



Your application was **submitted** successfully. Your quotes will be emailed to your insurance broker in a few minutes. They should follow up with you soon. Please contact us if you need to correct any information in this application.

## ① General Information

\* What is the full name of the entity applying for insurance, as it should be listed in the policy?

If applicable, please list any additional named insureds.

Additional Insured Name

Additional Insured Name

Additional Insured Name

Please make sure application answers reflect all Named Insureds' exposure information. More than one Named Insured will subject the application to underwriter review in most markets, and results generally from multiple entities with common corporate ownership seeking to purchase just one policy.

\* Total Number of Employees Companywide

\* What is the Applicant's mailing address?

Street Line 1

Street Line 2

City

State

Zip code

Please provide details on any existing or prior insurance policy providing similar coverage:

Line	<div></div>	<div></div>	<div></div>
Limit	<div></div>	<div></div>	<div></div>
Retention	<div></div>	<div></div>	<div></div>
Premium	<div></div>	<div></div>	<div></div>
Retroactive Date	<div></div>	<div></div>	<div></div>
Effective Date	<div></div>	<div></div>	<div></div>
Expiration Date	<div></div>	<div></div>	<div></div>
Insurance Company	<div></div>	<div></div>	<div></div>
Full Prior Acts ?	<div><div></div> Yes</div> <div><div></div> No</div>	<div><div></div> Yes</div> <div><div></div> No</div>	<div><div></div> Yes</div> <div><div></div> No</div>

\* What primary area of business does the Applicant operate in?

Industry Title

NAICS

Describe the Applicant's business activities.

\* What is the Applicant's primary website?

Primary Website

☐

This company has no website (this will require underwriter review in some markets).

List any other websites the Applicant operates.

\* Please state the Applicant's gross revenue for the Applicant's last completed fiscal year:

\* What is the Applicant's estimated revenue over the next 12 month period?

\* Year established:

\* What kind of entity is the Applicant?

\* Primary contact

Name

Email

☐

Primary contact agrees to act as designated security contact.

\* Is the Applicant providing any of the following products or services to customers? (select all that apply)

☐

Adult Content

☐

Any Military Defense Based Contractors

☐

Any Products or Services in relation to Cannabis Or Opioids

☐

Any Social Networking Sites or Web Search Portals

☐

Background checks

☐

Casinos or any activity associated to gambling

☐

Cryptocurrency or Blockchain technologies

☐

Debt collection agency

☐

Managed IT service provider ( MSP or MSSP)

☐

Medical billing, records, or medical information exchanges

☐

On-demand software or hardware as a service ( SaaS, PaaS, IaaS)

☐

Online Auctions

☐

Payment Processors, Point of sales systems and software and any other payment processing services

☐

None of the above

Explanation

\* Primary contact phone number

## ② Cyber

\* Is the Applicant's business a franchisee or franchisor?

☐

Yes

☐

No

\* Estimated number of unique personally identifiable ( PII) records maintained by the Applicant (including records stored by third-party providers).

Please check — this is a default answer

\* If the Applicant uses multimedia material provided by others, do they always obtain the necessary rights, licenses, releases, and consents prior to publishing?

☐

Yes

☐

No

☐

N/A

\* Has the Applicant or any other organization proposed for this insurance sustained any unscheduled network outage or interruption lasting longer than six hours within the past 3 years?

Please check — this is a default answer

☐

Yes

☐

No

Explanation

\* Does the Applicant accept payment cards in exchange for goods or services rendered?

☐ Yes

☐ No

\* If the answer to the Credit Cards question is "yes", is the Applicant PCI compliant?

☐ Yes

☐ No

☐ N/A

\* If the answer to the PCI Compliance question is "no", is the Applicant's outsourced payment processor PCI compliant?

☐ Yes

☐ No

☐ N/A

\* Does the Applicant encrypt information that is stored on mobile computing devices, including but not limited to laptops and smart phones?

☐ Yes

☐ No

\* Does the Applicant have formal processes for backing up, archiving, and restoring sensitive data?

Please check — this is a default answer

☐ Yes

☐ No

\* Are these backups stored offline (disconnected from the Applicant's network) or with a cloud service provider?

