



CYBER AND INFORMATION SECURITY COVERAGE APPLICATION

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD", OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

General Information

Name of organization:

Mailing address:

Type of Business (choose one): Corporation Partnership/Joint Venture Limited Liability Other (describe):

Description of Business:

Years in Business:

FEIN:

Total Annual Revenue:

Annual revenue generated from or attributable to activities conducted via your Web site(s):

Web site(s):

General Underwriting Questions

Do you collect and/or store any of the following types of electronic data of third parties (e.g. customers or business partners, etc.)?
(Check all that apply).

- | | | |
|---|--|---|
| <input type="checkbox"/> Name, address, and phone numbers | <input type="checkbox"/> Intellectual property assets | <input type="checkbox"/> Unpublished financial statements |
| <input type="checkbox"/> Unpublished strategic plans | <input type="checkbox"/> Bank account details | <input type="checkbox"/> Credit, debit, or charge card |
| <input type="checkbox"/> Medical records | <input type="checkbox"/> Employee HR/Payroll information | <input type="checkbox"/> Social security number |
| <input type="checkbox"/> Money, securities, or both | <input type="checkbox"/> Trade secrets | <input type="checkbox"/> Sensitive production data |

What is the estimated number of customer data that you keep electronic records of?

	No	Yes
Is the customer data encrypted?	<input type="checkbox"/>	<input type="checkbox"/>

Past Experience

Within the past three years, have you received any complaints, claims or have incurred losses involving any of the following:

	No	Yes
Any form of security breach involving the unauthorized acquisition of information (electronic or paper)?	<input type="checkbox"/>	<input type="checkbox"/>
Network-related business interruption over 12 hours stemming from denial of service attacks, virus or malicious code?	<input type="checkbox"/>	<input type="checkbox"/>
Ransomware?	<input type="checkbox"/>	<input type="checkbox"/>
Violation of privacy from online content (website, social media or other sites)?	<input type="checkbox"/>	<input type="checkbox"/>
Any form of defamation against a person or organization?	<input type="checkbox"/>	<input type="checkbox"/>
Fraudulent instructions to send funds?	<input type="checkbox"/>	<input type="checkbox"/>

Do you currently have a policy that provides coverage similar to the policy being sought? No Yes

Has any insurer ever cancelled or non-renewed a policy that provided coverages similar to the policy being sought? No Yes

Are you aware of any act, error, or omission that may be reasonably expected to give rise to a claim against you? No Yes

If so, please describe:

Fraudulently Induced Transfers Under the Crime Protection

Internal Controls - Customers

	No	Yes
Do you have procedures to verify the identity and authenticity of new customers before entering into transactions with them? If yes, explain your screening procedures for new customers	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept funds transfer instructions from customers over the telephone, fax, email or some other electronic communications method? If yes, please describe your procedures to authenticate the instructions	<input type="checkbox"/>	<input type="checkbox"/>
Do you verify any requests made by the Customer to establish or change the transfer funds procedures by calling back the Customer at a predetermined telephone number?	<input type="checkbox"/>	<input type="checkbox"/>

Internal Controls - Vendors

	No	Yes
Do you have procedures to verify the identity and authenticity of new vendors before entering into transactions with them? If yes, explain your screening procedures for new vendors	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept funds transfer instructions from vendors over the telephone, fax, email or some other electronic communications method? If yes, please describe your procedures to authenticate the instructions	<input type="checkbox"/>	<input type="checkbox"/>
Do you verify any requests made by the vendor to establish or change the transfer funds procedures by calling back the vendor at a predetermined telephone number?	<input type="checkbox"/>	<input type="checkbox"/>

Internal Controls - Employees

	No	Yes
Do you accept funds transfer instructions from your employees, officers and owners over the telephone, fax, email or some other electronic communications method? If yes, please describe your procedures to authenticate the instructions	<input type="checkbox"/>	<input type="checkbox"/>
Do you verify any requests to transfer funds made by an employee, officer or owner by calling back the employee, officer or owner at a telephone number listed in your company directory?	<input type="checkbox"/>	<input type="checkbox"/>

Loss Experience

List all losses due to Fraudulent or Dishonest Acts that would be covered by this policy, as well as all incidents involving Fraudulently Induced Transfer Fraud claims, paid or unpaid by insurance, over the last 5 years. Check if no losses

Date of Loss	Description of Loss	Total Amount of Loss	Amount Paid by Insurance	Corrective Measures

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

For the purpose of this Application, the undersigned authorized officer of the organization named in General Information of this Application declares that to the best of the organization's knowledge the statements herein are true, accurate and complete. The insurer is authorized to make any inquiry in connection with this Application. Signing this Application does not bind the insurer to issue, or the applicant to purchase, any insurance policy issued in connection with this Application.

The information contained in and submitted with this Application is on file with the insurer. This Application will become a part of such policy if issued. The insurer will have relied upon this Application and its attachments in issuing this policy.

If the information in this Application materially changes prior to the effective date of the policy, the applicant will promptly notify the insurer, who may modify or withdraw the quotation.

The undersigned declares that the individuals and entities proposed for this insurance have been notified that:

- This policy applies only to "claims" first made or deemed made against an "insured" during the "policy period" or during the applicable extended reporting period; and
- The limit of liability is reduced by amounts incurred as "defense expenses" and such expenses will be subject to the deductible amount.

Words within quotation marks are defined in the insurance policy.

Misrepresentation of any material fact in this Application may be grounds for rescission of this policy.

Insured (Applicant)

By

Name (Print)

Title

Signature

Date