

Cybersecurity Insurance Application

Please answer all the questions on this form. Before any question is answered please carefully read the declaration at the end of the application form, which you are required to sign. Underwriters will rely on the statements that you make on this form. In this context, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.

Broker Information

- 1 a. Company _____
b. Producer _____
c. Address _____
d. Telephone _____

General Information

- 2 a. Name(s) of Applicant _____
b. Address _____
c. City _____ d. State _____ e. Zip _____
f. Telephone _____
g. Website _____
h. From the following choices, please select which best describes your type of business:
1. Contractor, Architect or Engineer Yes ___ No ___
2. Other Yes ___ No ___
i. Please provide your NAICS6-digit code _____
j. Most recent twelve months revenue _____ ending _____
k. Approximately how many Personally Identifiable records on an Individual (PII's) are retained within your computer network, databases and records?(PII is defined as a personally identifiable record on an individual that can be used to identify, contact or locate a single individual.)
l. Identify the type of PII retained on your network
1. Payment card data Yes ___ No ___
2. All other PII including Personal Health Care records Yes ___ No ___
If you have answered 'Yes' to l.2. please provide details regarding the nature of this PII.

Network Information

- 3 a. Do you have a written Incident Recovery Plan for security incidents and network outages in force to avoid business interruption due to systems failure? Yes ___ No ___
- b. Are all portable and mobile devices that contain sensitive data or PII encrypted? Yes ___ No ___ N/A ___
- c. If you have answered 'No' to question b, please detail the type and how much PII is stored on portable media devices and how it is protected in the absence of encryption.
- d. If you process or store credit card information (where this is not outsourced to a third party that accepts full responsibility for PCI compliance), have you been certified as being PCI compliant within the last 12 months? Yes ___ No ___ N/A ___
- e. Do you have quarterly scans conducted by a PCI SSC Approved Scanning Vendor (ASV)? Yes ___ No ___
- f. If you have answered 'No' to question e, please explain.
- g. Are staff with access to your network trained and assessed in privacy and security related matters such as phishing, identity theft and social media? Yes ___ No ___
- h. Do you have a written company-wide policy that addresses compliance with privacy and security laws or regulations as required for your business/industry or required by jurisdiction where it conducts business and are they reviewed by a qualified lawyer or third party and updated as required? Yes ___ No ___
- i. Do you have firewalls and automatically updating antivirus software in force across your network? Yes ___ No ___
- j. Is all sensitive and confidential information stored on your databases, servers and data files encrypted? Yes ___ No ___
- k. Do you have a privacy policy on your website which has been legally reviewed and includes a statement advising users as to how any information collected will be used and for what purposes? Yes ___ No ___
- l. Do you have a process in force to obtain a legal review of all media content and advertising materials prior to release? Yes ___ No ___
- m. Do you run anti-virus software on your network including all desktops, laptops, servers (excluding database servers), all incoming traffic; and is the anti-virus software updated on a regular basis? Yes ___ No ___

4 Do you outsource (or plan to outsource) a critical part of your internal network / computer system or internet access/presence to others? Yes ___ No ___

If yes, check all categories that apply and name the service provider for each category

Category	Applies	Category	Applies
ISP	Yes ___ No ___	Backup, co-location and data recovery	Yes ___ No ___
Service Provider _____ Bellsouth _____ Cablevision _____ Charter _____ Comcast _____ Cox _____ Earthlink _____ Insight BB _____ Mediacom _____ Qwest _____ Road Runner _____ SBC(AT&T, Yahoo, Sprint) _____ United Online _____ Verizon _____ Other: (enter below)		Service Provider _____ ATT _____ EMC _____ HP _____ IBM _____ Iron Mountain Storage _____ Tek _____ Sunguard _____ In-House _____ None _____ Other: (enter below)	

Category	Applies	Category	Applies
Financial Services and Payment Processing	Yes ___ No ___	Other: "cloud". ASP, SAAS Etc.	Yes ___ No ___
Service Provider		Service Provider	
___ Corillon		___ Amazon	
___ Datavantage		___ Microsoft	
___ Digital		___ Google	
___ Insight		___ Go Daddy	
___ DSS		___ IBM	
___ ECHO		___ HP	
___ First Data		___ AT&T	
___ FI Serve		___ Rackspace	
___ Global Payments		___ Savvis	
___ Jack Henry		___ Terremark	
___ Lawson		___ Fujitsu	
___ Metavente		___ Nirvanix	
___ Paymentech		___ VMWare/EMC	
___ Paypal		___ Salesforce	
___ S-1		___ Other: (enter below)	
___ Verisign			
___ Other: (enter below)			

Historical Information

- 5 a. Sustained any unscheduled or unintentional network outage, intrusion, corruption or loss of data? Yes ___ No ___
- b. Received notice or become aware of any privacy violations or that any data or personally identifiable information has become compromised? Yes ___ No ___
- c. Been subject to any disciplinary action, regulatory action, or investigation by any governmental, regulatory or administrative agency? Yes ___ No ___
- d. Received any injunction(s), lawsuit(s), fine(s), penalty(s) or sanction(s)? Yes ___ No ___
- e. After investigation, are you aware of any circumstance that reasonably might result in a claim (including a claim without merit) under the insurance(s) being requested in this application; It being understood and agreed that if any such circumstances exist and are not disclosed, any resulting claim will not be covered under the contemplated policy. Yes ___ No ___

If you have answered 'Yes' to any questions within this section, please provide full details:

Data Protection

By accepting this insurance you consent to DUAL Commercial using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

IMPORTANT – Cybersecurity Policy Statement of Fact

By accepting this insurance you confirm that the facts contained in the proposal form are true. These statements, and all information you or anyone on your behalf provided before we agree to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, we will be entitled to treat this insurance as if it had never existed. You should keep this Statement of Fact and a copy of the completed proposal form for your records.

This application must be signed by the applicant. Signing this form does not bind the company to complete the insurance. With reference to risks being applied for in the United States, please note that in certain states, any person who knowingly and with intent to defraud any insurance company or other person submits an application for insurance containing any false information, or conceals the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized principal, partner, director, risk manager, or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow principals, partners, directors, risk managers, or employees to enable you to answer the questions accurately.

Sign _____

Date _____