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Cyber Insurance Application

For Applicants with revenues lower than $250M

NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS IN ACCORDANCE WITH THE TERMS OF THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

PLEASE READ THIS POLICY CAREFULLY.

Responses to this application should be accurate as of the date that the application is signed and dated below. Please provide responses below concerning the Information Technology (IT) environment of your organization and any subsidiaries for which the insurance is being sought. You may use the space under the heading "Additional Disclosures & Clarifications" to clarify any answers that may be incomplete or require additional detail.

General Information

Full name _____

Headquarters address _____

Business description _____

NAICS Code _____

Website URL(s) _____

Number of employees _____

1. Total revenue:

	Most recent fiscal year	Current fiscal year (projected)
USD	_____	_____

2. Do you have any revenue-generating operations outside your domiciled country? ☐ No ☐ Yes, percentage ____ %

3. Cybersecurity point of contact (CISO/Risk Manager or equivalent role):

First Name	Last Name	Job Title	Email	Telephone
_____	_____	_____	_____	_____

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4. Are you engaged in any of the following business activities?

   - Adult content, gambling or cannabis (containing THC) as a grower, wholesaler or medical/recreational retailer;
   - Cryptocurrency, blockchain technology, payment processing or debt collection;
   - Data processing/aggregation, storage or hosting services to third parties as a professional service (e.g., as a managed services provider (MSP) or data aggregator); or
   - Managed care or accountable care.

   ☐ No ☐ Yes

Cybersecurity Controls

5. Do you require Multi-Factor Authentication (MFA) for remote access to your network (both cloud-hosted and on-premises, including via Virtual Private Networks (VPNs))?

   ☐ No ☐ Yes ☐ Remote access not permitted

6. Do you require MFA for access to web-based email?

   ☐ No ☐ Yes ☐ Access not permitted/no web-based email

7. What security controls do you have in place for incoming email? Choose all that apply.

   ☐ Screening for malicious attachments ☐ Screening for malicious links ☐ Tagging external emails

8. How often do you conduct interactive social engineering (i.e., phishing) training?

   ☐ Never/not regularly ☐ Annually ☐ ≥2x per year

9. Do you protect all company devices with anti-virus, anti-malware, and/or endpoint protection software?

   ☐ No ☐ Yes

10. Do you regularly back up your business critical data?

    ☐ No ☐ At least monthly ☐ At least weekly or daily

11. Do you, or an outsourced service provider on your behalf, actively manage and install critical patches across your internet-facing systems?

    ☐ No ☐ Yes

Additional Cybersecurity Controls (only for Applicants with revenues greater than $35M)

12. Do you use the Microsoft 365 Defender add-on or an equivalent cybersecurity product with advanced threat hunting to protect against phishing and business email compromise? ☐ No ☐ Yes

13. Do you disable macros in your office productivity software by default? (E.g., Microsoft Office, Google Workspace) ☐ No ☐ Yes

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14. What security solutions do you use to prevent or detect malicious activity on your network?

Security solution	Vendor
a. Endpoint Protection Platform (EPP)	
b. Endpoint Detection and Response (EDR)	
c. Managed Detection and Response (MDR)	

15. Do you use a hardened baseline configuration across all (or substantially all) of your devices? ☐ No ☐ Yes

16. If you rely on a cloud-based backup service, is it a "syncing service"? (E.g., DropBox, OneDrive, SharePoint, Google Drive) ☐ No ☐ Yes ☐ No cloud backups

17. Do you have an incident response plan for network intrusions and malware incidents? ☐ No ☐ Yes

Media Controls

18. a. Do you have a formal review process in place to screen any published or broadcast material (including digital content), for intellectual property and privacy compliance prior to any publication, broadcast, distribution, or use? ☐ No ☐ Yes

    b. If "Yes" to a., are such reviews conducted by, or under the supervision of, an attorney? ☐ No ☐ Yes

19. Do you have notice and take-down procedures in place to address potentially libelous, infringing, or illegal content on your website(s) (e.g., DMCA or similar)? ☐ No ☐ Yes

Money Transfer Controls

20. Are employees who 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? ☐ No ☐ Yes

21. When a vendor or supplier requests any change to its account details (including routing numbers and account numbers), do you confirm requested changes via an out-of-band authentication (a method other than the original means of request)? For example, if a request is made by email, a follow-up phone call is placed to confirm that the supplier or vendor made the request. ☐ No ☐ Yes

Mergers & Acquisitions

22. Have you, within the past 12 months, completed or agreed to a merger, acquisition, or consolidation? ☐ No ☐ Yes

    If "Yes," please provide details:

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Prior Claims & Circumstances

23. Do you or any other proposed insured (including any director, officer, or employee) have knowledge of or information regarding any fact, circumstance, situation, event, or transaction that may give rise to a claim, loss, or obligation to provide breach notification under the proposed insurance? ☐ No ☐ Yes

24. During the past five years, have you:

    a. Received any claims or complaints with respect to privacy, breach of information, breach of network security or unauthorized disclosure of information? ☐ No ☐ Yes

    b. Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? ☐ No ☐ Yes

    c. Notified customers or any other third party of a data breach incident? ☐ No ☐ Yes

    d. Experienced an actual or attempted extortion demand (including ransomware) with respect to your computer systems? ☐ No ☐ Yes

    e. If you answered "Yes" to any of a., b., c., or d., above, have you experienced three or more events described above, and/or did you incur a single event loss or total of all losses of more than $25,000, and/or is an insurance claim still open in connection with any of the events described above? (If you answered "No" to a., b., c., and d., please leave this question blank.) ☐ No ☐ Yes

If you answered "Yes" to question 23 or any parts of question 24, please provide details regarding all such facts, circumstances, situations, incidents, or events in the "Additional Disclosures & Clarifications" section, below.

Additional Disclosures & Clarifications

Please use the space below to clarify any answers above that may be incomplete or require additional detail.

Signature Section

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDERWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. FOR NORTH CAROLINA APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

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THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY

AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR 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.

NOTICE TO 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.

NOTICE TO KENTUCKY, NEW JERSEY, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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. (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.)

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For digital signature, click the red tab to create a digital ID or import an existing digital ID:

Print Name: _____

Job Title: _____ Company: _____

Signed: _____ Date: _____

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa please provide the Insurance Agent's name and signature only.

Agent's Printed Name: _____

Agent's Signature: _____ Florida Agent's License Number:_____