

CyberChoice

Underwriting Application

For Businesses With Revenue of \$10M or More



Name of Insurance Company to which application is made: _____

NOTICE: LIABILITY INSURING AGREEMENTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, REDUCE, AND MAY COMPLETELY EXHAUST THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

DEFENSE WITHIN LIMITS: THE AMOUNT OF MONEY AVAILABLE UNDER THE POLICY TO PAY SETTLEMENTS OR JUDGEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.

1. General Information

Name of Applicant Company (Together with any subsidiaries for whom this policy is intended, hereinafter, "your business" or "applicant(s).")

Headquarters Address

City _____ State _____ Zip Code _____

Does your business have a website? Yes _____ No _____ If yes, please list primary website address or domain:

And, is your business' email hosted through this web domain? Yes _____ No _____

Does the Applicant Company have any subsidiaries? Yes _____ No _____ If yes, please list them here:

2. Nature of Operations

As part of your business' operations, is there engagement in any service or activity involving or similar to the following? Yes _____ No _____

- | | |
|---|--|
| - Adult media or entertainment | - Debt collection services |
| - Cryptocurrency or blockchain technology | - Payment processing services |
| - Cannabis | - Weapons, explosives or ammunition |
| - Gambling | - Data aggregator, broker or warehouse |

Is more than 50% of the applicants' revenue derived from technology products and services (e.g., software, electronics, telecom)?

Yes _____ No _____

Industry (NAIC or SIC)

3. Revenue

| | |
|---|--|
| Most Recent Completed Fiscal Year Revenue | |
| Current Fiscal Year (Projected) Revenue | |

If part of your business' operations involves managing financial investments for others, please answer the following:

| | |
|---|-------------------------------|
| • Most Recent Fiscal Year Assets Under Management | |
| • Current Fiscal Year (Projected) Assets Under Management | |
| Are there revenue-generating operations for your business outside the country of domicile? | Yes No Unknown % |
| If yes, what percentage of revenue is generated outside the country of domicile? | |
| Is the Applicant Company a subsidiary of a parent company? | Yes No |
| If yes, is the parent company domiciled outside the United States? | Yes No |
| Has any applicant experienced within the past 12 months, or does any applicant anticipate experiencing in the next 12 months, a merger, acquisition, sale of any assets or similar transaction? | Yes No |

4. Cybersecurity Function & Contact Person

| | |
|---|-------------|
| Is there a dedicated cybersecurity team monitoring the network for your business? | Yes No |
| If yes, is cybersecurity managed in-house or outsourced to a third party? | |
| If third party, please list third party entity: | |

If in-house, how many employees are dedicated to the cybersecurity team?

Cybersecurity Contact

This should be an employee of the insured that The Hartford should contact with information pertinent to cyber risks, security alerts and incidents.
Chief Information Security Officer (CISO), Risk Manager or equivalent.

Name

Title

Email

5. Requested Coverage

| | |
|---|--------------------------|
| Does the Applicant Company currently purchase Cyber coverage? | Yes No Unknown |
|---|--------------------------|

If yes, provide details of current Cyber coverage:

| Aggregate Limit | Retention | Cyber Carrier | Premium |
|-----------------|---------------------|---------------|---------|
| \$ | \$ | | \$ |
| Requested Limit | Requested Retention | | |
| \$ | \$ | | \$ |

Desired Effective Date:



6. Data, Privacy & Media

Data Inventory

How many unique individual people or organization's nonpublic personal records are received, processed, stored or transmitted during the policy period as part of your business activities?

Indicate whether these nonpublic personal records are encrypted:

| | | |
|---------------------------------|-----|----|
| While at rest | Yes | No |
| While electronically in transit | Yes | No |
| While on mobile devices | Yes | No |

Backups & Recovery

Is your business' critical data regularly backed up? No Yes, weekly Yes, monthly

| | | |
|--|-----|----|
| If yes, are backups stored offline and/or isolated from production systems? | Yes | No |
| And, how often do the applicants test recovering data from the backup? | | |
| Do all applicants have a Cyber Incident Response Plan or Business Continuity plan in place to respond to a computer system disruption? | Yes | No |
| If yes, how often is the Cyber Incident Response or Business Continuity plan tested? | | |

Media

Do the applicants all have a legal review process governing all content that's published both on and offline (including social media), including a formal process to ensure there isn't infringement of another's copyright, slogan, trademark, logo, trade name, service mark or brand?

| | | |
|---|-----|----|
| Did your business acquire any trademarks in the last 3 years? | Yes | No |
| If yes, were such trademarks screened and cleared for infringement? | Yes | No |

7. Security & Controls

MFA

Is Multi-Factor Authentication (MFA) required for ALL remote access to your business' network?
Including cloud-hosted, on-premises and via Virtual Private Networks (VPNs).

