

NetGuard® Plus Cyber Liability Insurance Renewal 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			
Name of Applicant:			
Street Address:			
City, State, Zip:		Phone:	
Website:		Fax:	
Applicant is a(an): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
2. REQUIRED ADDITIONAL INFORMATION			
a. Total number of employees:			
b. Has the name of the Applicant changed, or has any merger or consolidation taken place, in the past 12 months? If "Yes", please provide details on a separate page.			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have there been any material changes in the Applicant's security controls in the past 12 months? If "Yes", please provide details on a separate page.			<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the Applicant acquired any subsidiaries, affiliated companies or entities in the past 12 months? If "Yes", please attach a list with a description of (1) the nature of operations of each such subsidiary, affiliated company or entity, (2) its relationship to the Applicant and (3) the percentage of ownership by the Applicant.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. REVENUES			
	Current Fiscal Year ending / (current projected)	Last Fiscal Year ending /	
Total gross revenues:	\$	\$	
4. RECORDS			
a. Do you collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form? If "Yes" please provide the approximate number of unique records: Paper records: _____ Electronic records: _____ *Private or sensitive information includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers' license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you collect, store, host, process, control, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person? If "Yes", have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you process, store or handle credit card transactions? If "Yes", are you PCI-DSS Compliant?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. IT DEPARTMENT			
This section must be completed by the individual responsible for the Applicant's network security. As used in this section only, "you" refers to the individual responsible for the Applicant's network security.			
a. Who is responsible for the Applicant's network security?			
Name:			
Title:			

Phone:		Email address:	
IT Security Designation(s):			
b. The Applicant's network security is: <input type="checkbox"/> Outsourced <input type="checkbox"/> Managed internally/in-house			
c. How many IT personnel are on your team?			
d. How many dedicated IT security personnel are on your team?			
<p>By signing below, you confirm that you have reviewed all questions in Sections 6 through 8 of this application regarding the Applicant's security controls, and, to the best of your knowledge, all answers are complete and accurate. Additionally, you consent to receiving direct communications from the Insurer and/or its representatives regarding potentially urgent security issues identified in relation to the Applicant's organization.</p> <p>Print/Type Name: _____</p> <p>Signature: _____</p>			
6. EMAIL SECURITY CONTROLS			
<i>If the answer to any question in this section is "No", please provide additional details in the "Additional Comments" section.</i>			
a. Do you tag external emails to alert employees that the message originated from outside the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Do you pre-screen emails for potentially malicious attachments and links? If "Yes", do you have the capability to automatically detonate and evaluate attachments in a sandbox to determine if they are malicious prior to delivery to the end-user?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Have you implemented any of the following to protect against phishing messages? (Please check all that apply): <input type="checkbox"/> Sender Policy Framework (SPF) <input type="checkbox"/> DomainKeys Identified Mail (DKIM) <input type="checkbox"/> Domain-based Message Authentication, Reporting & Conformance (DMARC) <input type="checkbox"/> None of the above			
d. Can your users access email through a web application or a non-corporate device? If "Yes", do you enforce Multi-Factor Authentication (MFA)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Do you use Office 365 in your organization? If "Yes", do you use the Office 365 Advanced Threat Protection add-on?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL COMMENTS (Use this space to explain any "No" answers in the above section and/or to list other relevant IT security measures you are utilizing that are not listed here.) 			
7. INTERNAL SECURITY CONTROLS			
<i>If the answer to any question in this section is "No", please provide additional details in the "Additional Comments" section.</i>			
a. Do you use a cloud provider to store data or host applications? 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.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Do you use MFA to secure all cloud provider services that you utilize (e.g. Amazon Web Services (AWS), Microsoft Azure, Google Cloud)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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: (1) Segregation of servers that store sensitive and confidential information? (2) Access control with role-based assignments?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Do you allow remote access to your network? If "Yes": (1) Do you use MFA to secure all remote access to your network, including any remote desktop protocol (RDP) connections? If MFA is used, please select your MFA provider: If "Other", please provide the name of your MFA provider: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Do you use a next-generation antivirus (NGAV) product to protect all endpoints across your enterprise? If "Yes", please select your NGAV provider: If "Other", please provide the name of your NGAV provider: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

