



301 E. Fourth Street, Cincinnati, OH 45202

# Abbreviated Cyber Risk Insurance Application

For Applicants With Less than \$100,00,000 in Revenues

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INSURING AGREEMENT I.B. OF THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. COSTS OF DEFENSE REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT(S) OF LIABILITY AVAILABLE TO PAY SETTLEMENTS, JUDGMENTS OR OTHER COSTS. LOSS, INCLUDING COSTS OF DEFENSE AND OTHER COVERED COSTS ARE SUBJECT TO THE APPLICABLE RETENTION.

PLEASE READ THE POLICY CAREFULLY. COMPLETION OF THIS APPLICATION IN NO WAY WILL BE CONSIDERED A BINDER OF COVERAGE.

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## Part I – GENERAL INFORMATION

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Person responsible for buying coverage: \_\_\_\_\_ Email: \_\_\_\_\_

Year the Company was established: \_\_\_\_\_

Total revenues most recent fiscal year: \$\_\_\_\_\_

Projected revenue for the current fiscal year: \$\_\_\_\_\_

Total number of locations: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Description of operations: \_\_\_\_\_

SIC code(s): \_\_\_\_\_

List of Subsidiaries of the Company: \_\_\_\_\_

\_\_\_\_\_

List of Websites: \_\_\_\_\_

\_\_\_\_\_

## Part II – COVERAGE INFORMATION

### Prior Coverage

1. Does the Company currently purchase any form of Privacy, Cyber, or Network Liability insurance either on a stand-alone basis or by endorsement to any policy?  Yes  No

*If Yes, please skip question 3. and provide a copy of the current policy's Declarations.*

Prior Breaches/Losses

2. Have any of the following situations occurred in the past five years (internal or external origination)?

- a) Privacy, Cyber, or Network Liability insurance claims?
b) Loss or theft of data?
c) Data breach requiring the Company to notify individuals of the breach?
d) Loss of any laptop, smartphone, or other mobile device?
e) A systems intrusion, tampering, virus or malicious code attack, hacking incident?
f) Regulatory inquiry, investigation or action related to data or network security?
g) Allegations by anyone (including allegations by employees of the Company) that their personal information has been compromised?

If Yes to any of the above, please detail in a separate attachment a description of the incident including relevant dates, the number and type of records involved, the total dollar amount of expenses in connection with the incident, a summary of the Company's response to the security breach, and subsequent changes made to prevent the likelihood of future events.

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM, BREACH OR LOSS REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION IS EXCLUDED FROM THE PROPOSED INSURANCE, AND THAT ANY CLAIM, LOSS OR COSTS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION IS EXCLUDED FROM THE PROPOSED INSURANCE.

3. Is the undersigned aware of any fact, circumstance, situation, transaction, event, act, error or omission involving the Company or any of its Subsidiaries which the undersigned has reason to believe may or could reasonably be foreseen to give rise to a claim or loss that may fall within the scope of the proposed insurance?

NOTE: IT IS AGREED THAT ANY CLAIM, LOSS OR COSTS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 3. IS EXCLUDED FROM COVERAGE.

Part III – DATA GATHERING & STORAGE

4. Which of the following types of data does the Company collect/store/manage/process? DO NOT include payment card or data provided by employees as part of their employment files?

- Social Security Numbers, Driver's License Numbers, Passport Numbers, Health Insurance Numbers, Personal Health Information, Background Checks, Educational Records, Intellectual Property, Financial Reports, Credit Reports, Name & Address, Email Address, Username & Passwords, Date of Birth, Bank Account Numbers

5. With respect to the information above:

- a) How many unique individuals' records does the Company store, hold or process in a year?
b) Confidential data is protected using: Encryption, Network Segmentation, Limitations/Restrictions on User Access Privileges
c) Does the Company utilize third parties in the collection, destruction, storage, processing, or management of any of the information above?

If Yes, please respond to the following: Does the Company conduct regular reviews of its third-party service providers and partners to ensure that they adhere to the Company's contractual and/or regulatory requirements for the protection of sensitive business/customer data that it entrusts to their care for processing, handling, and marketing purposes?

6. Does the Company accept payment cards?

- If Yes, please provide the following information:
a) Approximate number of total annual payment card transactions:
b) Approximate number of annual E-commerce payment card transactions:
c) Does the Company store/retain payment card data (for example: recurring customer charges)?

