

CYBER LIABILITY APPLICATION

This application will be processed digitally, handwritten comments to questions will not be recorded.

Agent Information

Agency Name

Agent Name

Email Address

Phone Number

Applicant Information

Full Business Name Including Subsidiaries

Street Address

Suite (Opt)

City

State

Zip

Web Address

Number of Employees

Business Type

Year Established

FEIN Number (Optional)

Description of Business

Proposed Effective Date

Gross Revenues

Limit

Retention

Insured Contact Information

Insured Contact Name

Insured Contact Email

Insured Contact Phone Number

Information Technology (IT) Contact

IT Contact Name

IT Contact Email

IT Contact Phone Number

Policy Renewal Information (Optional, complete only on renewal)

Carrier

Policy Number

Coverage Questions

1. Is the Applicant engaged in any of the following business activities? (check all that apply)

☐

Adult Content

☐

Cannabis

☐

Cryptocurrency or Blockchain

☐

Gambling

☐

Payment Processing (as a payment processor, merchant acquirer or POS system vendor)

☐

Debt Collection Agency

☐

Managed IT Service Provider (MSP or MSSP)

☐

None of the Above

Records

2. Does the Applicant collect, process, store, transmit, or have access to any Payment Card Information (PCI), Personally Identifiable Information (PII), or Protected Health Information (PHI) other than employees of the Applicant?

Yes

☐

No

☐

Unsure

☐

2a. If yes, how many PII or PHI records does the Applicant collect, process, store, transmit, or have access to?

3. Does the Applicant accept payment cards in exchange for goods or services rendered?

☐☐☐

3a. If yes, what is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?

4. Is the Applicant Payment Card Industry (PCI) compliant?

☐☐☐

Security System and Controls

	Yes	No	Unsure
5. Does the Applicant implement any Multi-Factor Authentication (MFA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. If yes, does the Applicant have MFA enabled on email access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. If yes, does the Applicant have MFA enabled for remote network access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. If yes, does the Applicant require MFA for all external access to its network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Applicant encrypt all sensitive information at-rest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Applicant encrypt all external communications containing sensitive information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the Applicant encrypt all sensitive information stored in the cloud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the Applicant deploy End Point Protection and Response on at least 95% of all endpoints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the Applicant encrypt all private and sensitive information stored on mobile devices (e.g., laptops, USB drives, tablets, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the Applicant require a virtual private network (VPN) for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How often does the Applicant apply updates to critical IT systems and applications, i.e., security patching? (Select all that apply)

☐ Daily
 ☐ Weekly
 ☐ Monthly
 ☐ Quarterly
 ☐ Other

	Yes	No	Unsure
13. Does the Applicant prohibit local administrator privileges for all users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the Applicant prohibit end users from running administrative actions on endpoints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the Applicant flag external emails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the Applicant automatically disable macros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the Applicant block executable attachments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the Applicant use firewall & antivirus software to protect their computers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Unsure
19. Does the Applicant have any end of life (EOL) or end of support (EOS) software on their network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19a. If yes, is the software segregated from the rest of the network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do the Applicant's agreements with third-party service providers require levels of security commensurate with the organization's information security standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the Applicant enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the Applicant use Microsoft 365?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22a. If yes, does the Applicant use Microsoft 365 Windows Defender/Advanced Threat Protection add-on or a similar product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22b. If no, does the Applicant use a Microsoft Exchange Server and have you installed the March 2021 Microsoft Exchange Server Security Update?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22c. If no, please check which similar products the Applicant is using:

- ☐ AppRiver
- ☐ Avanan Cloud Email Security
- ☐ Barracuda Essentials
- ☐ Microsoft Defender
- ☐ Mimecast Email Security with Threat Protection
- ☐ Proofpoint Email Security and Protection
- ☐ Proofpoint Essentials for Small Business
- ☐ Spam Titan Email Security
- ☐ Symantec Email Security Cloud
- ☐ Other, please describe:

	Yes	No	Unsure
23. For Applicants with revenues that exceed \$100M, if the Applicant uses multimedia material provided by others, does the Applicant always obtain the necessary rights, licenses, releases, and consents prior to publishing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Phishing

	Yes	No	Unsure
24. Does the Applicant have controls in place which require all fund and wire transfers over \$25,000 to be authorized and verified by a secondary means of communication prior to execution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the Applicant utilize phishing exercises as part of the security awareness program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are all Applicant's users required to complete security awareness training at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Backups and Recovery

	Yes	No	Unsure
27. Does the Applicant have procedures and tools in-place to backup, archive, and restore sensitive data from critical systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. How frequently are Applicant's systems backed up? (Select all that apply)			
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other			
29. Does the Applicant utilize cloud or local backup systems?			
<input type="checkbox"/> Cloud <input type="checkbox"/> Local Backup			
30. Are the Applicant's backups encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Are the Applicant's local backups isolated from the network or air gapped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the Applicant test its data recovery and restoration procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Claims, Breaches & Interruptions

