

**CYBER INSURANCE APPLICATION**

**Claims-Made:** The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

**Defense Within Limits:** The limit of liability available to pay losses will be reduced and may be completely exhausted by amounts paid as defense costs.

**IMPORTANT INSTRUCTIONS**

Under this CyberRisk Coverage, affiliates, other than Subsidiaries as defined in this coverage, are not covered unless the Insurer has agreed specifically to schedule such entities by endorsement.

**GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant website: \_\_\_\_\_ Year Established: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Total assets as of most recent fiscal year-end: \$ \_\_\_\_\_ Annual revenues as of most recent fiscal year-end: \$ \_\_\_\_\_

Entity type (select all that apply):

Private   
  Nonprofit   
  Financial Institution   
  Publicly Traded   
  Franchisor or Franchisee   
  Homeowner or Condo Association

**UNDERWRITING INFORMATION**

**DATA INVENTORY**

1. Indicate whether the Applicant or a third party on the Applicant’s behalf, collects, receives, processes, transmits, or maintains the following types of data as part of its business activities:
  - a. Credit/Debit Card Data  Yes  No

*If Yes:*

    - i. Is the Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)?  Yes  No
    - ii. How many credit card transactions are processed or accepted for payment in a typical year? \_\_\_\_\_
    - iii. What is the Applicant’s reporting level?  1     2     3     4
    - iv. Was the Applicant’s last PCI assessment conducted within the past 12 months?  Yes  No
  - b. Medical information, other than that of the Applicant’s own employees  Yes  No
  - c. Non-employee Social Security Numbers  Yes  No
  - d. Employee/HR Information  Yes  No
2. What is the approximate number of unique individuals for whom the Applicant, or a third party on the Applicant’s behalf, collects, stores, or processes any amount of personal information as outlined in Question 1?
 

fewer than 100,000   
  100,000 – 250,000   
  250,001 – 500,000   
  500,001 – 1,000,000  
 1,000,001 – 2,500,000   
  2,500,001 – 5,000,000   
  > 5,000,000
3. Indicate whether the data indicated in Question 1 is encrypted:
  - a. While at rest in the Applicant’s databases or on the Applicant’s network  Yes  No  N/A
  - b. While in transit in electronic form  Yes  No  N/A
  - c. While on mobile devices  Yes  No  N/A

- d. While on employee owned devices  Yes  No  N/A
- e. While in the care, custody, and control of a third party service provider  Yes  No  N/A
- 4. Is the Applicant a Healthcare Provider, Business Associate, or Covered Entity under HIPAA?  
*If Yes, is the Applicant HIPAA compliant?*  Yes  No  
 Yes  No
- 5. Is the Applicant subject to the General Data Protection Regulation (GDPR)?  
*If Yes, is the Applicant currently compliant with GDPR?*  Yes  No  
*If the Applicant is subject to GDPR, and is not currently compliant, attach a description of steps being taken toward compliance.*  Yes  No

**PRIVACY CONTROLS**

- 6. Indicate whether the Applicant currently has the following in place:
  - a. A Chief Privacy Officer or other individual assigned responsibility for monitoring changes in statutes and regulations related to handling and use of sensitive information  Yes  No
  - b. A publicly available privacy policy which has been reviewed by an attorney  Yes  No
  - c. Sensitive data classification and inventory procedures  Yes  No
  - d. Data retention, destruction, and recordkeeping procedures  Yes  No
  - e. Annual privacy and information security training for employees  Yes  No
  - f. Restricted access to sensitive data and systems based on job function  Yes  No

**NETWORK SECURITY CONTROLS**

- 7. Indicate whether the Applicant currently has the following in place:
  - a. A Chief Information Security Officer or other individual assigned responsibility for privacy and security practices  Yes  No
  - b. Up-to-date, active firewall technology  Yes  No
  - c. Up-to-date, active anti-virus software on all computers, networks, and mobile devices  Yes  No
  - d. A process in place to regularly download, test, and install patches  
*If Yes, is this process automated?*  Yes  No  
*If Yes, are critical patches installed within 30 days of release?*  Yes  No
  - e. Intrusion Detection System (IDS)  Yes  No
  - f. Intrusion Prevention System (IPS)  Yes  No
  - g. Data Loss Prevention System (DLP)  Yes  No
  - h. Multi-factor authentication for administrative or privileged access  Yes  No  N/A
  - i. Multi-factor authentication for remote access to the Applicant's network and other systems and programs that contain private or sensitive data in bulk  Yes  No  N/A
  - j. Multi-factor authentication for remote access to email  Yes  No  N/A
  - k. Remote access to the Applicant's network limited to VPN  Yes  No  N/A
  - l. Backup and recovery procedures in place for all important business and customer data  
*If Yes, are such procedures automated?*  Yes  No  
*If Yes, are such procedures tested on an annual basis?*  Yes  No
  - m. Annual penetration testing  
*If Yes, is such testing conducted by a third party service provider?*  Yes  No
  - n. Annual network security assessments  
*If Yes, are such assessments conducted by a third party service provider?*  Yes  No
  - o. Systematic storage and monitoring of network and security logs  Yes  No
  - p. Enforced password complexity requirements  Yes  No
  - q. Procedures in place to terminate user access rights as part of the employee exit process  Yes  No

