



## BEAZLEY DIGITAL BBR

## ETRADE APPLICATION

**NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS IN ACCORDANCE WITH THE TERMS THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.**

**PLEASE READ THIS POLICY CAREFULLY.**

Please fully answer all questions and submit all requested information for the applicant.

### GENERAL INFORMATION

|                                       |                         |
|---------------------------------------|-------------------------|
| Company Name:                         | Petrus-Stuttgart Inc    |
| Company Address:                      |                         |
| Street:                               | 2350 Hwy 63 N           |
| City:                                 | Stuttgart               |
| State:                                | AR                      |
| Zip:                                  | 72160                   |
| Website (URL):                        | www.petrusautosales.com |
| Total revenue for the last 12 months? | \$39,000,000.00         |
| What industry best fits the company?  | Auto Dealership         |

### BREACH RESPONSE CONTACT

|   |  |
|---|--|
| Who is your point of contact for cyber coverage? <sup>1</sup> |  |
| What is their email address?                                  |  |
| What is their phone number?                                   |  |

### INFORMATION SECURITY & PRIVACY CONTROLS

|  |  |
|--|--|
| Does the company use firewall & anti-virus software to protect their computers?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| If the company accepts credit cards as a form of payment, are they or their credit card processor (e.g. PayPal, Square, etc.) PCI compliant?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Before processing a wire transfer, does the company confirm the request by a secondary means of communication?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Does the company or any other proposed insured (including any director, officer or employee) have knowledge of or any information regarding any fact, circumstance, situation, event, or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| During the past five years has the company:<br>A. Received any claims or complaints with respect to privacy, breach of information or network security, or unauthorized disclosure of information?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |

<sup>1</sup>**PLEASE NOTE:** This information must be provided to Beazley by Company no later than at the time of binding coverage. A risk manager contact is required for us to provide access to our in-house risk management portal, Beazley Breach Solutions.

|   |   |
|---|---|
| B. Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| C. Notified customers or any other third party of a data breach incident involving the Applicant?                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| D. Experienced an actual or attempted extortion demand with respect to its computer systems?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

### RANSOMWARE CONTROLS

|   |  |
|---|--|
| Does the company allow remote access to your network?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| Does the company use multi-factor authentication (MFA) to secure all remote access?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Does the company require a virtual private network (VPN)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Do you permit users remote access to web-based email (e.g., Outlook Web Access (OWA))?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| Does the company regularly (at least annually) provide cyber security awareness training, including anti-phishing, to all individuals who have access to your organization's network or confidential/personal data? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Does the company implement critical patches (within 2 months)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Does the company scan incoming emails for malicious attachments and/or links?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Does the company protect all of their devices with anti-virus, anti-malware, and/or endpoint protection software?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Does the company regularly back-up critical data?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Are backups kept separate from the company's network ('offline'), or in a cloud service designed for this purpose?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Are backups encrypted?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| Has the company tested the successful restoration and recovery of key server configurations and data from backups in the last 6 months?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| Does the company use Office 365?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| If yes, does the company use the Office 365 Advanced Threat Protection add-on?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| If no, please check which similar product you are using:  |  |
| The company does not use any similar product  | <input type="checkbox"/>   |
| AppRiver  | <input type="checkbox"/>   |
| Avanan Cloud Email Security   | <input type="checkbox"/>   |
| Barracuda Essentials  | <input type="checkbox"/>   |
| Microsoft Defender  | <input type="checkbox"/>   |
| Mimecast Email Security with Threat Protection  | <input type="checkbox"/>   |
| Proofpoint Email Security and Protection  | <input type="checkbox"/>   |
| Proofpoint Essentials for Small Business  | <input type="checkbox"/>   |
| SpamTitan Email Security  | <input type="checkbox"/>   |
| Symantec Email Security Cloud   | <input type="checkbox"/>   |
| Other (please describe):  | <input type="checkbox"/>   |

|  |  |
|--|--|
| Does the company have any end of life or end of support software on their network? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| If yes, is the software segregated from the rest of the network?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

**SIGNATURE SECTION**

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDERWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. FOR NORTH CAROLINA APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

**FRAUD WARNING DISCLOSURE**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO 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 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



**CONSENT TO ELECTRONIC SIGNATURES, RECEIPT, DELIVERY AND INSURANCE TRANSACTIONS**

You agree to electronically sign and electronically receive and deliver information, documents, records, and materials relating to, governing, your organization’s relationship and transactions conducted with Kelly Parks via the website located at URL <https://mybeazleyus.com/Beazley/Portal>

You have the right to withdraw consent to have the application, notices or documents delivered by electronic means, at any time, and any conditions or consequences imposed in the event consent is withdrawn. You consent to electronically receive; the insurance application, policy, and policy services information. You have the right at any time to receive the notices or documents in paper or non-electronic form. To obtain a paper copy of the application, notice or document or to have it delivered by electronic means, you may contact the Kelly Parks at [kelly\\_parks@rpsins.com](mailto:kelly_parks@rpsins.com). You may also update your electronic contact information or withdraw your consent to have a notice or a document delivered by electronic means by contacting Kelly Parks at [kelly\\_parks@rpsins.com](mailto:kelly_parks@rpsins.com).

You represent to Kelly Parks that you are an authorized signatory for the organization on whose behalf you provide this Consent, and that you have authority to bind that organization with respect to all interactions performed by you on behalf of that organization via this website.

You and your organization consent to your and your organization’s use and provision, and the efficacy, of electronic signatures and electronic receipt and delivery of information, documents, records and materials from Kelly Parks in connection with all interactions performed by you on behalf of your organization via this website, including without limitation, insurance applications and related forms, notices and other documents that you receive from Kelly Parks and those submitted by you for your organization via this website.

**REQUIRED COMPUTER HARDWARE AND SOFTWARE** As long as you can access, and send and receive emails from, the email account you have provided to us in your insurance application [or that you may later provide to us], you will need the following minimum computer hardware and software requirements:

| Computer Hardware or Software Item    | Minimum Requirements   |
|---------------------------------------|--|
| Supported Internet Browsers           | <ul style="list-style-type: none"><li>• Internet Explorer 11 or higher with all critical updates</li><li>• Windows Edge Current Version</li><li>• Google Chrome Latest Release</li><li>• Mozilla Firefox Latest Release</li><li>• Apple Safari Latest Release</li><li>• iPad tablets running iOS7+</li><li>• Tablets running Android OS 4+</li></ul> |
| Computer System Requirements          | <ul style="list-style-type: none"><li>• Internet Access</li><li>• Minimum Screen Resolution 1024 x 768</li><li>• 512 MB RAM</li><li>• Cookies and JavaScript Enabled</li><li>• 500 MB available for storage of electronic documents</li></ul>  |
| Portable Document Format (PDF) Reader | <ul style="list-style-type: none"><li>• Adobe Acrobat Reader</li><li>• Adobe Acrobat Reader DC</li></ul>   |