

## GDPR (General Data Protection Regulation) Supplemental Application

**SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS SUPPLEMENTAL APPLICATION.**

### I. APPLICANT

Named Insured:	
Policy No.:	

### II. APPLICANT PRACTICES AND PROCEDURES

1.	Does the Applicant collect, hold, store or process any of the following?		
	Personal Data (data by which a person may be identified)	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Confidential Data	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Business or Proprietary Information or Data	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Health Information	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Financial Information	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Biometric Information	<input type="checkbox"/>	Yes <input type="checkbox"/> No
2.	In brief, please describe the purpose for collecting, storing or processing the data highlighted in question 3, above: _____		
3.	Is any such information or data used by the applicant for marketing or sales purposes?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
4.	Does the Applicant process personal data of individuals in the European Union?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Does the Applicant offer services of goods to individuals in the European Union?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Does the Applicant monitor the behavior of individuals in the European Union?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
5.	Does the Applicant have offices or employees located outside of the United States?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	If Yes, are they located in the European Union?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Please list office addresses or employee locations in an attachment if applicable.		
6.	Does the Applicant consider itself to be subject to the EU General Data Protection Regulation?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
7.	If Yes, is the Applicant compliant with the EU General Data Protection Regulation?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
8.	If Yes to Questions 8 – 9, above:		
	(a) Has the Applicant prepared and circulated a Privacy Notice in accordance with the EU General Data Protection Regulation?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	(b) Has the Applicant completed a Data Protection Impact Assessment prior to processing personal data?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	(c) Does the Applicant maintain specific and detailed audit and accounting logs regarding the use and processing of personal data?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	(d) Does the Applicant maintain specific and detailed audit and accounting logs regarding the use and processing of personal data?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
9.	Does any third party hold, store or process any data for or on behalf of the Applicant?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
10.	Has the Applicant been subject to any regulatory or governmental action in relation to its use, storage or transmission of data?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	If Yes, please provide brief details in an attachment.		

### III. FRAUD WARNINGS

**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 and subjects that person to criminal and civil penalties.  
 (Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).**

#### APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD only.

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## APPLICABLE IN CO

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 Agencies.

## APPLICABLE IN FL AND OK

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)\*. \*Applies in FL only.

## APPLICABLE IN KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

## APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

## APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. \*Applies in ME only.

## APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

## APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

## IV. REPRESENTATIONS and SIGNATURE

<b><i>This Application <u>must</u> be signed by an authorized partner, officer or other principal of Applicant shown in Section 1 of this Application. By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:</i></b>	
a.	<b><i>After conducting due diligence, the statements in the furnished to the Company are accurate and complete;</i></b>
b.	<b><i>Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;</i></b>
c.	<b><i>Those representations are a material inducement to the Company to provide a premium proposal;</i></b>
d.	<b><i>If a policy is issued, the Company will have issued this Policy in reliance upon those representations;</i></b>
e.	<b><i>If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Company in writing; and</i></b>
f.	<b><i>The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.</i></b>

As used above, the term "Company" refers to Capitol Specialty Insurance Corporation.

**NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.**

\_\_\_\_\_  
Signature of authorized representative of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type / Print name of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address of authorized representative