

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for NetGuard® Plus Cyber Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant.

Please refer to the attached Cyber Glossary for an explanation of the cyber security terms that appear in bold face type.

1. GENERAL INFORMATION

Name of Applicant: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Website: _____

Fax: _____

Description of operations: _____

Attach a list of all subsidiaries, affiliated companies or entities owned by the Applicant and include a description of (1) the nature of operations of each such subsidiary, affiliated company or entity, (2) its relationship to the Applicant and (3) the percentage of ownership by the Applicant.

Current lawyers' professional liability (LPL) carrier: _____

LPL policy number: _____

2. REVENUES

Total gross revenues for the current fiscal year ending / (current projected): \$ _____

3. RECORDS

- a. Do you collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form? Yes No

If "Yes", provide the approximate number of unique records (paper and electronic): _____

*Private or sensitive information includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers' license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.

- b. Do you collect, store, host, process, control, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person? Yes No

If "Yes", have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws? Yes No

4. IT DEPARTMENT

This section must be completed by the individual within the Applicant's organization who is responsible for network security. As used in this section only, "you" refers only to such individual.

- a. Within the Applicant's organization, who is responsible for network security?

Name: _____

Title: _____

IT Security Designation(s): _____

Email address: _____

Phone: _____

- b. The Applicant's network security is: Outsourced; provide the name of your network security provider: _____
 Managed internally/in-house

- c. If the Applicant's network security is outsourced, are you the main contact for the network security provider named in question 4.b. above? Yes No

If "No", provide the name and email address for the main contact: _____

By signing below, you confirm that you have reviewed all questions in Section 5 of this application regarding the Applicant's ransomware controls, and, to the best of your knowledge, all answers are complete and accurate. Additionally, you consent to 1) the Insurer conducting non-intrusive scans of your internet-facing systems / applications for common vulnerabilities, and 2) receiving direct communications from the Insurer and/or its representatives regarding the results of such scans and any potentially urgent security issues identified in relation to the Applicant's organization.

Print/Type Name: _____

Signature: _____

5. RANSOMWARE CONTROLS

a. Do you pre-screen emails for potentially malicious attachments and links? Yes No

If "Yes", select your email pre-screen provider:

If "Other", provide the name of your email pre-screen provider: _____

b. Can your users access email through a web application or a non-corporate device? Yes No

If "Yes", do you enforce **Multi-Factor Authentication (MFA)**? Yes No

c. Do you allow remote access to your network? Yes No

If "Yes", do you use **MFA** to secure all remote access to your network, including any **remote desktop protocol (RDP)** connections? Yes No

If **MFA** is used, select your **MFA** provider:

If "Other", provide the name of your **MFA** provider: _____

d. Do you use a **next-generation antivirus (NGAV)** product to protect all endpoints across your enterprise? Yes No

If "Yes", select your **NGAV** provider:

If "Other", provide the name of your **NGAV** provider: _____

e. Do you use an **endpoint detection and response (EDR)** tool that includes centralized monitoring and logging of all endpoint activity across your enterprise? Yes No

If "Yes", select your **EDR** provider:

If "Other", provide the name of your **EDR** provider: _____

f. Do you use **MFA** to protect all local and remote access to privileged user accounts? Yes No

g. Do you use a data backup solution that has **all** of the following characteristics: Yes No

(1) kept in a cloud service protected by **MFA**;

(2) runs daily; and

(3) can be used to restore essential network functions within 3 days after a widespread malware or ransomware attack?

ADDITIONAL COMMENTS (Use this space, or attach a separate page, if space is insufficient, to explain any answers in the above section and/or to list other relevant IT security measures you are utilizing that are not listed here.)

6. PHISHING CONTROLS

Do any of your employees complete social engineering training? Yes No

If "Yes":

a. does your social engineering training include phishing simulation? Yes No

b. do employees with financial or accounting responsibilities complete training? Yes No

c. do employees without financial or accounting responsibilities complete training? Yes No

7. LOSS HISTORY

In the past 3 years, has the Applicant or any other person or organization proposed for this insurance experienced one or more of the following:

- Been served with a lawsuit or received a demand, complaint or charge alleging liability for a privacy breach, privacy injury, security breach, intellectual property infringement or reputational harm; Yes No
- Been the subject of any government action, investigation or proceedings regarding any alleged violation of privacy law; Yes No
- Notified customers, clients or any third party of any security breach or privacy breach; Yes No
- Received any cyber extortion demand or threat; Yes No
- Sustained any unscheduled network outage or interruption for any reason; Yes No
- Sustained any property damage or business interruption losses as a result of a cyber-attack; Yes No
- Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud; Yes No
- A business interruption as a direct result of an unscheduled network outage or interruption of a service provider computer system; or Yes No
- Became aware of any other cyber security or data privacy event, incident or allegation involving or impacting your organization? Yes No

If you answered "Yes" to any of the above questions, please use the Additional Comments section below to describe each claim, allegation or incident you have experienced (or attach a separate page, if space is insufficient). Please also complete a Claim Supplemental Form for each claim, allegation or incident.

ADDITIONAL COMMENTS:

NOTICE TO APPLICANT

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in question 7 of this application.

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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.

CERTIFICATION, CONSENT AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a NetGuard® Plus Cyber Liability Insurance risk have been revealed.

By signing below, the Applicant consents to the Insurer conducting non-intrusive scans of the Applicant's internet-facing systems / applications for vulnerabilities.

It is understood that this application shall form the basis of the contract should the Underwriter approve coverage, and should the Applicant be satisfied with the Underwriter's quotation. It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.

This application shall be deemed attached to and form a part of the Policy should coverage be bound.

Must be signed by an officer of the company.

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant