

Cyber & Professional Lines Group 16501 Ventura Blvd. Suite 200, Encino, CA 91436 main (818) 382-2030

NetGuard® Plus Cyber Liability Insurance Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for NetGuard® Plus Cyber Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant.

	1. GENERAL INFORMATION													
Nam	ne of	Applicant	Acorda -	The	apeutics, Inc									
Street Address 420 Saw			aw Mill River Rd			Phone	914-326-5047							
City, State, Zip Ardsley			Ardsley,	y, NY 10502			Fax							
		www.ac	www.acorda.com				Contact e-mail	sveres@acorda	a.com					
2.	FO	RM OF BUSIN	NESS											
	a.	Applicant is a	(an): ☐ Individual ☑ Corporation ☐ Partnership ☐ Other:											
	b. Date established:				March 1995									
	c.	Description of	operation	ns:	biotechnology									
	d. Please attach a list of all subsidiaries, affiliated companies or entities owned by the Applicant. Please describe (1) the nature or operations of each such subsidiary, affiliated company or entity, (2) its relationship to the Applicant and (3) the percentage of ownership by the Applicant.													
3.	RE	VENUES												
					Current Fiscal Year ending 12 / 21 (current projected)			scal Year ng 12 / 20	Two Fiscal Y ending ²	_				
Tot	al gr	oss revenues:		\$ \$197,031,819		\$ 212597128		\$ 261359519						
4.	RECORDS													
	1/	CORDS							ou collect, store, host, process, control, use or share any private or sensitive information* in either paper					
	a.	Do you colle		host	, process, control, use	or sha	are any private o	or sensitive informa	ation* in either paper	✓ Yes □ No				
		Do you colle or electronic	form?		, process, control, use of the approximate num		• .		ation* in either paper	✓ Yes □ No				
		Do you colle or electronic	form?	/ide		ber o	• .	ds:	ation* in either paper	✓ Yes □ No				
		Do you colle or electronic If "Yes", ple Paper recor *Private or sperson, inclupayment can	form? case proveds: 10,0 censitive iding, building, building	vide 000 infor t not		ber of Enformarity numbers	f unique record Electronic reco ation or data th numbers or othe , financial acco	ds: rds: 10,000 at can be used to r government ide ount numbers, per	uniquely identify a	☑ Yes ☐ No				
		Do you colle or electronic If "Yes", ple Paper recor *Private or sperson, inclupayment can numbers (Pli Do you collefingerprints,	form? case proveds: 10,0 densitive is uding, but of inform Ns), users ect, store voiceprint	vide	the approximate num mation includes any in limited to, social secu	ber o formarity in the second	of unique record Electronic reco- ation or data the numbers or othe financial acco- ecords and ema r share any bions, DNA, or any	rds: 10,000 nat can be used to r government ident numbers, per il addresses.	uniquely identify a ntification numbers, resonal identification	✓ Yes □ No				
	a.	Do you colle or electronic If "Yes", ple Paper recor *Private or sperson, inclupayment can numbers (Pli Do you colle fingerprints, characteristic If "Yes", ha	form? case provents: 10,0 ensitive inding, building, building, building, building, userification of the control of the contr	vide 1	mation includes any in limited to, social secun, drivers' license nunes, passwords, healthoust, process, control, ucial, hand, iris or retina	ber o Informatify in the seare results are in the search if y a parting	f unique record Electronic reco ation or data the umbers or other, financial acco ecords and ema r share any bid ns, DNA, or any person? to the collection	rds: 10,000 nat can be used to a government idenunt numbers, per il addresses. Demetric information other biological, plan, storage and descriptions.	uniquely identify a ntification numbers, sonal identification or or data, such as nysical or behavioral					
5.	b.	Do you colle or electronic If "Yes", ple Paper recor *Private or sperson, inclupayment can numbers (Pli Do you colle fingerprints, characteristic If "Yes", ha information local and fo	form? dase provents: 10,0 ensitive in the inform of information	infor t not atior name e, ho ts, fa in be eviev with vs?	mation includes any in limited to, social secun, drivers' license numes, passwords, healthoust, process, control, ucial, hand, iris or retinate used to uniquely identifications.	ber o formative in the second	f unique record Electronic reco ation or data the tembers or other, financial accords and emains, DNA, or any person? to the collection	rds: 10,000 nat can be used to a government idenunt numbers, per il addresses. Demetric information other biological, plan, storage and descriptions.	uniquely identify a ntification numbers, sonal identification or or data, such as nysical or behavioral	☐ Yes 🗹 No				

