

CYBER INSURANCE APPLICATION



Name of Insurance Company to which application is made

NOTICE: THIS POLICY CONTAINS CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

I. GENERAL INFORMATION

1. Name of Applicant (together with all of your subsidiaries and joint ventures, "you"):
2. Company Type: Public Private Non-Profit Government
3. Mailing Address:

4. State of Incorporation/Establishment: Year Established: NAICS Code:
5. Description of your business:
6. Size of business:

	Prior Year Fiscal Year End Revenue (Month/Year) ____/____	Most Recent Fiscal Year End Revenue (Month/Year) ____/____	Projected Next Fiscal Year End Revenue	Current Total Employee Count
Total	\$ _____	\$ _____	\$ _____	
US Based	\$ _____	\$ _____	\$ _____	
Foreign Based	\$ _____	\$ _____	\$ _____	

If a Financial Institution please also answer the following:

Prior Year Fiscal Year End Assets		Most Recent Fiscal Year End Assets		Projected Next Fiscal Year End Assets	
Total Assets	Assets Under Management	Total Assets	Assets Under Management	Total Assets	Assets Under Management
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

7. Website(s):
8. EIN Number:
9. Parent Entity Name & Address (if none, check here):

10. Were you involved in (or might you be involved in) any actual, attempted, or planned merger, acquisition or divestment in the:

a. past 24 months? Yes No

b. next 12 months? Yes No

If "yes" to any of a. or b. above, please explain:

11. Are you responsible for collecting, storing, processing, safeguarding or any other activity involving the personal information of residents of foreign countries? Yes No

If "yes," which countries?

12. How many people's non-public personal information (NPI) do you collect, store, process or otherwise handle?

Under 50,000 51,000 - 100,000 100,001 - 1,000,000 1,000,001 - 5,000,000 Over 5,000,000

13. Do you engage in any service or activity involving or similar to: initial offerings, mining, trading, exchanging, or storing of cryptocurrency, token, digital coin, or equivalent thereof? Yes No

II. PRIOR KNOWLEDGE & PRIOR NOTICE

1. In the past 36 months, have you become aware of any facts, acts or circumstances that could give rise to any claim or loss under the policy for which you are applying? Yes No

If "yes," please describe each such fact, act, and circumstance:

2. In the past 36 months, have you reported any facts, acts, circumstances, claims, or loss for coverage under an insurance policy that you would have reported for coverage under the policy for which you are applying had it been in place? *(If you had nothing to report during that time, check here and continue straight to Section III., Qualitative Questions.)* Yes No

a. If "yes," please describe each such fact, act, circumstance, claim, and loss, including what policy it was reported under, what carrier issued it, and when it was reported.

b. If "no," please describe your rationale for not reporting and your contemplated future action below. *(If you had no prior insurance under which to give notice, please check here)*

NOTE THE FRAUD WARNING STATEMENTS BELOW. IF YOU HAVE ANY QUESTIONS ABOUT HOW TO ANSWER ANY QUESTION IN THIS APPLICATION, PLEASE DISCUSS THEM WITH YOUR INSURANCE AGENT OR BROKER.

ADDITIONAL INSTRUCTIONS FOR QUESTIONS IN SECTIONS III, IV, and V:

These questions apply whether information is on or offline.

These questions apply whether the information is in your care or the care of a party to whom you have entrusted it.

Throughout sections III and V, "we," "us," and "our" mean you and any third party on whom you currently rely, or to whom you entrust any information.

Throughout sections IV, "you" and "your" mean you and any third party on whom you currently rely, or to whom you entrust any information.

III. QUALITATIVE QUESTIONS

Read the statements below and check all of the statements that apply to the operating environment proposed for insurance. Please remember that, in this section, "we," "us," and "our" mean you and any third party on whom you rely or relied, or to whom you entrust, or entrusted, any information.

1	<input type="checkbox"/> We back-up mission critical data regularly, routinely store recent back-ups off-line and our backups are well isolated from threats against our production systems. <input type="checkbox"/> We document and understand the sensitivity of our data. <input type="checkbox"/> Our sales, inventory and customer systems are: current; routinely maintained (including security updates); supported by vendors; and legitimately procured and properly licensed.
2	<input type="checkbox"/> We have an up-to-date written privacy policy <u>and</u> security policy. <input type="checkbox"/> We have formal written procedures for each of these policies. <input type="checkbox"/> An attorney regularly reviews these policies and procedures and has determined that we are compliant with applicable law.
3	<input type="checkbox"/> We retain information only as long as needed to comply with regulation. <input type="checkbox"/> Our purging of data is permanent. <input type="checkbox"/> We have an up-to-date data retention policy.
4	<input type="checkbox"/> We have a dedicated, qualified resource who manages security and privacy, including access, e.g. Chief Information Security Officer ("CISO"). <input type="checkbox"/> Our access control procedures limit systems access to only those required to perform a job. <input type="checkbox"/> We employ multi-factor authentication for access to highly sensitive information.
5	<input type="checkbox"/> We train on security & privacy. <input type="checkbox"/> We conduct background checks on new employees and contractors. <input type="checkbox"/> We enforce written agreements with employees on protecting sensitive information.
6	<input type="checkbox"/> We encrypt all electronic information that leaves our physical control (laptops, mobile devices, storage, etc.), using strong encryption and keys so that only we can decrypt it. <input type="checkbox"/> We maintain control over where our digital and hardcopy information is stored, maintaining a chain of custody. <input type="checkbox"/> We encrypt all highly sensitive information internally, including on servers.
7	<input type="checkbox"/> We use technical measures, devices or tools and techniques including: firewalls, anti-virus, passwords/authentication, to preclude unauthorized infiltration, modification or corruption of our network, including endpoints and sensitive assets within the network. <input type="checkbox"/> We update these measures routinely. <input type="checkbox"/> We ensure that third parties on whom we rely continuously support any similar measures they use.
8	<input type="checkbox"/> We ensure that anyone to whom we entrust information, in any form, undertakes measures to safeguard that information in a manner compliant with applicable law and our own obligations to protect that information. <input type="checkbox"/> We contractually restrict the ability of parties we deal with to entrust information to anyone else and require indemnification for any breach.

