Ransomware Supplemental Application

By completing this **Application**, the **Applicant** is applying for a **Policy** which contains one or more Insuring Agreements, some of which provide liability for **Claims** first made against any **Insured** during the **Policy Period**, or any applicable Extended Reporting Period, and reported to us pursuant to the terms of this **Policy**. **Claim Expenses** shall reduce the applicable **Aggregate Limit of Insurance** and Sub-Limits of Insurance and are subject to the applicable **Retentions**.

Please read the entire **Application** and **Policy** carefully before signing.

Whenever used in this **Application**, the term **"Applicant"** shall mean the **Named Insured** and all **Subsidiaries**, unless otherwise stated. All other terms which appear in bold type herein are used in this **Application** with the same respective meanings as set forth in the Cyber Insurance Policy (AB-CYB-001 Ed.08/2018).

We are not able to bind policies for any company that operates in one of our restricted industries: Gambling, Adult Content or Cannabis. Please contact our underwriting team with questions at underwriting@at-bay.com

General Information

01. Please complete **Applicant** details.

Name of **Applicant** Smartly
Applicant's primary industry Marketing Technology - Advertising
Applicant's primary website and email domains smartly.io
Applicant's annual revenue (Most recently completed fiscal year) $ 300000000

Security

02. Who is managing the **Applicant's** network infrastructure? (Select all that apply)

□ Internal IT

□ Managed Service Provider (MSP / MSSP)

Please provide details

□ No dedicated IT team

□ Other

Please provide details

Security *Continued*

03. Who is managing the **Applicant's** security? (Select all that apply)

- ■ Internal IT
- ■ Internal security team
- □ Managed Detection and Response (MDR) or an external SOC provider

  Please provide details

- □ Managed Service Provider (MSP / MSSP)

  Please provide details

- □ No dedicated IT team or security team
- □ Other

  Please provide details

04. If an MDR product is in use, is third party intervention allowed or is prior consent required?

- ■ Yes
- □ No

  If no, please provide additional details

05. If an MDR product is in use, does the provider have 24/7 visibility across all endpoints and critical network activity?

- ■ Yes
- □ No

  If no, please provide additional details

06. Please describe the **Applicant's** workload infrastructure.

- □ Exclusively on-premises
- □ Mostly cloud-based, with minimal or no on-premises
- ■ Hybrid on-premises/cloud

Security *Continued*

07. Please describe where the **Applicant's** workstations (e.g. laptops and desktops) are accessed.

- ☐ Office only
- ☐ Off premises (e.g. Employees homes)
- ■ Hybrid

08. Does the **Applicant** have a central patch management solution for the endpoints on its network?

- ■ Yes
- ☐ No

09. What is the **Applicant's** timeframe for installing critical and high severity patches across the organization?

- ☐ Automated / Continuous
- ■ Within 1 week
- ☐ Within 1 month
- ☐ Beyond 1 month

Access Management and Passwords

10. Does the **Applicant** enforce Single Sign-On (SSO) for all users?

- ■ Yes
- ☐ No
- ☐ Partially

Please specify product and/or deployment

11. Does the **Applicant** have multi-factor authentication enforced on all email access?

- ■ Yes
- ☐ No
- ☐ Partially

If partially enforced, please describe

Access Management and Passwords *Continued*

12. Do you use a password manager software tool (e.g. 1password, Bitwarden)?

    □ Yes

    ☒ No

    If yes, please specify product

    If yes, is the password management automated and/or enforced for all users?.

    □ Yes

    □ No

    If no, please specify

13. Does the **Applicant** permit end users administrator rights on their endpoints?

    □ Yes

    ☒ No

14. Does the **Applicant** have a Privileged Access Management (PAM) solution in place to control and monitor access to privileged accounts within the **Applicant's** organization?

    □ Yes

    ☒ No

    If yes, please specify provider name

Network Security

15. What network security technology does the **Applicant** have in place?
(Select all that apply and list all applicable vendors)

☒ Traditional / Next-Gen Firewall

☒ Intrusion Detection / Prevention System

□ Secure Web Gateway / Web Proxy / Network Filtering

□ Other network security

□ No network security in place

Endpoint Security

16. What Endpoint Security Technology does the **Applicant** have in place? (Select all that apply)

□ BitDefender
□ CarbonBlack
□ Check Point Harmony Endpoint Protection
☒ CrowdStrike
□ Cybereason
□ Cycraft
□ Cylance
□ Cynet
□ ESET
□ FortiEDR
□ Kaspersky
□ Malwarebytes
□ McAfee
□ Microsoft Defender (standard)
□ Microsoft Defender for Endpoint (enterprise)
□ Palo Alto Cortex XDR Agent
□ SentinelOne
□ Sophos
□ Symantec
□ Trend Micro
□ Trellix (formerly FireEye)
□ Webroot
□ Other

Please provide details.

Endpoint Security *Continued*

17. If applicable, is the **Applicant's** EPP / EDR deployed on all domain controllers?

☒ Yes

□ No

Remote Access

18. Does the **Applicant** allow remote access to its network?

☒ Yes

□ No

19. Does the **Applicant** have multi-factor authentication enforced on all remote access including VPN or other remote network access?

☒ Yes

□ No

20. If applicable, please choose which solutions the **Applicant** uses to secure all remote access activity to its network? (Select all that apply)

☒ Remote Desktop Protocol (RDP)

Please describe measures to secure RDP

☒ Virtual Private Network (VPN) Gateway (e.g. Fortinet VPN, Palo Alto Networks Global Protect, Cisco VPN using Cisco ASA or FTD)

Please provide details

□ Remote access software - RMM software (e.g. Citrix, N-Able, NinjaOne)

Please provide details

□ Remote access software - Zero Trust Network Access (e.g. Cato, ZScale, Palo Alto Networks Prisma)

Please provide details

□ Other remote access solution

Please provide details

Operational Technology

21. Does the **Applicant** utilize Operational Technology?

☐ Yes

■ No

If yes, are IT and OT networks segregated from one another?

☐ Yes

☐ No

If yes, are OT networks remotely accessible via the internet?

☐ Yes

☐ No

If yes, is MFA enforced for all users attempting to remotely access the OT environment?

☐ Yes

☐ No

Signature

The undersigned authorized representative (the **Applicant's** Chief Executive Officer, Chief Financial Officer, Chief Security Officer, Chief Technology Officer, Chief Information Officer, Risk Manager, General Counsel, or any functionally equivalent positions, regardless of title) of the **Applicant** declares that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this application, are true and complete and may be relied upon by the insurer providing, and reviewing, this application for insurance.

* **Signature Requirements**: The **Applicant's** Chief Executive Officer, Chief Financial Officer, Chief Security Officer, Chief Technology Officer, Chief Information Officer, Risk Manager, General Counsel, or any functionally equivalent positions, regardless of title.

Authorized Representative Title*
Authorized Representative Name
Authorized Representative Signature
Today's Date (MM/DD/YY)