**PAYMENT CARD CONTROLS**

Complete only if the Applicant, or a third party on the Applicant's behalf, collects, processes, stores, or accepts payment card information.

- 8. Indicate whether the Applicant's current payment card environment:
  - a. Processes all payment cards using End-to-End or Point-to-Point encryption  Yes  No
  - b. Encrypts or tokenizes card data when stored  Yes  No
  - c. Processes card present transactions using EMV capable devices  Yes  No  N/A

**CONTENT LIABILITY CONTROLS**

**Communications And Media Liability Coverage is not requested.**

- 9. Does the Applicant have a comprehensive written program in place for managing intellectual property rights?  Yes  No
- 10. Indicate whether the Applicant has formal policies or procedures for:
  - a. Avoiding the dissemination of content that infringes upon intellectual property rights  Yes  No
  - b. Editing or removing controversial, offensive, or infringing content from material distributed or published by or on behalf of the Applicant  Yes  No
  - c. Responding to allegations that content created, displayed, or published by the Applicant is libelous, infringing upon, or in violation of a third party’s privacy rights  Yes  No

**BUSINESS CONTINUITY / DISASTER RECOVERY / INCIDENT RESPONSE**

- 11. Indicate whether the Applicant has the following:
  - a. A disaster recovery plan, business continuity plan, or equivalent to respond to a computer system disruption  Yes  No
  - b. An incident response plan to respond to a network intrusion  Yes  No
- 12. Are all plans indicated above tested regularly with any critical deficiencies remediated?  Yes  No  N/A
- 13. Based upon testing results, how long does it take to restore the Applicant’s critical business operations following a network or systems interruption?
  - Unknown
  - 0 – 12 hours
  - 12 – 24 hours
  - More than 24 hours

**VENDOR CONTROLS**

- 14. For vendors with access to the Applicant’s computer system or confidential information, indicate whether the Applicant has the following in place:
  - a. Written policies which specify appropriate vendor information security controls  Yes  No
  - b. Periodic review of, and updates to, vendor access rights  Yes  No
  - c. Prompt revocation of vendor access rights when access is no longer needed  Yes  No
  - d. Logging and monitoring of vendor access to the Applicant’s system  Yes  No
  - e. A requirement that vendors carry their own Professional Liability or Cyber Liability insurance  Yes  No
  - f. Hold harmless / indemnity clauses that benefit the Applicant in contracts with vendors  Yes  No

- 15. Indicate which of the following services are outsourced:
 

Data back up <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____	Payment processing <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____
Data center hosting <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____	Physical security <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____
IT infrastructure <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____	Software development <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____
IT security <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____	Customer marketing <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____
Web hosting <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____	Data processing <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Provider: _____

*If Data center hosting or IT infrastructure is answered Yes above:*

- a. What is the likely impact to the organization if these services become unavailable?  
\_\_\_\_\_
- b. Does the Applicant have an alternative solution in the event of a failure or outage to one of these service providers?  
\_\_\_\_\_

*If Payment processing is answered Yes above, does the Applicant have an alternative means of processing card data in the event of an outsourced provider failure or outage?*  Yes  No

*Provide details:* \_\_\_\_\_

**LOSS INFORMATION**

16. In the past three years, has the Applicant experienced a network or computer system disruption due to an intentional attack or system failure; an actual or suspected data breach; an actual or attempted extortion demand; or received any complaints, claims, or been subject to litigation involving matters or privacy injury, identity theft, denial-of-service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant’s customer’s ability to rely on the Applicant’s network?  Yes  No
17. Is the Applicant, any Subsidiary, or any person proposed for this insurance aware of any circumstance that could give rise to a claim against them under this CyberRisk Coverage?  Yes  No