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	b.	Do you use a cloud provider to store data?	☐ Yes 🗹 No		
		If "Yes", please provide the name of the cloud provider:			
		If you use more than one cloud provider to store data, please specify the cloud provider storing the largest quantity of sensitive customer and/or employee records (e.g., including medical records, personal health information, social security numbers, bank account details and credit card numbers) for you.			
	C.	Do you encrypt all sensitive and confidential information stored on your organization's systems and networks? If "No", are the following compensating controls in place:	✓ Yes ☐ No		
		(1) Segregation of servers that store sensitive and confidential information?	☐ Yes ☐ No		
		(2) Access control with role-based assignments?	☐ Yes ☐ No		
6.	RA	ANSOMWARE CONTROLS			
	a.	Do you use 2-factor authentication to secure remote access to your network?	✓ Yes ☐ No		
	b.	Do you use 2-factor authentication to secure remote access to your email accounts?	✓ Yes ☐ No		
	c.	Do you use Endpoint Detection and Response (EDR) or a Next-Generation Antivirus (NGAV) software (e.g., CrowdStrike, Cylance, Carbon Black) to secure all system endpoints?	✓ Yes ☐ No		
		If "Yes", please list your provider: CrowdStrike Falcon Insight			
	d.	Do you use an email filtering solution designed to prevent phishing or ransomware attacks (in addition to any filtering solution(s) provided by your email provider)?	✓ Yes ☐ No		
		If "Yes", please provide the name of your filtering solution provider: Symantec			
	e.	Do you use a data backup solution for all critical data? If "Yes":	✓ Yes ☐ No		
		(1) How frequently does it run? ☑ Daily ☐ Weekly ☐ Monthly			
		(2) Which of the following best describes your data backup solution?			
		☐ Local backup			
		☐ Network drive			
		✓ Tape backup			
		☐ Off-site storage☐ Cloud backup			
		Other:			
		(3) Please list your data backup provider: Netbackuo			
		(4) Is your data backup solution segregated or disconnected from your network in such a way to			
		reduce or eliminate the risk of the backup being compromised in a malware or ransomware attack that spreads throughout your network?	✓ Yes ☐ No		
7.	PH	ISHING CONTROLS			
	а.	Do any of the following employees at your company complete social engineering training:			
		(1) Employees <u>with</u> financial or accounting responsibilities?	✓ Yes □ No		
		(2) Employees without financial or accounting responsibilities?	✓ Yes ☐ No		
		If "Yes" to question 7.a.(1) or 7.a.(2) above, does your social engineering training include phishing	2 100 110		
		simulation?	✓ Yes ☐ No		
	b.	Does your organization send and/or receive wire transfers?	✓ Yes ☐ No		
		If "Yes", does your wire transfer authorization process include the following:			
		(1) A wire request documentation form?	✓ Yes ☐ No		
		(2) A protocol for obtaining proper written authorization for wire transfers?	✓ Yes ☐ No		
		(3) A separation of authority protocol?	✓ Yes ☐ No		
		(4) A protocol for confirming all payment or funds transfer instructions/requests from a new vendor, client or customer via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer <u>before</u> the payment or funds transfer instruction/request was received?	✓ Yes ☐ No		
		(5) A protocol for confirming any vendor, client or customer account information change requests (including requests to change bank account numbers, contact information or mailing addresses) via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer before the change request was received?	✓ Yes □ No		

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8.	LOSS HISTORY						
	If the answer to any question in 8.a. through 8.c. below is "Yes", please complete a Claim Supplemental Form for each claim, allegation or incident.						
	a.	a. In the past 3 years, has the Applicant or any other person or organization proposed for this insurance:					
a)		(1) Received any complaints or written demands or beer injury, breach of private information, network security denial of service attacks, computer virus infections, the or the ability of third parties to rely on the Applicant's	defamation, content infringement, identity theft, heft of information, damage to third party networks	☐ Yes ☑ No			
		(2) Been the subject of any government action, investigation violation of privacy law or regulation?		☐ Yes ☑ No			
		(3) Notified customers, clients or any third party of any si	ecurity breach or privacy breach?	☐ Yes ☑ No			
		(4) Received any cyber extortion demand or threat?		☐ Yes ☑ No			
		(5) Sustained any unscheduled network outage or interru	uption for any reason?	☐ Yes ☑ No			
		(6) Sustained any property damage or business interrupt	tion losses as a result of a cyber-attack?	☐ Yes 🗹 No			
	b.	Do you or any other person or organization proposed f					
		breach, privacy breach, privacy-related event or incident of to a claim?	vacy breach, privacy-related event or incident or allegations of breach of privacy that may give rise				
	C.	In the past 3 years, has any service provider with access sustained an unscheduled network outage or interruption		☐ Yes 🛭 No			
		If "Yes", did the Applicant experience an interrupti- interruption?	on in business as a result of such outage or	☐ Yes ☐ No			
NOTI	CE	TO APPLICANT					
The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in questions 8.a. through 8.c of this application. 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 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. The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability. I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated							
1/1/3/19/19		erial fact, and that I agree that this application shall be	the basis of the contract with the Underwriters.				
CERI	IFIC	CATION AND SIGNATURE	1.7				
The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a NetGuard® Plus Cyber Liability Insurance risk have been revealed.							
It is understood that this application shall form the basis of the contract should the Underwriter approve coverage, and should the Applicant be satisfied with the Underwriter's quotation. It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.							
This application shall be deemed attached to and form a part of the Policy should coverage be bound.							
Must be signed by an officer of the company.							
220		Type Applicant's Name		Title of Applicant			
Susan Veres VP, Facilities & Business Risk Management							
Signature of Applicant			Date Signed by Applicant				