

Cyber Standalone Application

THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED PERIOD.

DEFENSE EXPENSES, WHERE APPLICABLE, ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST THE LIMITS OF INSURANCE.

IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

The words "You" and "Your" in this Application refers to the Applicant's organization and any entity for whom this insurance is intended. **Note:** It is recommended that the person completing this Application consult with the person(s) within the company who is responsible for information/technology.

I. GENERAL INFORMATION		
1. Name Of Organization (Applicant):		
2. DBA:		
3. Mailing Address:		
City:	State:	Zip Code:
4. Type of Ownership Structure:	<input type="checkbox"/> Private <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Investment Fund <input type="checkbox"/> Government <input type="checkbox"/> Not for Profit	
5. Description of Business: (NAICS)		NAICS Code:
6. Date Established:		
7. Number of Employees:		
8. Annual Revenue (\$):		
9. Website Address(es):		
10. Policy Period Requested:	From:	To:

II. UNDERWRITING QUESTIONS	
If you find that you do not have sufficient space below to thoroughly answer a question, please continue your responses on a separate sheet of paper and attach to this Application.	
1. Encryption	
a. Does Your organization encrypt all emails containing sensitive information (including, but not limited to, Personally Identifiable Information (PII), Personal Health Information (PHI), Payment Card Information (PCI)) sent to external parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does Your organization encrypt all sensitive information (including, but not limited to, PII, PHI, PCI) stored on computing and/or mobile devices (including, but not limited to, phones, tablets, laptops, wearable computers, flash drives)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Information Security Leadership	
a. Does Your organization have an individual officially designated for overseeing information security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Cloud	
a. Does Your organization have sensitive information (e.g., PII, PHI, PCI) stored on the cloud (including, but not limited to, Carbonite, Google Drive, Dropbox)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Employee Management	
a. Does Your organization provide mandatory information security training to all employees at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, are Your information security personnel provided with additional training to help them understand current security threats?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. PAST ACTIVITIES

1. Please attach Your organization's Loss History for the past three (3) years, if applicable.	
2. Has your organization ever been a party to any of the following:	
a. Civil or criminal action or administrative proceeding alleging violation of any federal, state, local or common law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is there currently any pending litigation, administrative proceeding or claim against the named applicant, organization and/or any of the prospective insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. During the last three (3) years, has Your organization suffered a security breach requiring customer or third-party notification according to state or federal regulations, cyber extortion or business interruption arising from a cyber event?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. OPTIONAL ENDORSEMENT

1. Do you want to purchase Computer and Funds Transfer Fraud coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Requested sublimit for Business and Contingent Business Income and Extra Expense*: *Your selected BI sublimit will cap at \$1,000,000	%
3. Would You like to cap Your retroactive coverage?	
<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Full Prior Acts	
4. Do you want to add an Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes, please fill out the following for the Additional Insured:	
4.1. Name of Organization:	
4.2. Mailing Address:	
4.3. Description of Business:	
5. Do you want to purchase coverage for Social Engineering Incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes, please fill out the following:	
5.1. Do You or Your employees verify third-party bank accounts before adding to your accounts payable systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2. Do You have an established and documented verification procedure requiring that You or Your employees authenticate all funds transfer requests, whether made to a third-party or otherwise by way of a secondary method of communication from the initial request for funds transfer (as one example, by calling the intended recipient to verify the request at a predetermined phone number if the funds transfer request was made by email)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3. Do You or Your employees prevent unauthorized employees from initiating wire transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you want to purchase Hardware Replacement coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you want to purchase Telecommunications Fraud coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you want to purchase Post Breach Remediation coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you want to purchase Website Media Content Liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you want to purchase Reverse Social Engineering coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Do you want to purchase coverage for Enhanced Business and Contingent Business Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes, please fill out the following:	
11.1. Please indicate how frequently You, or Your outsourced service, backup sensitive/critical data and critical systems: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Less frequently than Annually or Never	
11.2. Please identify which of the following business continuity measures Your organization has in place: <input type="checkbox"/> Documented Business Continuity Plan <input type="checkbox"/> Documented Disaster Recovery Plan <input type="checkbox"/> Documented Incident Response Plan	
12. Do you want to purchase coverage for Enhanced Business and Contingent Business Income inclusive of System Failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes, please fill out the following:	
12.1. Please indicate how frequently You, or Your outsourced service, backup sensitive/critical data and critical systems: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Less frequently than Annually or Never	
12.2. Please identify which of the following business continuity measures Your organization has in place: <input type="checkbox"/> Documented Business Continuity Plan <input type="checkbox"/> Documented Disaster Recovery Plan <input type="checkbox"/> Documented Incident Response Plan	
13. Do you want to purchase coverage for Dedicated Breach Costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you want to purchase Service Fraud and Cryptojacking coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. ADDITIONAL COVERAGE OPTIONS	
1. Policy Aggregate Limit of Insurance:	
2. Policy Deductible:	
3. Time Deductible:	
4. Social Engineering Coverage Limit:	
5. Reverse Social Engineering Coverage Limit:	
6. Dedicated Breach Costs:	
7. Service Fraud Including Cryptojacking limit:	
8. Website Media Content Coverage Limit (WMCL)**	
**The WMCL limit must be less than or equal to the Policy Aggregate limit:	
9. Telecommunications Fraud Limit:	
10. Hardware Replacement Limit:	
11. Post Breach Response Limit:	