



## NetGuard® Plus Cyber Liability Insurance Program Application

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.**

*This application for NetGuard® Plus Cyber Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant.*

1. GENERAL INFORMATION			
Name of Applicant			
Street Address		Phone	
City, State, Zip		Fax	
Website		Contact e-mail	
2. FORM OF BUSINESS			
a. Applicant is a(an):	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____		
b. Date established:			
c. Description of operations:			
d. Current professional liability carrier:		Policy number:	
e. Total full-time equivalent professionals:			
f. Total number of employees:			
g. Does the Applicant handle real estate and/or title transactions? <b>If the answer is "Yes", coverage cannot be bound under this program. However, you can still be considered for coverage outside the program.</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Please attach a list of all subsidiaries, affiliated companies or entities owned by the Applicant. Please describe (1) the nature of operations of each such subsidiary, affiliated company or entity, (2) its relationship to the Applicant and (3) the percentage of ownership by the Applicant.			
3. REVENUES			
	<b>Current Fiscal Year</b> ending / (current projected)	<b>Last Fiscal Year</b> ending /	<b>Two Fiscal Years ago</b> ending /
Total gross revenues:	\$	\$	\$
4. COVERAGE DESIRED			
a. Proposed Effective Date:			
b. Retroactive Date:			
c. Limit(s):			
d. Deductible(s):			
5. RECORDS			
a. Do you collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form? <b>If "Yes", please provide the approximate number of unique records:</b>  <b>Paper records:</b> _____ <b>Electronic records:</b> _____ <small>*Private or sensitive information includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers' license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you collect, store, host, process, control, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person? <b>If "Yes", have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>6. CLOUD PROVIDER</b>	
<p>Do you use a cloud provider to store data or host applications?</p> <p>If “Yes”, please provide the name of the cloud provider: _____</p> <p>If you use more than one cloud provider to store data, please specify the cloud provider storing the largest quantity of sensitive customer and/or employee records (e.g., including medical records, personal health information, social security numbers, bank account details and credit card numbers) for you.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. INFORMATION AND NETWORK SECURITY CONTROLS</b>	
<p>If the answer to question 7.a. below is “No”, coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for your “No” answer on a separate page.</p>	
a. Do you use anti-virus software and a firewall to protect your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If the answer to question 7.b. below is “No”, you may not qualify for coverage under this program unless you have <b>both</b> compensating controls described in 7.b.(1) and 7.b.(2) in place.</p>	
<p>b. Do you encrypt all sensitive and confidential information stored on your organization’s systems and networks?</p> <p>If “No”, are the following compensating controls in place:</p> <p>(1) Segregation of servers that store sensitive and confidential information?</p> <p>(2) Access control with role-based assignments?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. RANSOMWARE CONTROLS</b>	
<p>If the answer to any question in this section is “No”, coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for any “No” answers on a separate page.</p>	
a. Do you use 2-factor authentication to secure all remote access to your network, including any remote desktop connections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you use 2-factor authentication to secure remote access to your email accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Do you use Endpoint Detection and Response (EDR) or a Next-Generation Antivirus (NGAV) software (e.g., CrowdStrike, Cylance, Carbon Black) to secure all system endpoints?</p> <p>If “Yes”, please list your provider: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. Do you use an email filtering solution designed to prevent phishing or ransomware attacks (in addition to any filtering solution(s) provided by your email provider)?</p> <p>If “Yes”, please provide the name of your filtering solution provider: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. Do you use a data backup solution for all critical data?</p> <p>If “Yes”:</p> <p>(1) How frequently does it run? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p>(2) Is your data backup solution segregated and/or disconnected from your network in such a way to reduce or eliminate the risk of the backup being compromised in a malware or ransomware attack that spreads throughout your network?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. PHISHING CONTROLS</b>	
<p>If the answer to any question in this section is “No”, coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for any “No” answers on a separate page.</p>	
<p>Do any of the following employees at your company complete social engineering training:</p> <p>(1) Employees <u>with</u> financial or accounting responsibilities?</p> <p>(2) Employees <u>without</u> financial or accounting responsibilities?</p> <p>If “Yes” to question 9.a.(1) or 9.a.(2) above, does your social engineering training include phishing simulation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. LOSS HISTORY</b>	
<p>If the answer to any question in this section is “Yes”, coverage cannot be bound under this program. If you desire an indication outside of the program, please complete a Claim Supplemental Form for each claim, allegation or incident.</p>	
<p>a. In the past 3 years, has the Applicant or any other person or organization proposed for this insurance:</p> <p>(1) Received any complaints or written demands or been a subject in litigation involving matters of privacy injury, breach of private information, network security, defamation, content infringement, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the ability of third parties to rely on the Applicant’s network?</p> <p>(2) Been the subject of any government action, investigation or other proceedings regarding any alleged violation of privacy law or regulation?</p> <p>(3) Notified customers, clients or any third party of any security breach or privacy breach?</p> <p>(4) Received any cyber extortion demand or threat?</p> <p>(5) Sustained any unscheduled network outage or interruption for any reason?</p> <p>(6) Sustained any property damage or business interruption losses as a result of a cyber-attack?</p> <p>(7) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Do you or any other person or organization proposed for this insurance have knowledge of any security breach, privacy breach, privacy-related event or incident or allegations of breach of privacy that may give rise to a claim?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>c. In the past 3 years, has any service provider with access to the Applicant's network or computer system(s) sustained an unscheduled network outage or interruption lasting longer than 4 hours?</p> <p><b>If "Yes", did the Applicant experience an interruption in business as a result of such outage or interruption?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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#### NOTICE TO APPLICANT

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in questions 10.a. through 10.c of this application.

**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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

**I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.**

#### CERTIFICATION AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a NetGuard® Plus Cyber Liability Insurance risk have been revealed.

It is understood that this application shall form the basis of the contract should the Underwriter approve coverage, and should the Applicant be satisfied with the Underwriter's quotation. It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.

This application shall be deemed attached to and form a part of the Policy should coverage be bound.

**Must be signed by an officer of the company.**

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your policy (including any quotation for insurance) to which this notice applies. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. **HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, INCLUDING BUT NOT LIMITED TO, AN EXCLUSION FOR NUCLEAR EVENTS. PLEASE READ IT CAREFULLY.** Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a USD100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds USD100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed USD100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended in 2015, is 1%. This amount does not include any charges for the portion of loss covered by the Federal Government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED IN 2015, ANY LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM UNDER MY POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND ARE SUBJECT TO A USD100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

INSURANCE CARRIER: Houston Casualty Company