	<input type="checkbox"/> We ensure the parties we deal with have the financial wherewithal or sufficient insurance coverage to discharge their obligations to us.
9	<input type="checkbox"/> We continuously monitor our network, all endpoint devices and assets within our network to detect and respond to attempted unauthorized access or unusual activity. <input type="checkbox"/> We retain records (or logs) of that monitoring and any response measures undertaken; we review those records often. <input type="checkbox"/> We have visibility into all assets, endpoints, devices and data residing on our network.
10	<input type="checkbox"/> We maintain incident and disaster response plans. <input type="checkbox"/> We have a designated response team where members have specific assigned roles, are proficient in responding to a loss-inducing situation, and know how to minimize impact on us or anyone who depends on us. <input type="checkbox"/> We rehearse and update those plans at least annually.
11	Executive leadership approval of Privacy and Security policy & procedures: Please indicate who approves your corporate privacy and security policies and procedures. <input type="checkbox"/> CEO , Owner or Equivalent <input type="checkbox"/> Executive Committee members <input type="checkbox"/> CISO

Please use the space below to provide comments, identifying which question(s) are being commented on:

IV. CONTROL CADENCE

Please check the box below with the most generally applicable answer. Please remember that, in this section, “you” and “your” mean you and any third party on whom you currently rely, or to whom you entrust any information.

1	How often do you implement system security updates or patches?	<input type="checkbox"/> Immediately upon availability	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Not at all
2	How often do you monitor your intrusion detection system for signs of illicit activity?	<input type="checkbox"/> Continuously	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Not at all
3	How often do you monitor your outbound network traffic and destinations for possible illicit or unauthorized traffic?	<input type="checkbox"/> Continuously	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Not at all
4	How often do you review and adjust the configuration of your security devices and software defending high value assets? (e.g. intrusion detection, privilege management, end point security, firewall and port configuration etc.)	<input type="checkbox"/> Continuously	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Not at all
5	How often do you conduct risk and vulnerability assessments?	<input type="checkbox"/> Continuously	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Not at all
6	How often do you adjust the mechanisms you use to protect system and information assets? (e.g. servers, storage, databases, comm rooms, etc.)	<input type="checkbox"/> Continuously	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Not at all
7	How often do you review and adjust access authorization for facilities, hardcopy matter and information systems?			<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Not at all

8	How often do you train those responsible for protecting information and other assets? Not just those in a security oriented role.			<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Not at all
9	How often do you back up: a. Data and system needed to keep your business running? b. Configuration?	<input type="checkbox"/> Real-time journaling <input type="checkbox"/> When changed		<input type="checkbox"/> Daily		<input type="checkbox"/> Less than daily <input type="checkbox"/> Infrequently
10	How often do you review and if needed revise your privacy and security policies and procedures?	<input type="checkbox"/> Continuously	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Not at all

Please use the space below to provide comments, identifying which question(s) are being commented on:

V. CONTENT MANAGEMENT

Please complete the following questions only if you are applying for Digital Media Coverage.

Please remember that, in this section, “we,” “us,” and “our” mean you and any third party on whom you currently rely, or to whom you entrust any information.

1	We have written editorial policies and a review process governing any content that we publish both on and off line (including social media) including a formal process ensuring that we don't infringe another's copyright, title slogan, trademark, logo, trade name, service mark or brand. <input type="checkbox"/> Yes <input type="checkbox"/> No An attorney reviews and approves all content prior to publication. <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Were any trademarks acquired in the last three years? If “yes,” were they screened for infringement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you have a formal policy for responding to allegations that content created by you is libelous, infringing, or in violation of any other party's rights? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please use the space below to provide comments, identifying which question(s) are being commented on:

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION 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.

ATTENTION 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.

ATTENTION HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.¹

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A " FRAUDULENT INSURANCE ACT " MEANS AN ACT COMMITTED BY 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 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 FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

ATTENTION KENTUCKY, 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 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.

ATTENTION LOUISIANA, 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.

ATTENTION NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

1-In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2-In Maine this sentence ends at the word "quotations."

3-The application shall actually attach in the following states: North Carolina.

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT OR BOARD CHAIRMAN.

ATTENTION 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.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent _____
(Required: Florida, Iowa & New Hampshire only)

Agent License #: _____
(Required: Florida only)

Print Name: _____

Name of Agency: _____

Address: _____

Date: _____

Agent Signature: _____
(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

<Enter the address and phone number of the local The Hartford office.>
