

NEW BUSINESS APPLICATION

GENERAL INFORMATION

Name of Applicant:
 Street Address:
 City, State, Zip:
 Website (if applicable):
 Insured Email:
 Description of Operations:
 Total # of Employees:
 FEIN:

REVENUES

Current Fiscal Year

Last Fiscal Year

Total Gross Revenues:

Please answer "Yes" or "No" to all questions:

1.	Has your business suffered a cyber-related loss in the past 12 months?	☐ Yes ☐ No
2.	Do employees use Multi-Factor Authentication (MFA) when accessing your network remotely? [Examples of MFA: Google Authenticator, RSA SecureID, Office 365 MFA, Duo, etc.]	☐ Yes ☐ No
3.	Do you have data retention and disposal policies?	☐ Yes ☐ No
4.	Is data encrypted when sent and received?	☐ Yes ☐ No
5.	Are your backups encrypted?	☐ Yes ☐ No
6.	Do you monitor your network in real time for possible intrusions or abnormalities?	☐ Yes ☐ No
7.	Have you or a third-party scanned or otherwise assessed your network over the past year (to identify necessary patches, potential website or remote desktop software vulnerabilities, etc.)?	☐ Yes ☐ No
8.	Do you or a third-party provide security awareness and phishing training to employees at least annually?	☐ Yes ☐ No
9.	If you process fund transfer requests, do you confirm the instructions via a method other than the original means of the instruction (for example, calling an individual to confirm the wire transfer after they sent an email)? ☐ My business does not process fund transfer requests, nor do we plan on doing so over the next year	☐ Yes ☐ No
10.	Do you routinely review all material (including digital content) for intellectual property and privacy compliance prior to any publication, broadcast, distribution or use?	☐ Yes ☐ No

11.	Do you require indemnification or hold harmless agreements from third parties (e.g. outside advertising agency) when contracting with them to create or manage content on your behalf?	☐ Yes ☐ No
12.	Do you have plans in place to limit disruption to your business operations in the event of a cyber incident?	☐ Yes ☐ No
13.	Have you tested the successful restoration and recovery business-critical applications and data from backups in the last 6 months?	☐ Yes ☐ No
14.	Do you store, process, or handle credit card transactions?	☐ Yes ☐ No
	If YES, are you Payment Card Industry Data Security Standard (PCI-DSS) Compliant?	☐ Yes ☐ No
	If NO, do you fully outsource all payment transactions to a PCI-Compliant processor?	☐ Yes ☐ No
15.	Do you have processes established around identity and access management, including privileged access management, in order to limit the number of users with access to critical corporate data?	☐ Yes ☐ No
16.	Do you perform assessments or audits at least annually to ensure that third-party vendors meet necessary security requirements?	☐ Yes ☐ No
17.	Do you have dedicated internal personnel that actively monitor security operations 24/7, and/or do you alternatively use a third-party vendor for such purposes? ☐ Yes, we use a third-party vendor ☐ Yes, we have dedicated internal personnel	☐ No
18.	Do you have processes in place that regularly review commercial or proprietary software for known security vulnerabilities, and subsequently patch or upgrade such software?	☐ Yes ☐ No
19.	If needed, can highly critical security vulnerabilities be patched within 72 hours by either you or a third-party?	☐ Yes ☐ No
20.	Do you maintain and regularly update digital asset inventory (including hardware such as computers, network devices, and printers, software, and data?	☐ Yes ☐ No

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime and may subject the person to criminal penalties.

ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA: 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. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

COLORADO: 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.

DISTRICT OF COLUMBIA:

"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."

KENTUCKY 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 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.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: 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 is considered a crime.

MAINE: 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 denial of insurance benefits.

MARYLAND: 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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or any 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 (\$5,000) and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: 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: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA: 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.

TENNESSEE and WASHINGTON: 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 and/or denial of insurance benefits.

VERMONT: 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.

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.

Signed: _____

Date: _____

Print Name: _____

Title: _____

American Guardian Insurance

Agency License: 6002084

Phone/Text: 951-463-3061

info@amguardinsurance.com

www.amguardinsurance.com