☐ Yes

☐ No

\* Can you recover all of your business-critical data and systems in 10 days?

☐ Yes

☐ No

\* Does the applicant follow a zero day critical patching procedure?

☐ Yes

☐ No

\* Please indicate if any of the following email security softwares are used:

☐ AppRiver

☐ Avanan Cloud Email Security

☐ Barracuda Essentials

☐ Cisco Secure Email

☐ Darktrace

☐ Datto

☐ Google

☐ Inky

☐ Intermedia

☐ Ironscales

☐ Microsoft Defender

☐ Mimecast Email Security with Threat Protection

☐ Perception Point

☐ Proofpoint Email Security and Protection

☐ Proofpoint Essentials for Small Business

☐ SonicWall Capture Advanced Threat Protection

☐ SonicWall Email Security

☐ SpamTitan Email Security

☐ Symantec Email Security Cloud

☐ Vade

☐ Other

Other

☐ None of the above

\* Does the Applicant encrypt all emails?

☐ Yes

☐ No

\* Does the Applicant allow remote access to their network?

☐ Yes

☐ No

\* Does the Applicant enforce multi-factor authentication for all email access?

☐ Yes

☐ No

\* Does the Applicant enforce multi-factor authentication for all remote network access?

☐ Yes

☐ No

\* Does the Applicant use Multi-Factor Authentication ( MFA) to protect all local and remote access to privileged user accounts?

☐ Yes

☐ No

\* Does the Applicant have controls in place which require all fund and wire transfers over \$25,000 to be authorized and verified by at least two employees prior to execution?

☐ Yes

☐ No

Does the Applicant prevent unauthorized employees from initiating wire transfers?



*Affirmative answer is required to be eligible for Cowbell's Social Engineering endorsement*

☐ Yes

☐ No

\*Prior to executing an electronic payment, does the Applicant require out-of-band authentication? ( Out-of-band authentication is a secondary verification method with the requestor of a funds transfer through a communication channel separate from the original request.)

*Please check — this is a default answer*

☐ Yes

☐ No

\* Does the Applicant protect all of their devices with anti-virus, anti-malware, and endpoint protection software?

☐ Yes

☐ No

What Endpoint Detection and Response ( EDR) provider does the applicant use?

*At-Bay and TMHCC offer lower premiums for some providers.*

Other

Does the Applicant verify vendor/supplier bank accounts before adding to accounts payable systems?

*Affirmative answer is required to be eligible for Cowbell's Social Engineering endorsement*

☐ Yes

☐ No

\* Does the Applicant store, transmit, collect, or process customer or client biometric data?

*Please check — this is a default answer*

☐ Yes

☐ No

\*If the Applicant's industry is retail, restaurant, or online retailer, do they deploy either end-to-end or point-to-point encryption technology on all of their point of sale terminals?

- ☐ Yes
- ☐ No
- ☐ N/A

\* Have you experienced a theft or unintended release, disclosure or loss of personal or protected records in the past five years?

Please check — this is a default answer

- ☐ Yes
- ☐ No

Have you within the past 12 months completed or agreed to, or do you plan entering into within the next 12 months, a merger, acquisition, or consolidation?

- ☐ Yes
- ☐ No

\* Does the Applicant have a formal process, including a separate take-down process when needed, to ensure any products or services do not infringe on the intellectual property rights of others?

- ☐ Yes
- ☐ No

\* Is this intellectual property infringement prevention process supervised or conducted by an attorney?

- ☐ Yes
- ☐ No

Does the Applicant obtain more than 10% of its revenue from debt collections?

- ☐ Yes
- ☐ No

Revenue percentage coming from outside the Applicant's domiciled country

\* Does the Applicant implement critical patches and update systems (within 2 months)?

- ☐ Yes
- ☐ No

\* Are emails protected with the following measures? Select all that apply.

- ☐ Screening for malicious attachments
- ☐ Screening for malicious links
- ☐ Tagging external emails
- ☐ None of the above

\* Does the Applicant provide annual (or more frequent) training to executives and key accounting staff regarding fraudulent transfer schemes?

Please check — this is a default answer

- ☐ Yes
- ☐ No

\* Has the applicant intentionally disclosed or notified customers about such an incident?

