

Regulatory Compliance:

6. Please indicate if you are in compliance with the following (check all that apply):

- a. PCI DSS (Payment Card Industry Data Security Standard)? Yes No N/A
- b. GDPR (EU General Data Protection Regulation)? Yes No N/A
- c. HIPAA (Health Insurance Portability and Accountability Act)? Yes No N/A
- d. Other? (E.g. California Consumer Privacy Act) Please specify: Yes No N/A

Privacy Practices:

7. Please indicate if you employ any of the following practices (check all that apply):

- A specific individual responsible for overall privacy and information security? Yes No
- A written corporate privacy policy which is reviewed by a qualified lawyer, actively followed and regularly updated? Yes No
- Annual training in place for employees with respects to privacy matters? Yes No
- Screening of potential employees (e.g., background, drug, criminal, credit, etc.)? Yes No
- Regular network security assessments/penetration testing performed by third parties? Yes No
- Formal policies and procedures around the retention, destruction, and purging of data? Yes No
- Contracts in place with all third parties that have access to sensitive information, including business associate agreements? Yes No
- Ensure that these contracts contain hold harmless/indemnity clauses that benefit you? Yes No

Information Security:

8. Please indicate if you employ any of the following (check all that apply):

- The use and application of anti-virus software on all computer devices and networks? Yes No
- Regular updating and patching of systems and software in a timely manner? Yes No
- The use and application of intrusion detection and/or prevention software? Yes No
- The use and application of firewalls to restrict network traffic? Yes No
- A password policy to require strong passwords that should be updated on a regular basis? Yes No
- Data access controls including role based access and timely account termination? Yes No
- Multi-factor authentication for remote access by employees, third parties, and/or VPN? Yes No

Business Interruption and Disaster Recovery Plan:

9. Do you have a Business Continuity Plan in place?

- Yes No
- a. If Yes, is this plan regularly tested? Yes No
- b. If you suffer a network disruption, how long would it take to become fully operational?
 1-4 Hours 4-8 Hours 8-12 Hours 12-24 Hours 24-48 Hours 48+ Hours

10. Do you have a Disaster Recovery Plan in place?

- Yes No
- If Yes, is this plan regularly tested? Yes No

11. Do you have a written incident response plan in the event that Personally Identifiable Information is/may be compromised?

- Yes No
- If Yes, is this plan regularly tested? Yes No

12. Do you have procedures in place to vet the security and privacy controls of your vendors and outsourcers?

- Yes No

13. Are patching and other system changes released in a test environment prior to release on main systems?

- Yes No

Cyber Crime:

14. With regards to transfer of funds, please indicate the following:

| | Domestic | Foreign |
|--|----------|---------|
| Daily average number of transfers | | |
| Average amount transferred per day | | |
| Maximum amount in any one transfer | | |
| Percentage going to Asia/Russia combined | | |

15. Before acting on a transfer, do you verify the request or account detail changes using a method other than the initial contact method (Example: the initial request is received by mail and verification is done by telephone)? Yes No
- a. If Yes, above what amount?
- b. Please describe procedure:
- c. Are procedures followed for transfers requests coming from both internal and external sources? Yes No

Media & Intellectual Property Controls:

16. Please indicate if you employ any of the following media and intellectual property controls (check all that apply):
- Obtaining all necessary and proper rights when using content developed by third parties? Yes No
- Legal review of all content disseminated by you? Yes No
- Notice and Take-Down procedures in place for addressing potentially libelous, infringing, or illegal content on the corporate website(s) (e.g. DMCA or similar)? Yes No
- Obtaining consent from Individuals when collecting Personally Identifiable Information? Yes No
- Procedures in place to ensure compliance with the Telephone Consumer Protection Act, anti-SPAM statutes, and any other consumer protection act? Yes No

Current Insurance:

17. If you currently have cyber liability insurance, please provide the following information:
- Name of insurer: _____ Limit of liability: \$ _____
- Retention: \$ _____ Premium: \$ _____
18. Has any insurer declined, cancelled, or nonrenewed any similar insurance issued to you? Yes No

Claims Details:

19. Do you, including your affiliates, executives, employees, or contractors, have knowledge or information of any act, error, omission, breach of duty, cease and desist letter, alleged breach of intellectual property rights, or any other circumstance which might reasonably be expected to give rise to:
- a. a claim made against you? Yes No
- b. a first party loss, including but not limited to a data breach, extortion threat, or other incident? Yes No
- c. a loss of money, securities, or property due to social engineering, fraud, or other criminal acts? Yes No
- If Yes to any of the above, please specify details (attach additional information).
20. Are you aware of any release, loss, or disclosure of personally identifiable information in your care, custody, or control during the last three years? Yes No
- If Yes, please specify details (attach additional information).
21. Are you aware of any known network intrusion or denial of service attack during the last three years? Yes No
- If Yes, please specify details (attach additional information).
22. Have you or any of your predecessors in business, subsidiaries or affiliates, or any of your principals, directors, officers, partners, professional employees, or independent contractors ever been the subject of a regulatory action as a result of the handling sensitive data, including a civil investigative demand, consent order, or investigation by an Attorney General or other industry body? Yes No
- If Yes, please specify details (attach additional information).
23. During the past five years, have any claims been made or legal action brought against you or your executives, employees, or contractors, or any related entities for which coverage is desired or any predecessors in business, subsidiaries, affiliates or any principal, director, officer, or employee? Yes No
- If Yes, please specify details (attach additional information).
24. Have you reported any of the matters listed in Question 19 through 23 to your current or former insurance carrier? Yes No
- If Yes, please specify details (attach additional information).

It is understood and agreed that with respect to the claims details questions above, if such knowledge of information exists any claim or action arising there from is excluded from this proposed coverage.

APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

Applicant Information:

Applicant Name:

By (Authorized Signature):

Name/Title:

Date:

Producer Information:

Producer Name:

* Producer Signature:

Date:

Address of Producer:

| | | |
|-----------------|--------|------|
| Street: | | |
| City: | State: | Zip: |
| E-Mail Address: | | |

** Producer License Number: