



APPLICATION FOR CYBER LIABILITY PROTECTION For companies with \$5M Revenue and above

Notice: The Policy for which this Application is made subject to its terms and applies only to Claims made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be completely exhausted by amounts incurred as defense costs. Defense costs shall be applied to the retentions. Submission of this Application does not guarantee coverage.

General instructions for completing this Application:

1. Please read carefully and answer all questions.
2. The completed Application should include all information relative to all subsidiaries and locations to be covered.
3. The Application **must** be signed by an executive officer.

APPLICANT DETAILS:

Name of Applicant: _____
(Include names of all subsidiaries or affiliated companies to be insured, attach a separate sheet, if necessary)

Address: _____

City, State, Zip: _____

Phone: _____

Contact Person: _____

Email: _____

Phone: _____

Date Established: _____

Applicant Type: Individual Corporation Partnership LLC Other: _____

Description of Operations: _____

Domain website addresses: _____
(include all to be covered)

Proposed Effective Date: __/__/__

ANNUAL REVENUE AND EXPOSURE:

1. Total Annual Revenue: \$ _____
2. What percentage of the total annual revenue stated above is attributed to e-commerce? _____
3. Please estimate the total number of customer and employee records you store either electronically or in physical files: Current number: _____
For the next 12 months: _____
Please estimate the total number of credit card transactions for the next 12 Months: _____

Note: A record is defined as private or sensitive information that includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers, or other government identification numbers, payment card information, drivers' license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.

INFORMATION:

- 1. Do you have anti-virus software in force across your network including all desktops, laptops, servers (excluding database servers); and is the anti-virus software updated on a regular basis? Yes No
- 2. Do you utilize encryption technology on all point of sale terminals? Yes No
- 3. If you process payment card information, you or your payment vendor are compliant with the most recent version of PCI-DSS? Yes No
- 4. Do you back up your computer systems and network data on at least a weekly basis and backups are stored either offsite or offline? Yes No
- 5. Do you have firewalls in force on all network computers? Yes No

PROCEDURES FOR VERIFYING TRANSFERS:

- 1. Do you have controls in place that require **ALL** funds and wire transfers over \$10,000 to be authorized and verified by at least two employees prior to execution? Yes No
 Always
 Sometimes
- 2. Do you have multi-factor authentication (MFA)* in place for all remote access and electronic funds transfer transactions? Yes No
- 3. Have you sustained any unscheduled or unintentional network outage, intrusion, corruption, or loss/breach? Yes No
- 4. Have you received any privacy related injunctions, lawsuits, fines, penalties, sanctions, or been subject to any privacy regulatory, administrative action or investigation? Yes No
- 5. Are you aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance being requested on this Cyber Security Application? Yes No
- 6. During the past 5 Years, has any similar cyber coverage been canceled, declined or non-renewed? If **Yes**, attach a detailed explanation. Yes No
- 7. Are all employees required to take privacy/cyber awareness training? Yes No
How Often?

** Multi-factor Authentication (MFA) Multi-factor is an authentication method in which a computer user is granted access only after successfully presenting two or more pieces of evidence to an authentication mechanism.*

CURRENT CYBER INSURANCE INFORMATION:

Year	Carrier	Limit	Deductible	Premium	Retro Date
Current Year					
Prior Year 1					
Prior Year 2					

Limits requested with this Application: _____

LOSS HISTORY: *If applicable, attach a current three (3) year loss history report from your current Carrier and complete a Claim Supplement for each claim.*

1. In the last three (3) years, has the Applicant or any other person or organization proposed for this insurance ever received any complaints, claims or been subject in litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the Applicant's customers' ability to rely on the Applicant's network? If **Yes**, provide details. Yes No
2. Do you or any other person or organization proposed for this insurance have knowledge of any security breach, privacy breach, privacy-related event or incident or allegations of breach of privacy that may give rise to a claim? If **Yes**, provide details. Yes No
- If **Yes**, have you reported same to your current insurer? Yes No
3. If the answer above is **yes**, explain what corrective actions have been taken to prevent a similar claim or incident from reoccurring: Yes No

WARRANTY AND REPRESENTATIONS:

- 1. The undersigned warrants and represents that the statements and information contained in or attached to this Application are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application.**
- 2. Signing of this Application does not bind the undersigned to complete the insurance; however, the undersigned acknowledges and recognizes that the statements, representations, and information contained in or attached to this Application are material to the risk assumed by the Insurer; that any Policy will have been issued in reliance upon the truth thereof; that this Application shall be the basis of the contract should a Policy be issued; and that this Application, and all information and materials furnished to the Insurer in conjunction with this Application, shall be deemed incorporated into and made a part of the Policy, should a Policy be issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**
- 3. The undersigned acknowledges and agrees that if the information supplied on this Application or in any attachments changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and, the Insurer may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.**
- 4. For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.**

Applicant Organization: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____

ADDITIONAL INFORMATION:



CLAIM SUPPLEMENTAL APPLICATION

Please read this entire Supplemental Application carefully before signing. Whenever used in this Supplemental Application, the term "Applicant" means the Named Insured(s). Please complete ONE Supplemental Application for EACH claim or incident.

Name of Applicant: _____

1. Name(s) of Claimant(s) or potential Claimant(s): _____

2. Name of Defendant(s) or potential Defendant(s): _____

3. Indicate: Incident (potential claim) Claim Lawsuit

(a) Date of alleged wrongful act, error or omission: _____

(b) Date Applicant became aware of the alleged wrongful act, error or omission: _____

(c) How did the Applicant become aware of the alleged wrongful act, error or omission:

4. Has the matter been reported to the current carrier: Yes No

Carrier Name and date reported: _____

5. This matter is Closed Open

(a) If Closed, indicate the Total:

(1) Expense paid: \$ _____

(2) Damages paid: \$ _____

(b) If Closed indicate if: Court Judgment Out of Court Settlement Withdrawn

(c) If Open, indicate the Claimant Settlement Demand, if any: \$ _____

(d) If Open, indicate the Settlement amount offered by the Applicant: \$ _____

(e) If Open, indicate the amount of legal expenses paid to date: \$ _____

(f) If Open, indicate the Insurer's reserve for:

(1) Expenses: \$ _____

(2) Damages: \$ _____

6. Provide a detailed description of the claim or incident, including the allegations against the Applicant:

7. Please explain the corrective actions taken to prevent a similar claim or incident from reoccurring:

8. Attach a loss history report covering the last five (5) years if available

By signing this Supplemental Application, the Applicant understands and agrees that the information submitted herein and all attachments becomes a part of, is deemed attached to, and is subject to the same representations and conditions of, its application for professional liability insurance.

This Supplement Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant Organization: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____