents.	**Y** ☐ **N** ☐
5.	During the past three (3) years, has the applicant or any director, officer, employee or other proposed Insured given notice under the provisions of any prior or current cyber risk, media liability, E&O, general liability, or **Healthcare Professional Liability Insurance Policy**, of specific facts or circumstances related to a security incident which may give or have given rise to a claim being made?	**Y** ☐ **N** ☐
7.	Does any Applicant, director, officer, employee or other proposed insured have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed SafeHealth insurance?	**Y** ☐ **N** ☐

DECLARATION

To the best of my/our knowledge and belief, I/We declare that the information provided in connection with this Application after reasonable enquiry, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material fact may entitle Underwriters to void the insurance. (A material fact is one in which the knowledge or ignorance of it would naturally and reasonably influence the judgment of Underwriters in making the contract at all, in estimating the degree or character of the risk, or in fixing the rate of premium, or would otherwise be deemed material under applicable law). If you are in any doubt as to whether a fact is material or not, you must disclose it. I/We understand that signing this Application does not bind me/us to complete the policy, but agree that, should a contract of insurance be concluded, this Application and statements made therein shall form the basis of the contract.

This application and materials submitted with it shall be retained on file with Underwriters and shall be deemed attached to and become part of the policy if issued. Underwriters are authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The undersigned authorized officer of the Applicant hereby acknowledges that they are aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that they are aware that legal defense costs that are incurred shall be applied against the retention amount. If the information supplied on this application changes between the date of this application and policy issuance, the Applicant will immediately notify underwriters of such changes. Underwriters may then withdraw or modify outstanding quotations and / or authorization or agreement to bind this insurance.

Name: ______________________________

Signed: ______________________________

Date: ______________________________

Title: ______________________________