



Application for Cyber Liability Choice Select (CLCS)

If you want third-party coverage (covers breaches caused by Vendors and Movers for example) for damages, fines, and legal fees for lost client records, and for client records that are breached, stolen, damaged, whether in paper or digital form, then you need a Cyber Liability Choice Select (CLCS) policy.

If you want first-party coverage for all of these perils for yourself and no more than three (3) employees, then you need to add the First-Party Endorsement to the CLCS policy.

Applicant Information:

First Name: _____ MI: _____ Last Name: _____

Email Address: _____

Primary Phone: _____ Cell Phone: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Company/Place of Work: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

What is your profession/industry? _____

Are You? (Please check one):

- Student Recent Graduate Individual/Full-time Employed Individual/Other
 Professional in Private Practice* (Solo) Professional in Private Practice* (Group)

* If you are the Owner of an LLC, C Corp, S Corp, or a Professional Corporation, please apply as a Professional in Private Practice. If your organization has multiple owners, each owner needs to apply for their own individual policy.

How did you hear about Cyber Liability Choice Select (CLCS):

- Email Direct-mail Website Conference Colleague Other

Disclaimer:

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage. The signing of this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy.

It is agreed that this application shall be the basis of the contract should a policy be issued. Any person who, knowingly and with intent to defraud any insurance company or person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act. I have read/acknowledge the coverage information in this application.

Coverage:

Select Your Coverage	Plan	Per Occurrence	Per Aggregate	Annual Premium
<input type="checkbox"/>	Bronze	\$5,000	\$5,000	\$109
<input type="checkbox"/>	Bronze Plus	\$5,000	\$12,000	\$149
<input type="checkbox"/>	Silver	\$10,000	\$10,000	\$209
<input type="checkbox"/>	Silver Plus	\$15,000	\$15,000	\$249
<input type="checkbox"/>	Gold	\$20,000	\$20,000	\$289
<input type="checkbox"/>	Gold Plus	\$25,000	\$25,000	\$329

Policy covers the major cyber liability perils including: legal defense, state and federal fines and penalties, damages, computer security breach expert audit, client/patient notification costs, and ID theft protection for subscriptions for victims.

- Add First-Party Breach Endorsement (“FPB”) at \$45 per year.**
Covers insured and any three (3) office workers of the insured from these classes: secretary, receptionist, administrative clerical worker.

Endorsement adds coverage for any three office workers of the insured from these classes; secretary, receptionist, administrative clerical worker.

Payment Information:

Payment Method: Check Credit Card

Total Amount:

If Paying by Check Please Provide (make check payable to: NASW RISK RETENTION GROUP)

If Paying by Credit Card Please Provide

Name on Credit Card:

Exp. Date:

Credit Card Number:

Security Code:

- Please enroll me in the Annual Automatic Withdrawal service with my checking account or credit card.

After submission of this application you will receive an email and copy of your Certificate of Insurance and Policy Contract for your records.



Assurance4You

Mail application to:
Assurance4You
50 Citizens Way, Suite 304
Frederick, MD 21701

Fax application to:
301.668.8728
e: info@assurance4you.com
p: 855.835.2160

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