| | | |
|--|-----|--------------------------|
| If no, how is remote access to the network controlled? | | |
| Is MFA required for access to email? | Yes | No No web-based email |

Funds Transfer Controls

Do the applicants all have a dual authentication protocol for confirming all funds transfer requests or account information changes from a vendor/partner through a secondary method of communication before the account information is changed or a funds transfer request is carried out?

| | | |
|--|-----|----|
| Does any applicant accept fund transfer requests from customers? | Yes | No |
| If yes, is the funds transfer instruction validated by a method other than the original means of request? <i>For example, if the request is made by email, a follow up phone call is made to confirm that the supplier or vendor made the original request.</i> | Yes | No |



7. Security & Controls (continued)

Endpoint Protection

Identify all places where antimalware, antivirus and/or endpoint detection is running for your business:

| | | | |
|---|------------------|----|---------|
| Computers | Yes | No | Unknown |
| Networks | Yes | No | Unknown |
| Mobile Devices | Yes | No | Unknown |
| Is there an Endpoint Detection and Response (EDR) or Managed Detection and Response (MDR) product in place? | Yes | No | Unknown |
| If yes, identify EDR or MDR product used | If other: | | |

Email Security

Identify what email security controls your business has in place for incoming emails:

| | | | |
|---|------------------|----|---------|
| Secure Email Gateway (SEG) | Yes | No | Unknown |
| If yes, identify SEG product used | If other: | | |
| Screening for malicious attachments | Yes | No | Unknown |
| Screening for malicious links | Yes | No | Unknown |
| Tagging emails from external senders | Yes | No | Unknown |
| How often is Antiphishing and Cybersecurity Awareness training conducted for employees? | | | |

8. Loss History

| | | |
|---|-----|----|
| During the past three years, has any applicant experienced any cyber incident (including claims, cyber attacks, cyber extortion demands, privacy breaches or system failures)? | Yes | No |
| Does any applicant or any natural person for whom insurance is intended have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance? | Yes | No |
| DISCLAIMER: IT IS AGREED THAT IF ANY SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM OR LOSS BASED ON, ARISING FROM, OR IN ANY WAY RELATING THERETO SHALL BE EXCLUDED FROM COVERAGE REQUESTED. | | |
| If yes to either question above, has the Applicant Company reported this incident, knowledge or information to their current cyber carrier? | Yes | No |

Please use this space to clarify any answers above that may require additional detail and any corrective measures taken to avoid similar incidents in the future.

CyberChoice Underwriting Application

Fraud Warning Statements

Maryland Applicants Only - a binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the insurer. If the insurer discovers a material risk factor during the underwriting period, the insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the insurer.

Attention Alabama, Arkansas, District of Columbia, Maryland, Rhode Island and West Virginia Applicants: any person who knowingly (or willfully in maryland) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in maryland) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California Applicants: for your protection california law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Attention Florida Applicants: any person who knowingly and with intent to injure, defraud or deceive any 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.

Attention Hawaii Applicants: for your protection, hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Attention Kansas Applicants: insurance fraud is a criminal offense in kansas. A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with 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 fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto. In the state of kansas, coverage for loss resulting from illegal activity is subject to kansas law (and subject to federal law, where applicable). Coverage may therefore be limited to defense costs related thereto.

Attention Kentucky and Pennsylvania Applicants: 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.

Attention Louisiana, Maine, Tennessee, Virginia and Washington Applicants: 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.

Attention New Hampshire and New Jersey Applicants: any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

Attention New Mexico Applicants: 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.

Attention Ohio Applicants: 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.

Attention Oklahoma Applicants: 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.

Attention Oregon Applicants: any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Attention Puerto Rico Applicants: any person who knowingly and with intent to defraud an insurance company presents false information in an insurance application, or presents, helps, or causes the presentation of a 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 of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

Attention Texas Applicants: 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 the person to criminal and civil penalties.

Attention Vermont Applicants: 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.

Attention New York Applicants: 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.



Material Change, Declaration and Signature

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT COMPANY DECLares AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE.¹ THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.² THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY.³ ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

¹In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

²In Maine this sentence ends at the word "quotations."

³The application shall actually attach in the following states: North Carolina

THIS APPLICATION MUST BE SIGNED BY A SENIOR OFFICER OF THE APPLICANT COMPANY, ACTING AS THE AUTHORIZED REPRESENTATIVE OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

Print Name _____

Signature _____

Title _____

Date _____

ADDITIONALLY REQUIRED OF APPLICANTS IN FLORIDA, IOWA & NEW HAMPSHIRE

Print Name of Agent _____

(Required: Florida, Iowa & New Hampshire only)

Agent Signature _____

Title _____

Name of agency: _____

Agent license # _____

(Required: for Florida & New Hampshire only)

Address _____

Date _____