f. Do you use an endpoint detection and response (EDR) tool that includes centralized monitoring and logging of all endpoint activity across your enterprise? If “Yes”, please select your EDR provider: If “Other”, please provide the name of your EDR provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you use MFA to protect access to privileged user accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do you manage privileged accounts using privileged account management software (e.g., CyberArk, BeyondTrust, etc.)? If “Yes”, please provide the name of your provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Do you actively monitor all administrator access for unusual behavior patterns? If “Yes”, please provide the name of your monitoring tool: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Do you roll out a hardened baseline configuration across servers, laptops, desktops and managed mobile devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Do you record and track all software and hardware assets deployed across your organization? If “Yes”, please provide the name of the tool used for this purpose (if any): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Do non-IT users have local administration rights on their laptop / desktop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. How frequently do you install critical and high severity patches across your enterprise? <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/> 8-30 days <input type="checkbox"/> One month or longer	
n. Do you have any end of life or end of support software? If “Yes”, is it segregated from the rest of your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
o. Do you use a protective DNS service (e.g. ZScaler, Quad9, OpenDNS or the public sector PDNS) to block access to known malicious websites? If “Yes”, please provide the name of your DNS provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
p. Do you use endpoint application isolation and containment technology on all endpoints? If “Yes”, please select your provider: If “Other”, please provide the name of your provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
q. Can users run Microsoft Office Macro enabled documents on their system by default?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r. Do you implement PowerShell best practices as outlined in the Environment Recommendations by Microsoft ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
s. Do you utilize a Security Information and Event Management (SIEM) system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
t. Do you utilize a Security Operations Center (SOC)? If “Yes”, is it monitored 24 hours a day, 7 days a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
u. Do you use a vulnerability management tool? If “Yes”, please select your provider: If “Other”, please provide the name of your provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL COMMENTS (Use this space to explain any “No” answers in the above section and/or to list other relevant IT security measures you are utilizing that are not listed here.) 	
8. BACKUP AND RECOVERY POLICIES	
If the answer to the question in this section is “No”, please provide additional details in the “Additional Comments” section.	
Do you use a data backup solution? If “Yes”: a. How frequently does it run? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly b. Estimated amount of time it will take to restore essential functions in the event of a widespread malware or ransomware attack within your network? <input type="checkbox"/> 0-24 hours <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-6 days <input type="checkbox"/> 1 week or longer c. Please check all that apply: <input type="checkbox"/> Backups are encrypted.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Backups are kept separate from your network (offline/air-gapped), or in a cloud service designed for this purpose. <input type="checkbox"/> Backups are secured with different access credentials from other administrator credentials. <input type="checkbox"/> You utilize MFA to restrict access to your backups. <input type="checkbox"/> You use a cloud-syncing service (e.g. Dropbox, OneDrive, SharePoint, Google Drive) for backups. <input type="checkbox"/> Your cloud-syncing service is protected by MFA. <input type="checkbox"/> You have tested the successful restoration and recovery of key server configurations and data from backups in the last 6 months. <input type="checkbox"/> You are able to test the integrity of backups prior to restoration to ensure that they are free of malware.	
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ADDITIONAL COMMENTS (Use this space to explain any "No" answers in the above section and/or to list other relevant IT security measures you are utilizing that are not listed here.)

9. PHISHING CONTROLS

a. Do all employees with financial or accounting responsibilities at your company complete social engineering training? If "Yes", does such training include phishing simulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does your organization send and/or receive wire transfers? If "Yes", does your wire transfer authorization process include the following: (1) A wire request documentation form? (2) A protocol for obtaining proper written authorization for wire transfers? (3) A separation of authority protocol? (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? (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 <u>before</u> the change request was received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

10. LOSS HISTORY

If the answer to question 10.a. or 10.b. below is "Yes", please complete a Claim Supplemental Form for each claim, allegation or incident.	
a. In the past 12 months, has the Applicant or any other person or organization proposed for this insurance: (1) Received any complaints or written demands or been a subject in litigation involving matters of privacy injury, breach of private information, network security, defamation, content infringement, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the ability of third parties to rely on the Applicant's network? (2) Been the subject of any government action, investigation or other proceedings regarding any alleged violation of privacy law or regulation? (3) Notified customers, clients or any third party of any security breach or privacy breach? (4) Received any cyber extortion demand or threat? (5) Sustained any unscheduled network outage or interruption for any reason? (6) Sustained any property damage or business interruption losses as a result of a cyber-attack? (7) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the past 12 months, has any IT service provider that the Applicant relies on sustained an unscheduled network outage or interruption lasting longer than 4 hours? If "Yes", did the Applicant experience an interruption in business due to such outage or interruption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has the Applicant notified Tokio Marine HCC of all incidents or losses occurring, or claims, suits or demands received, in the past 12 months? If "No", please forward complete details to Tokio Marine HCC immediately.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None to Report

NOTICE TO APPLICANT

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 any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.

CERTIFICATION AND SIGNATURE

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.

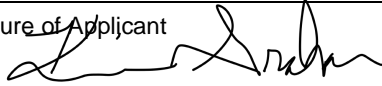
This application shall be deemed attached to and form a part of the Policy should coverage be bound.

Must be signed by an officer of the company.

Print or Type Applicant's Name

Title of Applicant

Signature of Applicant



Date Signed by Applicant