



CYBER LIABILITY INSURANCE APPLICATION

GENERAL INFORMATION

PROPOSED EFFECTIVE DATE: _____

COMPANY NAME: _____ STATE OF INCORPORATION: _____ DATE ESTABLISHED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AUTHORIZED CONTACT: _____ EMAIL: _____ PHONE #: _____

TOTAL ANNUAL REVENUE: _____ # OF EMPLOYEES (FTE): _____

WEBSITE URL'S: _____

BUSINESS DESCRIPTION *(Please include description of all Applicants, and subsidiaries):*

COMPUTER & NETWORK SECURITY

Number of Servers Used: _____

Does the Applicant encrypt private data at all times? Yes No
If yes, describe encryption method(s) used:

Does the Applicant use contracted vendors to manage IT systems? Yes No
If yes, when and how:

Does the Applicant use internal staff to manage its IT systems? Yes No

Does the Applicant require information security awareness training for all staff at least annually? Yes No

Does the Applicant restrict user rights on computer systems such that individuals only have access to certain areas of the network or information necessary for them to perform their duties? Yes No

How often is Applicant's data backed up? Daily Weekly Monthly Quarterly Never

Where are data backups stored? (check all that apply) Secure offsite Secondary Data Center Other: _____

If necessary, how quickly can backed up data be accessed and restored?

PRIVACY

****Does the Applicant's organization store sensitive information (as defined below) on any of the following media?**

	Sensitive Data		Encrypted	
Laptop hard drives?	Yes	No	Yes	No
Mobile devices?	Yes	No	Yes	No
Flash drives or other portable storage devices?	Yes	No	Yes	No
Internet connected web servers?	Yes	No	Yes	No
Databases, audit logs, files on servers?	Yes	No	Yes	No
Email?	Yes	No	Yes	No

****Notice: Sensitive Information includes, but is not necessarily limited to:**

1. Drivers license or other state-issued identification number; social security number; unpublished telephone number; savings account, checking account, credit card or debit card number;
2. "Nonpublic personal information" as defined in the Gramm-Leach-Bliley Act of 1999, as amended, and regulations issued pursuant thereto;
3. "Protected health information" as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and regulations issued pursuant thereto, and medical and health information;
4. Private personal information as defined under a security breach notice law; and
5. Private personal information as defined under a law or regulation intended to provide for the protection of such private personal information; not including any lawfully available data accessible by the general public.

Please identify the types of electronic personal information of individuals that you collect, process or store and the estimated numbers:

<u>Type of Information</u>	<u>Number of Electronic Records (Estimated)</u>
Social Security Numbers	_____
Consumer Financial Information	_____
Payment Card Information	_____
Protected Health Information	_____
Personally Identifiable Information	_____



RISK MANAGEMENT

Does the Applicant authenticate inbound email using tools such as DMARC (Domain-based Message Authentication Reporting, and Conformance)? Yes No

Does the Applicant scan and filter inbound emails for malicious content (such as executable files)? Yes No

Does the Applicant train users against phishing and social engineering threats via ongoing campaigns and assessments? Yes No

Does the Applicant's response plan reference mitigation steps for business continuity and recovery should a ransomware incident occur? Yes No

Does the Applicant use multi-factor authentication (MFA) on email access? Yes No

Is the integrity of the backups and recovery plans regularly tested? Yes No

Are all employees that are responsible for disbursing or transmitting funds provided anti-fraud training, including detection of social engineering, phishing, business email compromise, and other scams on at least an annual basis? Yes No

Before processing fund transfer requests from internal sources, does the Applicant confirm the instructions via a method other than the original means of the instruction? Yes No

When a vendor/supplier requests any change to its account details (including routing numbers, account numbers, telephone numbers and contact information) and prior to making any changes:

Does the Applicant first confirm all requested changes requested by the vendor/supplier with a person other than the requestor prior to making any changes? Yes No

Does the Applicant confirm requested changes via a method other than the original means of request? Yes No

Which of the following procedures does the Applicant employ to test computer security controls, and how often?

Internal Vulnerability Scanning	Continuously	Monthly	Quarterly
External Vulnerability Scanning against internet-facing IP addresses	Continuously	Monthly	Quarterly
Penetration Testing	Continuously	Monthly	Quarterly
Other (please describe):			

Does the Applicant outsource any of the following? *Choose all that apply and please identify the vendor(s)*

Data Center Hosting: _____

Managed Security: _____

Alert Log Monitoring: _____



PRIOR CLAIMS/INCIDENTS

Does the Applicant or other proposed insured (including any director, officer or employee) have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance?

Yes No

If yes, please provide details:

During the past five (5) years has the Applicant:

(If yes to any, please explain below)

Received any claims or complaints or have any knowledge of with respect to privacy, breach of information or network security, or, unauthorized disclosure of information?

Yes No

Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?

Yes No

Received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regard to any content published, displayed or distributed by or on behalf of the Insured?

Yes No

Notified consumers or any other third party of a data breach incident involving the Insured?

Yes No

Experienced an actual or attempted extortion demand with respect to its computer systems?

Yes No

If yes, please provide details:

WARRANTY & SIGNATURE STATEMENTS

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ENTITY(IES) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS ARE TRUE AND COMPLETE. THE COMPANY AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO PROVIDE OR THE APPLICANT TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL PROMPTLY NOTIFY THE COMPANY, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.



THIS APPLICATION IS SIGNED BY UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT(S) ON BEHALF OF THE APPLICANT(S) AND ITS OWNERS, PARTNERS, DIRECTORS, OFFICERS, AND EMPLOYEES.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- I. THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD;

- II. UNLESS AMENDED BY ENDORSEMENT, THE LIMITS OF INSURANCE CONTAINED IN THE POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY CLAIM EXPENSES AND, IN SUCH EVENT, THE COMPANY WILL NOT BE LIABLE FOR CLAIM EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COSTS EXCEED THE LIMITS OF INSURANCE IN THE POLICY; AND

- III. UNLESS AMENDED BY ENDORSEMENT, CLAIM EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

Name of Authorized Representative

Title

Signature of Authorized Representative

Date