*If the Applicant answered Yes to any part of Question 16 or Question 17, attach details of each claim, complaint, allegation, or incident, including costs, losses, or damages incurred or paid, any corrective procedures to avoid such allegations in the future, and any amounts paid as loss under any insurance policy.*

**REQUESTED INSURANCE TERMS**

Requested Terms:

Insuring Agreement	Limit Requested	Retention Requested
Privacy And Security	\$	\$
Media	\$	\$
Regulatory Proceedings	\$	\$
Privacy Breach Notification	\$	\$
Computer And Legal Experts	\$	\$
Betterment	\$	\$
Cyber Extortion	\$	\$
Data Restoration	\$	\$
Public Relations	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
Social Engineering Fraud	\$	\$
Telecom Fraud	\$	\$
Business Interruption	\$	\$
Dependent Business Interruption	\$	\$
Reputation Harm	\$	\$

18. Requested Terms:  
Aggregate Limit Requested: \$ \_\_\_\_\_  
Effective Date Requested: \_\_\_\_\_

19. Does the Applicant currently purchase CyberRisk coverage?  Yes  No

*If Yes, provide the following:*

- Expiring Carrier: \_\_\_\_\_  
Expiring Limit: \$ \_\_\_\_\_  
Date coverage first purchased? \_\_\_\_\_

**REQUIRED ATTACHMENTS**

As part of this Application, provide copies of the documents listed below. Such documents are made a part of this Application; the Insurer may elect to obtain requested information from public sources, including the Internet.

- CyberRisk Employed Lawyers Supplement to be completed if Employed Lawyers coverage is sought.

## Technology Errors & Omissions Questions

Questions below are required only for Technology Errors & Omissions coverage

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20. Please describe the company's use of technology in delivering its product and/or services.

21. Within the last 3 years has Named Insured been subject to a dispute or claim arising out of a technology error or omission in excess of €25,000?

NO  YES  N/A

22. Is Named Insured operating as a managed service provider (MSP), or does Named Insured participate directly in or sell technology products/services designed for any of the following industries?

NO  YES

- |  |  |   |  |
|--|--|---|--|
| <ul style="list-style-type: none"><li>• Cryptocurrency</li><li>• Cannabis</li><li>• Internet of Things</li><li>• Financial Services</li><li>• Healthcare</li></ul> | <ul style="list-style-type: none"><li>• Blockchain</li><li>• Automotive</li><li>• Aviation</li><li>• Military/Defense</li><li>• Gambling</li></ul> | <ul style="list-style-type: none"><li>• Payment Processing</li><li>• Adult Entertainment</li><li>• Payment Processing</li><li>• Point of Sale (POS) Software/<br/>Hardware/Reseller</li></ul> | <ul style="list-style-type: none"><li>• Professional Services (Legal, Medical, A&amp;E, or other licensed professional services)</li></ul> |
|--|--|---|--|

23. How often are Named Insured's services provided by written agreement or contract?

- |   |   |
|---|---|
| <input type="checkbox"/> 100 % OF AGREEMENTS OR CONTRACTS | <input type="checkbox"/> < 50% OF AGREEMENTS OR CONTRACTS |
| <input type="checkbox"/> ≥ 50% OF AGREEMENTS OR CONTRACTS | <input type="checkbox"/> 0% OF AGREEMENTS OR CONTRACTS    |

24. Identify the standard risk mitigating clauses or methods contained within Named Insured's agreements or contracts. (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> A. CUSTOMER ACCEPTANCE / FINAL SIGN OFF                | <input type="checkbox"/> E. EXCLUSION OF CONSEQUENTIAL DAMAGES |
| <input type="checkbox"/> B. DISCLAIMER OF WARRANTIES                            | <input type="checkbox"/> F. INDEMNIFICATION CLAUSE             |
| <input type="checkbox"/> C. HOLD HARMLESS AGREEMENTS THAT BENEFIT NAMED INSURED | <input type="checkbox"/> G. BINDING MANDATORY ARBITRATION      |
| <input type="checkbox"/> D. LIMITATION OF LIABILITY                             | <input type="checkbox"/> H. PROJECT PHASES / MILESTONES        |

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## FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

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**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** 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.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**PUERTO RICO:** Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

## SIGNATURES

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Authorized Representative Signature: <b>X</b>	Authorized Representative Name, Title, and email address:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): <b>X</b>	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:	Agency contact and email address:	Agency Phone Number:

## ADDITIONAL INFORMATION

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