

Chubb Cyber Enterprise Risk Management Policy

Cyber and Privacy Insurance

New Business Application

NOTICE

NOTICE: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD FOR ANY INCIDENT TAKING PLACE AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD.

AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE INSURER BE LIABLE FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.

INSTRUCTIONS

Please respond to answers clearly. Underwriters will rely on all statements made in this **Application**. This form must be dated and signed.

1. Applicant Information

Desired Effective Date**Applicant Name****Applicant Address (City, State, Zip)****Please list all Subsidiaries for which coverage is desired:**

Applicant Type	Ownership Structure
Website Address	Year Established
Global Revenue (Prior Fiscal Year)	% Domestic Revenue
Global Revenue (Current Projected Fiscal Year)	% Online Revenue

Total Number of Employees

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Number of Records Containing Protected Information:

What is the maximum total number of unique individual persons or organizations whose **Protected Information** could be compromised in a not-yet-discovered **Cyber Incident**, or will be stored or transmitted during the **Policy Period** on the Applicant's **Computer System** or any **Shared Computer System** combined that relate to the Applicant's business?

This should include **Protected Information** of employees, retirees, customers, partners and other third parties that the Applicant is responsible for securing, including **Protected Information** that is secured by third parties under contract with the Applicant. Multiple records or types of **Protected Information** relating to the same unique individual person or organization should be considered a single record.

Enter a number or choose an item

2. Nature of Operations**Class of Business**

Does the Applicant currently or will the Applicant potentially operate as any of the following?

- | | |
|------------------------------------|---|
| • Accreditation Services Provider | • Manufacturer of Life Safety Products/Software |
| • Adult Content Provider | • Media Production Company |
| • Credit Bureau | • Payment Processor |
| • Cryptocurrency Exchange | • Peer To Peer File Sharing |
| • Data Aggregator/Broker/Warehouse | • Social Media |
| • Direct Marketer | • Surveillance |
| • Gambling Services Provider | • Third Party Claims Administrator |

Or does the Applicant derive more than 50% of its revenue from technology products and services (e.g. software, electronics, telecom)?

☐ Yes ☐ No

If Yes, please provide details:

3. Current Loss Information

Within the past three years, has the Applicant had any actual or potential **Incidents** or **Claims** to which the **Policy** would apply; or is the Applicant aware of any fact, circumstance, or situation that could reasonably be expected to give rise to an **Incident** or **Claim** to which the **Policy** would apply? ☐ Yes ☐ No

If Yes please provide details:

Chubb Cyber Enterprise Risk Management Policy**4. Cyber and Media Controls**

Which of the following IT security controls does the Applicant have in place?

- | | |
|--|---|
| 1) Antivirus and Firewalls (Windows 7 or higher qualifies) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 2) Encryption of Sensitive Data | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 3) Encryption of Mobile Computing Devices | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 4) Critical Software Patching Procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 5) Critical Data Backup and Recovery Procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 6) Formal Cyber Incident Response Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

Does the Applicant accept payment card (Credit/debit card) transactions?

☐ Yes ☐ No**If Yes**, is the Applicant PCI compliant? (via assessment or self-attestation)☐ Yes ☐ No ☐ Unknown

Does the Applicant deal with protected health information as defined by HIPAA?

☐ Yes ☐ No**If Yes**, is Applicant compliant with HIPAA and the HITECH Act?☐ Yes ☐ No ☐ Unknown

Does the Applicant have operations or customers in California, or any responsibilities under the California Confidentiality of Medical Information Act?

☐ Yes ☐ No ☐ Unknown

Has the Applicant obtained legal review of its use of trademarks, including domain names?

☐ Yes ☐ No ☐ Unknown**5. Current Coverage**

Does the Applicant currently purchase Professional Liability or E&O insurance?

☐ Yes ☐ No**If Yes**, what is the Retro Date?

Does the Applicant currently purchase Cyber or Privacy Liability insurance?

☐ Yes ☐ No**If Yes**, what is the Retro Date?

Does the Applicant currently purchase Media Liability Insurance?

☐ Yes ☐ No**If Yes**, what is the Retro Date?

Does the Applicant intend to purchase E&O and/or Media coverage on a separate and distinct policy? (e.g. with a separate set of limits, or with another carrier?)

☐ Yes ☐ No**6. Desired Coverage (Only Enter Information For Desired Coverages)**

	Retention	Limit	Commentary
Cyber and Media Coverages	\$	\$	

Enter any further commentary about desired coverage options.

FRAUD WARNING STATEMENTS

The Applicant's submission of this **Application** does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia Applicants: 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.

Notice to Florida Applicants: 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.

Notice to Kentucky Applicants: 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.

Notice to Louisiana and Rhode Island Applicants: 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.

Notice to Maine, Tennessee, Virginia and Washington Applicants: 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 a denial of insurance benefits.

Notice to Alabama and Maryland Applicants: 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.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to 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.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania 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 subjects such person to criminal and civil penalties.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

MATERIAL CHANGE

If there is any material change in the answers to the questions in this **Application** before the **Policy** inception date, the Applicant must immediately notify the **Insurer** in writing, and any outstanding quotation may be modified or withdrawn.

DECLARATION AND SIGNATURE

For the purposes of this **Application**, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this **Application** and any attachments or information submitted with this **Application**, are true and complete. The undersigned agree that this **Application** and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The **Insurer** will have relied upon this **Application**, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a Claim or potential Claim.

This **Application** must be signed by the risk manager or a senior officer of the **Named Insured**, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature

Title

SIGNATURE - FOR ARKANSAS, MISSOURI, NEW MEXICO, NORTH DAKOTA AND WYOMING APPLICANTS ONLY

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR **APPLICATION** FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE **POLICY** FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT **CLAIMS EXPENSES** WILL REDUCE MY LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS **EXPENSES** AND **DAMAGES**.

Applicant's Signature (Arkansas, Missouri, New Mexico, North Dakota & Wyoming Applicants, In Addition To **Application** Signature Above):

Signed: _____ (must be Officer of Applicant)
Print Name & Title: _____
Date (MM/DD/YY): _____
Email/Phone: _____

SIGNATURE - FOR KANSAS AND ALASKA APPLICANTS ONLY

ELECTRONIC DELIVERY SUPPLEMENT:

You are required by law to obtain consent from insureds prior to engaging in any electronic delivery of insurance policies and/or other supporting documents in connection with the **Policy**. You have the right to:

Select electronic delivery - check here _____
Reject electronic delivery – check here _____

Applicant's Signature (Kansas and Alaska Applicants, In Addition To **Application** Signature Above):

FOR FLORIDA APPLICANTS ONLY:

Agent Name: _____
Agent License ID Number: _____

FOR IOWA APPLICANTS ONLY:

Broker: _____
Address: _____

For Security reasons, please submit application via secure email or mail to:

Kim Farr

kfarr@haganbarron.com

HBI

PO Box 1889

Sioux Falls, SD 57101

605.252.9988 877.867.1892

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