- ☐ Yes
- ☐ No

\* Are backups encrypted?

- ☐ Yes
- ☐ No

\* How often does the Applicant back up critical information?

\* In the event of an interruption of the applicant's network, what is the applicant's recovery time objective ( RTO) for critical systems, applications and processes?

\* How long does the Applicant take to address zero-day/critical risk vulnerabilities?

\* Does the Applicant allow email access through a web application or a non-corporate device?

- ☐ Yes
- ☐ No

What Multi-Factor Authentication ( MFA) provider does the applicant use?

*TMHCC offers lower premiums for some providers.*

Other

What Anti-Virus provider does the applicant use?

*TMHCC offers lower premiums for some providers.*

Other

\* Are backups protected with Multi-Factor Authentication ( MFA) ?

☐ Yes

☐ No

## ③ Potential Claims

\*In the last five ( 5) years, have any claims, legal actions or regulatory actions been brought or threatened against the Applicant, or extortion demands (actual or attempted) made against the Applicant, related to a data breach or any other incident involving cyber events, social engineering, or alleged fraud or other criminal acts?

*Please check — this is a default answer*

☐ Yes ☐ No

Explanation

\* When did the most recent such event, loss, action or claim occur?

\* What was the total monetary impact of all such events, losses, actions or claims?

\*Is the Applicant aware of any fact, circumstance, situation, event, or Wrongful Act which reasonably could give rise to a Loss or a Claim being made against them that would fall within the scope of the Policy for which the Applicant is applying?

Please check — this is a default answer

☐

Yes

☐

No

Explanation

# ④ Fraud Warnings & Legal Disclosures

## General Fraud Warning

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. ( Not applicable in AL, AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, HI, KS, KY, LA, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, UT, TN, TX, UT, VA, VT, WA and, WV)

## Alabama Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

## Alaska Fraud Warning

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

## Arizona Fraud Warning

For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

## Arkansas Fraud Warning

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.

## California Fraud Warning

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## Colorado Fraud Warning

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.

## **Delaware Fraud Warning**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

## **District Of Columbia Fraud 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.

## **Florida Fraud Warning**

Any person who, knowingly and with intent to injure, defraud, or deceive an insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

## **Idaho Fraud Warning**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

## **Indiana Fraud Warning**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

## **Kansas Fraud Warning**

We will not pay for any loss or damage if you or any other insured in relation to an insurance application, rating, claim or coverage under this policy knowingly and with intent to defraud:

1. Presents, causes to be presented or prepares with the knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any 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 material fact;

2. Conceals information concerning any material fact for the purpose of misleading.

Kentucky Fraud Warning Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

## **Louisiana Fraud Warning**

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.

## **Maine Fraud Warning**

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.

## **Maryland Fraud Warning**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **Minnesota Fraud Warning**

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

## **New Hampshire Fraud Warning**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638: 20.

## **New Jersey Fraud Warning**

Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## **New Mexico Fraud Warning**

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 civil fines and criminal penalties.

## **New York Fraud Warning**



Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

## **Ohio Fraud Warning**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

## **Oklahoma Fraud 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.

## **Oregon Fraud Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

1. The misinformation is material to the content of the policy;
2. We relied upon the misinformation; and
3. The information was either:
  1. Material to the risk assumed by us;
  2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

## **Pennsylvania Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

## **Puerto Rico Fraud Warning**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine not less than five thousand dollars ( \$5,000) and not more than ten thousand dollars ( \$10,000) , or a fixed term of imprisonment for three ( 3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five ( 5) years, if extenuating circumstances are present, it may be reduced to a minimum of two ( 2) years.

## **Rhode Island Fraud Warning**

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.

## **Tennessee Fraud Warning**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## **Texas Fraud Warning**

Workers Compensation: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## **Utah Fraud Warning**

Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

## **Vermont Fraud Warning**

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.

## **Virginia Fraud Warning**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## **Washington Fraud Warning**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### **West Virginia Fraud Warning**

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.

## SIGNATURE PAGE

**This Application must be signed by the Chief Executive Officer, Chief Financial Officer, or General Counsel of the Named Applicant or their functional equivalent.**

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_