CYBERCHOICE

SUPPLEMENTAL RANSOMWARE APPLICATION

1. RANSOMWARE PROTECTION INFORMATION

Which protocols are used to authenticate the sender and content of emails?	
How is remote access to the applicant's network controlled?	
How is Remote Desktop Protocol protected in the applicant's network?	
Which Office 365 security add-ons are utilized by the applicant?	
How often is anti-phishing training conducted for the applicant's employees?	
What EDR solution is used by the applicant?	
What's the extent of unsupported systems and applications in the applicant's network?	
How is Managed Service Provider (MSP) access to the applicant's network controlled?	
What best describes the applicant's patch management procedure?	
What's the extent of the applicant's security events monitoring and logging?	

2. RANSOMWARE RECOVERY INFORMATION

How often are the applicant's critical systems and data files backed up?	
What best describes the applicant's back-up storage?	
How often is the applicant's network fail-over and recovery procedure tested?	

3. ADDITIONAL RANSOMWARE PROTECTION INFORMATION

Please add any comments about additional ransomware protection or recovery measures, including any clarification of responses provided above:

THE HARTFORD

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The Insured hereby represents after inquiry, that information contained in this application is true, accurate and complete, and that no material facts have been suppressed or misstated. The Insured acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the Policy, and acknowledges that the Insurer will have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes. Further, the Insured understands and acknowledges that information requested in the application is for underwriting purposes only and does not constitute notice to the Insurer under the Policy of a claim or potential claim.

FRAUD NOTICE: IN CERTAIN STATES, 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.

Insured: _____   Title: _____

Insured Signature: _____   Date: _____

Agent/Broker Name: _____