



## Cyber Risk Protect<sup>SM</sup> Small Business Insurance Application

**NOTICE: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE BASIS. EXCEPT AS OTHERWISE PROVIDED HEREIN, PORTIONS OF THIS POLICY APPLY ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD (IF APPLICABLE) PURSUANT TO THE TERMS OF THIS POLICY.**

**DAMAGES AND LOSSES, INCLUSIVE OF CLAIMS EXPENSES, ARE INCLUDED WITHIN THE LIMITS OF LIABILITY, REDUCE AND MAY EXHAUST THE AVAILABLE LIMITS OF LIABILITY, AND SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. THE INSURER SHALL NOT BE LIABLE FOR CLAIMS EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT, SETTLEMENT OR LOSS AFTER EXHAUSTION OF THE LIMITS OF LIABILITY.**

**PLEASE READ AND REVIEW THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**Instructions:**

1. Respond to all questions completely. Check responses as requested.
2. If space is insufficient, continue responses on your letterhead and attach as an addendum.
3. This application must be completed, dated and signed by an authorized officer of the entity identified in the section entitled "Applicant Information" below.
4. The term "Applicant" as used throughout this Application means the applicant named below and all entities, including subsidiaries, proposed for this insurance.

### I. Applicant Information

Name of **Applicant**:

Address of **Applicant**:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ **Applicant's Website:** \_\_\_\_\_

Name of Parent Organization (if applicable)

Business Description:

**Contact Information**

Name and Title of Insurance Contact:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Title of Data Security Event Contact:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



## II. General Information

### General Information

Please complete the following chart for the **Applicant**:

	Current Year
Number of Employees	
Gross U.S. Revenue	
Gross Non-U.S. Revenue	
Total Assets	

Please estimate the number of unique individual records in the care, custody or control of **Applicant** and all subsidiaries and proposed insured entities. If none, please check this box.

Record Type	Number of Records			
Non Public Personal Information (PII) excluding Financial Account records and PHI records	Less than 50K	<input type="checkbox"/>	100K – 500K	<input type="checkbox"/>
	50K-99K	<input type="checkbox"/>	More than 500K	<input type="checkbox"/>
Protected Health Information (PHI)	Less than 50K	<input type="checkbox"/>	100K – 500K	<input type="checkbox"/>
	50K-99K	<input type="checkbox"/>	More than 500K	<input type="checkbox"/>
Financial Account records	Less than 50K	<input type="checkbox"/>	100K – 500K	<input type="checkbox"/>
	50K-99K	<input type="checkbox"/>	More than 500K	<input type="checkbox"/>
Corporate Information of a third party	Less than 50K	<input type="checkbox"/>	100K – 500K	<input type="checkbox"/>
	50K-99K	<input type="checkbox"/>	More than 500K	<input type="checkbox"/>
EU Residents Personal Data	Less than 50K	<input type="checkbox"/>	100K – 500K	<input type="checkbox"/>
	50K-99K	<input type="checkbox"/>	More than 500K	<input type="checkbox"/>

1. Does the **Applicant** use firewalls at the perimeter of the **Applicant's** network?  YES  NO
2. Does the **Applicant** utilize antivirus/anti-malware software on all computers?  YES  NO
3. Does the **Applicant** require employee passwords of at least eight characters that include at least one number and a special character?  YES  NO
4. Does the **Applicant** deploy critical (software/firmware) updates, patches/hot-fixes or Service Packs on a regular basis?  YES  NO
5. Does the **Applicant** use any software or hardware that has been officially retired (end-of-life) that the manufacturer or developer is no longer supporting with updates and/or software patches?  YES  NO
6. Does the **Applicant** revoke employee computer access when an employee is terminated?  YES  NO
7. Does the **Applicant** have physical security controls of the Insured's Premise where computers, networking equipment, written and electronic records are kept?  YES  NO
8. Does the **Applicant** encrypt data in transit, at rest or stored on laptops or other portable media?  YES  NO
9. Has the **Applicant** implemented a network based Intrusion Detection System?  YES  NO
10. Does the **Applicant** perform vulnerability scanning/penetration testing on a regular basis?  YES  NO
11. Has the **Applicant** implemented a network and data security policy and/or an Incident Response Plan?  YES  NO
12. Does the **Applicant** provide security awareness training for employees?  YES  NO



