



Application
For
Cyber Solution Insurance Policy

INSURING AGREEMENT I.B. OF THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. COSTS OF DEFENSE REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT(S) OF LIABILITY AVAILABLE TO PAY SETTLEMENTS, JUDGMENTS OR OTHER COSTS. LOSS, INCLUDING COSTS OF DEFENSE AND OTHER COVERED COSTS ARE SUBJECT TO THE APPLICABLE RETENTION. PLEASE READ THE POLICY CAREFULLY. COMPLETION OF THIS APPLICATION IN NO WAY WILL BE CONSIDERED A BINDER OF COVERAGE.

Part I – General Information

Company Name: _____
Street Address: _____
City, State, Zip: _____
Company Website: _____

Background Data

Is Coverage being requested for any "additional entities" (Subsidiaries, or affiliates of the Company)? Yes No

Is/Are the additional entities engaged in the same nature of business provided above? Yes No

Does the Company own more than 50% of the voting stock of all the additional entity? Yes No

Are all the "additional entities" related to the Company through common majority ownership? Yes No

Only commonly owned entities can be written under the same policy. Do you wish to continue obtaining a quote for only commonly owned entities? Yes No

Total number of Employees? _____

Projected Revenue for the current financial year: _____

Description of operations: _____

Has the applicant experienced any of the following situation in the last five years? Yes No

- A data breach requiring you to notify individuals of the breach
- Loss any laptop, smartphone, or other mobile device with PII or PHI
- A hacking incident including but not limited to a system intrusion, tampering, virus or malicious code attack
- Regulatory inquiry, investigation or action related to data or network security
- Allegation by anyone (including allegation by an employee of the Company) that their personal information has been compromised?

Please check which of the following types of third party client/consumer/customer/user data you collect, store, manage, or process **DO NOT** include Payment Cards or data provided by employee as part of their employment files

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> Bank Account Numbers | <input type="checkbox"/> Protected Health Information |
| <input type="checkbox"/> Driver's License/Passport Numbers | <input type="checkbox"/> Educational Records | <input type="checkbox"/> Government/Tax ID Numbers |
| <input type="checkbox"/> Credit History/Reports/Ratings | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> UserID & Passwords |
| <input type="checkbox"/> Email Addresses | <input type="checkbox"/> Financial Reports/Records | <input type="checkbox"/> Background Check information |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Mothers Maiden Name | <input type="checkbox"/> None of the above |

With respect to the information above, how many unique individuals' records do you store? _____

How many payment card transactions do you process in a year? _____

How many of the above payment card transactions are online/E-Commerce Transactions? _____

How many payment cards do you store for future/recurring charges? _____

Would you like to add Enhanced Social Engineering Coverage? Yes No

Do you verify all requests (customers, vendors, employees) to establish or changes funds transfer procedures by calling back the counterparty at a predetermined phone number? Yes No

Which best describes the frequency of the Company's funds transfer activity? _____

Please estimate the dollar amount of the Company's largest annual funds transfer transaction? _____

Controls and Procedures Section

Does the Company conduct periodic intrusion detection, penetration or vulnerability testing? Yes No

The Company's passwords policy requires passwords be changed periodically and some form of password complexity (length, numbers, special characters, etc.)? Yes No

Prior Coverage Section

Does the Company currently purchase any form of Privacy, Cyber, Media, or Network Liability insurance either on a stand alone basis or by endorsement to any policy? Yes No

Part II—MATERIAL CHANGE AND FRAUD WARNINGS

A. MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application prior to the Inception Date of any policy that may be issued, the Company must notify us in writing and any outstanding quotation or binder may be modified or withdrawn. The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Insured proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of this Application does not bind the undersigned to purchase the insurance. The **Insured** represents that the particulars and statements contained within the **Application** are true, complete, accurate, and agrees that this Policy is issued in reliance on the truth of that representation, and that such particulars and statements, which are deemed to be incorporated into and to constitute part of this Policy, are the basis of this Policy. In the event of any material misrepresentations, untruth, or other omission in connection with any of the statements or facts in the **Application**, the knowledge of one **Insured** will not be imputed to another **Insured**; provided, however, this Policy will be void with respect to:

- (1) any **Employee** who knew of such misrepresentation, untruth, or omission; and
- (2) the **Company**, but only if an officer, director, managing member, partner or similar executive of the **Company** knew of such misrepresentation, untruth or omission.

B. FRAUD WARNINGS

FRAUD WARNING: 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.

ALABAMA, ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting 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 for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

D.C. FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: 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 FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA FRAUD WARNING: 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.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA AND WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000.00) and the stated value of the claim for each such violation.

This Application must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Information Officer or functional equivalent of the Company.

Signature _____

Title _____ Date _____