



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:	AR Automotive LLC dba Anderson Honda
Company Address:	
Street:	1766 Embarcadero Rd
City:	Palo Alto
State:	CA
Zip:	94303
Website (URL):	https://www.andersonhonda.com
Total revenue for the last 12 months?	\$77,000,000.00
What industry best fits the company?	Auto Dealership

BREACH RESPONSE CONTACT

Who is your point of contact for cyber coverage? ¹	
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: 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

¹**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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the company use Office 365?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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

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.

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 IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR 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 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 KENTUCKY, NEW JERSEY, OHIO AND 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 CLAIMS 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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 CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Please provide your acknowledgement and signature

__Yes __No	I agree that my answers to all of the above are true and that I am authorized by my company to purchase this insurance coverage.
__Yes __No	I have read the Electronic Signature Consent Disclosure and agree with the message and its contents.
__Yes __No	I have read the Fraud Warning Disclosure and agree with the message & its contents.

Signed: _____

Date: _____

Title: _____

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this **Application** is completed in Iowa please provide the Insurance Agent's name and signature only.

Name of Insurance Agent

License Identification No.

Authorized Representative

*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

☐ Electronic Signature and Acceptance – Authorized Representative

☐ Electronic Signature and Acceptance - Producer



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. 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.

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