13. Does the **Applicant** have a formal business continuity/disaster recovery plan and/or backs up critical data on a regular basis?  YES  NO

14. Is the **Applicant** currently compliant with Payment Card Industry Data Security Standards (-DSS) based on the **Applicant's** merchant level?  YES  NO

Check Here if the **Applicant** does not store, maintain or process credit card data

15. Does the **Applicant** comply with local, state, federal and international security and privacy laws affecting the **Applicant's** business?  YES  NO

Check here if the **Applicant** is not governed by any of the above mentioned laws

16. Does the **Applicant** review content prior to posting on the **Applicant's** website or **Applicant** controlled Social media site to ensure it does not contain any defamatory or libelous material or infringes on another's copyright, trademark, service mark or collective mark?  YES  NO

### Claims History and Loss Information

1. Has the **Applicant** had any actual or potential claims, litigation, or losses during the past 3 years arising from Information Security, Network Security, or Media activities?  YES  NO

2. Has the **Applicant** been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation during the past 3 years?  YES  NO

For any of the questions in 1-2 above, please provide a complete description of the incident in an addendum to this application, including costs, losses or damages incurred or paid, and any corrective measures to respond to such incident.

3. Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or transaction which could reasonably be expected to give rise to any claim or loss that would fall within the scope of the proposed coverage?  YES  NO

If "Yes" to question 3 above, please provide a complete description of the facts, circumstances, situations, events or transactions in an addendum to this application.

The **Applicant** understands and agrees that if any fact, circumstance, situation, event or transaction exists, whether or not disclosed, the proposed insurance will not afford coverage for any claim or loss arising from such fact, circumstance, situation, event or transaction.

### Applicant Representations, Fraud Warnings and Signatures

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURER TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT ACKNOWLEDGES THAT ITS BROKER/PRODUCER IS NOT APPOINTED BY THE INSURER AND IS ACTING AS APPLICANT'S REPRESENTATIVE, AUTHORIZED TO PRESENT THIS APPLICATION ON ITS BEHALF TO THE INSURER. IN THIS CAPACITY THE BROKER/PRODUCER HAS NO UNDERWRITING OR BINDING AUTHORITY WITH THE INSURER AND CANNOT BIND COVERAGE OR MODIFY THIS APPLICATION OR ANY INSURANCE POLICY. ANY BINDER OR POLICY MODIFICATION WILL BE VALID ONLY IF ISSUED BY THE INSURER. APPLICANT FURTHER ACKNOWLEDGES THAT ANY FEES THAT IT PAYS TO THE BROKER/PRODUCER FOR THIS SERVICE IS AGREED TO IN WRITING BETWEEN APPLICANT AND THE BROKER/PRODUCER.**



**Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 of the third degree.

**Notice to Kentucky Applicants:** 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.

**Notice to Louisiana 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 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 Alabama and Maryland Applicants:** 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.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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 Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Notice to 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 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.



**Notice to Puerto Rico Applicants:** 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 a 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 of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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.

**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 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.

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED APPLICATION FOR INSURANCE AND IN ANY MATERIALS SUBMITTED WITH THIS APPLICATION ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY THE INSURER. IF THE INFORMATION IN THE APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE INSURER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.**

**THE INFORMATION REQUESTED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE INSURER UNDER ANY POLICY OF ANY ACTUAL OR POTENTIAL CLAIM OR LOSS.**

<b>Signature of Authorized Representative</b>	
<b>Printed Name</b>	
<b>Date</b>	
<b>Title</b>	

If the individual signing the Application is other than the President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, General Counsel, Chief Information Officer, Chief Technology Officer, Chief Security Officer, Chief Privacy Officer, please indicate with an X that the individual has been appointed as an officer of the organization by its Board of Directors.

<b>Signature of Insured's Representative</b>	
<b>State Producer License Number</b>	
<b>Printed Name</b>	
<b>Agency Name and Phone Number</b>	
<b>Date</b>	

**UTAH APPLICANTS ONLY (no signature required)**

**ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE**



**ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.**

**ARKANSAS, MISSOURI, NEW MEXICO, NORTH DAKOTA AND WYOMING APPLICANTS ONLY**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

<b>Signature of Authorized Representative</b>	
<b>Printed Name</b>	
<b>Date</b>	
<b>Title</b>	