	Yes	No	Unsure
33. In the last five (5) years, has the Applicant experienced any event, loss, interruption or been the subject of any claim made for a wrongful act that would fall within the scope of the Policy for which the Applicant is applying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33a. If yes and the actual or expected total financial impact to the Applicant and its insurer is more than \$10,000, please describe below:

33b. If yes, number of years since prior claim:

	Yes	No	Unsure
34. Is the Applicant aware of any fact, circumstance, situation, event, or wrongful act which reasonably could give rise to a cyber event, loss, or a claim being made against them that would fall within the scope of the policy for which the Applicant is applying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Has the Applicant or any other organization proposed for this insurance sustained any unscheduled network outage or interruption lasting longer than six hours within the past twenty-four months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Has the Applicant received any claims or complaints with respect to privacy, breach of information or network security, or unauthorized disclosure of information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Has the Applicant been subject to any government action, investigation, or subpoena regarding any alleged violation of a privacy law or regulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Has the Applicant notified consumers or any other third party of a data breach incident involving the Applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statements About Your Business

1. As the individual completing this transaction, you are authorized to purchase and bind this insurance on behalf of the entity applying for coverage.
2. Your business is not controlled or owned by any other firm, corporation, or entity.
3. For the entire period of time that you have owned and controlled the business, you have not sold, purchased, or acquired, discontinued, merged into or consolidated with another business.
4. Your business has never had any commercial insurance cancelled or rescinded.

Claims and Loss History

Based upon your knowledge and the knowledge of your business's current and past partners, officers, directors, and employees, during the last five years a third party has never made a claim against your business, and you do not know of any reason why someone may make a claim outside of any information provided on this Application.

Professional Liability

The limits of liability represent the total amount available to pay judgments, settlements, and claim expenses (e.g., attorney's fees) incurred in the defense of any claims. We are not liable for any amounts that exceed these limits. If coverage is provided, it shall apply only to occurrences that take place during the policy period.

It is a crime to knowingly and intentionally attempt to defraud an insurance company by providing false or misleading information or concealing material information during the application process or when filing a claim. Such conduct could result in your policy being voided and subject to criminal and civil penalties.

☐ I have read and agree to the above statement.

☐ I agree to accept delivery of the insurance policy and related documents via email to the address provided and agree to consent in electronic transactions. (Optional)

Fraud Warnings

General 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. (Not applicable in AL, AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, HI, KS, KY, LA, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, UT, TN, TX, UT, VA, VT, WA and, WV)

Alabama Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska Fraud Warning

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona Fraud Warning

For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas 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.

California Fraud Warning

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

Delaware Fraud Warning

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia Fraud Warning

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 an 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.

Idaho Fraud Warning

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana Fraud Warning

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Hawaii Fraud Warning

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Kansas Fraud Warning

We will not pay for any loss or damage if you or any other insured in relation to an insurance application, rating, claim or coverage under this policy knowingly and with intent to defraud: 1. Presents, causes to be presented or prepares with the knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 material fact; or 2. Conceals information concerning any material fact for the purpose of misleading.

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.

Louisiana 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.

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 a denial of insurance benefits.

Maryland Fraud Warning

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

Minnesota Fraud Warning

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire Fraud Warning

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Fraud Warning

Any person who includes 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.

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 and the stated value of the claim for each such violation.

Ohio Fraud Warning

Any person who, with 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 Fraud Warning

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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that: A. The misinformation is material to the content of the policy; B. We relied upon the misinformation; and C. The information was either: 1. Material to the risk assumed by us; or 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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.

Puerto Rico Fraud Warning

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island 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.

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.

Notice to Applicant

For the purpose of this Application, the undersigned authorized officer of the organization 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. The insurer will have relied upon this Application and its attachments in issuing the 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 the limit of liability is reduced by amounts incurred as “Defense Expenses” (as defined in the Policy), and such expenses will be subject to the deductible amount. Misrepresentation of any material fact in this Application may be grounds for the rescission of this Policy.

Signature

The undersigned authorized representative (the Applicant's Chief Executive Officer, Chief Financial Officer, Chief Security Officer, Chief Technology Officer, Chief Information Officer, Risk Manager, General Counsel, or any functionally equivalent positions, regardless of title) of the Applicant declares that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this application, are true and complete and may be relied upon by the insurer providing, and reviewing, this application for insurance.

Authorized Representative Title

Authorized Representative Name

Authorized Representative Signature

Today’s Date (MM/DD/YYYY)