- d) Is the Company presently PCI DSS Compliant?  Yes  No  
 If Yes, please provide the most recent evaluation date: \_\_\_/\_\_\_/\_\_\_  
 If No, please detail the Company's noncompliance on a separate attachment including the steps being taken to rectify the situation.

## Part IV –CONTROLS & PROCEDURES

### *Network Security*

7. Is network firewall technology used to prevent unauthorized access to internal networks?  Yes  No
8. Is an anti-virus solution currently implemented on company devices (including but not limited to company servers, desktop PCs, laptops, etc.)?  Yes  No
9. Are patches and updates routinely implemented to the safeguards referenced in 8. & 9. above?  Yes  No
10. Does the Company's network administrator enforce restrictions regarding installing applications to company computers and mobile devices?  Yes  No
11. Does the Company maintain and follow established procedures for both "friendly" and "adverse" employee departures that include revoking network privileges in a timely manner and an inventoried recovery of all information, assets, user accounts, and systems previously assigned to each individual during their full period of employment?  Yes  No
12. Does the Company perform routine:
- Network monitoring?  
 Yes  No
  - Penetration testing?  
 Yes  No
  - Third party security scans and/or assessments?  
 Yes  No

### *Data Governance*

13. Does the Company maintain an enterprise-wide policy covering records and information management compliance?  Yes  No
14. Does the Company conduct routine employee training regarding records management and IT security issues?  Yes  No
15. Does the Company have a disaster recovery plan?  Yes  No
16. How frequently are the Company's mission critical systems & data assets backed up?  
 hourly  daily  weekly  monthly  less frequently than monthly

## Part V – MEDIA INFORMATION

17. How many brand names and/or trademarks does the Company use?  
 0-2  2- 10  > 10
18. Does the Company have a lawyer involved in reviewing marketing and advertising?  Yes  No
19. Does the Company publish any books, journals, movies, or music as part of its business?  Yes  No
20. Please select all that apply for the Company's online presence:  
 Website  Bulletin Board(s) or chat room(s) on the Company's website  Social Media (Facebook, Twitter, etc.)  
 Company Blog  User Supplied Content (forums, reviews, etc.)

21. Does the Company have an established procedure for editing or removing content from its website that might be construed as libelous, slanderous, or infringing on the intellectual property rights of others (including but not limited to copyrights, trademarks, trade names, etc.)?  Yes  No
22. Does any of the Company's content include:
- Sweepstakes/Lotteries       Pornography/Adult Content       Downloadable Software       Apps

## Part VI – MATERIAL CHANGE AND FRAUD WARNING

### A. MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application prior to the Inception Date of any policy that may be issued, the Company must notify us in writing and any outstanding quotation or binder may be modified or withdrawn. The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Insured proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of this Application does not bind the undersigned to purchase the insurance. The **Insured** represents that the particulars and statements contained within the **Application** are true, complete, accurate, and agrees that this Policy is issued in reliance on the truth of that representation, and that such particulars and statements, which are deemed to be incorporated into and to constitute part of this Policy, are the basis of this Policy. In the event of any material misrepresentations, untruth, or other omission in connection with any of the statements or facts in the **Application**, the knowledge of one **Insured** will not be imputed to another **Insured**; provided, however, this Policy will be void with respect to:

- (1) any **Employee** who knew of such misrepresentation, untruth, or omission; and
- (2) the Company, but only if an officer, director, managing member, partner or similar executive of the Company knew of such misrepresentation, untruth or omission.

### B. FRAUD WARNING

**FRAUD WARNING:** 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.

**ALABAMA, ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA FRAUD WARNING:** 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 and may be subject to fines and confinement in prison.

**COLORADO FRAUD WARNING:** 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.

**D.C. FRAUD 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.

**FLORIDA FRAUD WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**MAINE FRAUD WARNING:** 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 FRAUD WARNING:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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 FRAUD WARNING:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD WARNING:** 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 and may be subject to civil fines and criminal penalties.

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

**OKLAHOMA APPLICANTS:** 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 FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

**PENNSYLVANIA FRAUD WARNING:** 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 FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VIRGINIA AND WASHINGTON FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** 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 (\$5,000.00) and the stated value of the claim for each such violation.

**This Application must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Information Officer or functional equivalent of the Company.**

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_