

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

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 Recycle Ann Arbor									
Street Address F			PO Box 246			Phone		734-649-6093	
City, State, Zip De			Dexter	Dexter, Michigan 48130					
Website w			www.re	www.recycleannarbor.org			ct e-mail	kariM@recycleannarbor.org	
Applicant is a(an):				dual Corporation Partnership Other: 501(c)3			_		
2.	RE	QUIRED ADDITIONA	L INFO	RMATION					
	a.	 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. 						☐ Yes 🗹 No	
	b.	. 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.						☐ Yes 🗹 No	
	c.	Has the Applicant ac	cquired a	ıny subsidiaries, affiliat	ted companies or er	ntities in t	the past 12 m	onths?	☐ Yes 🗹 No
	c. 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.								
		REVENUES							
3.	RE'	VENUES							
3.	RE'	VENUES		Last 1	2 months		Project	ed for the next 12	months
		ross revenues:		Last 1 \$ 7,251,967	2 months	\$	Project \$ 5,961,008	ed for the next 12	months
	tal gr				2 months	\$		ed for the next 12	months
То	tal gr	oss revenues:	e, host, p				\$ 5,961,008		months ✓ Yes 🗆 No
То	tal gr	coss revenues: CORDS Do you collect, store or electronic form? If "Yes" please pro	vide the	\$ 7,251,967	share any private o	or sensitiv	\$ 5,961,008 ve information	* in either paper	
То	tal gr	CORDS Do you collect, store or electronic form? If "Yes" please pro Paper records: 11	vide the	\$ 7,251,967 rocess, control, use or approximate numbe	share any private o er of unique record Electronic reco	or sensitiv Is: rds: <u>Thr</u>	\$ 5,961,008 ve information rough Paych	* in either paper	
То	tal gr	coss revenues: CORDS Do you collect, store or electronic form? If "Yes" please pro Paper records: 11: *Private or sensitive person, including, be payment card infor	ovide the 7 e informout not limation,	\$ 7,251,967 rocess, control, use or	share any private of unique record Electronic record ormation or data thity numbers or others, financial acceptance.	or sensitives: rds: Three hat can be er governount num	\$ 5,961,008 we information rough Paych be used to un nment identifinders, perso	* in either paper ex niquely identify a ication numbers,	
То	tal gr	coss revenues: CORDS Do you collect, store or electronic form? If "Yes" please pro Paper records: 11: *Private or sensitive person, including, be payment card infor numbers (PINs), use Do you collect, sto fingerprints, voicepri	pvide the 7 e inform put not limation, ernames ore, host ints, facilities	\$ 7,251,967 rocess, control, use or approximate number ation includes any infinited to, social security drivers' license numbers.	share any private of the control of	or sensitivels: Is: Ids: Inds: Ind can be er gover ount numil addresses	\$ 5,961,008 we information rough Paych be used to un inment identifi mbers, perso ses. information of	* in either paper ex niquely identify a ication numbers, nal identification	

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5.	INF	IFORMATION AND NETWORK SECURITY CONTROLS						
	a.	Do you use anti-virus software and a firewall to protect your network?	✓ Yes ☐ No					
	b.	Do you use a cloud provider to store data?						
		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., 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	NSOMWARE 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? If "Yes", please list your provider:	☐ Yes 🗹 No					
	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)? If "Yes", please provide the name of your filtering solution provider:	☐ Yes 🗹 No					
			✓ Yes 🗌 No					
	e.	Do you use a data backup solution for all critical data? If "Yes":	₽ res □ 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: Cloud Drive/One Drive						
		(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						
	a.							
		training?	☐ Yes ☐ No					
		If "Yes", does such training include phishing 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:	☐ Yes ☐ No					
		(1) A wire request documentation form?						
		(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 below is "Yes", please complete a Claim Supplemental Form for each claim, allegation or incident.							
a.		the past 12 months, has the Applicant or any other person Received any complaints or written demands or beer injury, breach of private information, network securit denial of service attacks, computer virus infections, the or the ability of third parties to rely on the Applicant's	n a subject in litigation involving matters of privacy ty, defamation, content infringement, identity theft, heft of information, damage to third party networks	☐ Yes ☑ No				
		violation of privacy law or regulation? Notified customers, clients or any third party of any se		☐ Yes ☑ No ☐ Yes ☑ No				
	` ,		tion losses as a result of a cyber-attack?	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No				
b.	ne	the past 12 months, has any IT service provider that twork outage or interruption lasting longer than 4 hours' 'Yes", did the Applicant experience an interruption is	?	☐ Yes ☑ No				
C.	red	as the Applicant notified Tokio Marine HCC of all incider beived, in the past 12 months? 'No", please forward complete details to Tokio Mari	•	Yes No None to Report				
NOTICE	Е ТО	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								
		I fact, and that I agree that this application shall be						
CERTIF	FICAT	TON 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.								
1	This application shall be deemed attached to and form a part of the Policy should coverage be bound.							
		ned by an officer of the company.	1					
Print or Bryan		e Applicant's Name na	Title of Applicant CEO					
Signatu	ure of	Applica ·	Date Signed by Applicant 12/16/2021					

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