



# Risk e-Business Cyber Loss and Liability Insurance Policy<sup>SM</sup> Application

**NOTICE: This application is for claims-made and reported coverage, which applies only to claims first made and reported in writing during the policy period or any extended reporting period. The limit of liability to pay damages or settlements will be reduced and may be exhausted by defense expenses and defense expenses will be applied against the deductible amount. The coverage afforded under this policy differs in some respects from that afforded under other policies. Read the entire application carefully before signing.**

- Name \_\_\_\_\_  
DBA \_\_\_\_\_
- Type of Business (*select one*):  
 Private Corporation     Public Company     LLC  
 Partnership     Non-Profit     Investment Fund
- Principal Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Web Address \_\_\_\_\_
- Please provide name, nature of operations, and relationship to the Company of all additional entities to be covered. Or, enter "none".

Additional Entity	Nature of Operations	Relationship to Company

Please complete each question for the remainder of this application with ALL entities above in mind (*herein after "the Company"*.)

## Background and Financial Information

- Nature of business \_\_\_\_\_
  - Year Business Started \_\_\_\_\_
  - Total Number of Employees (*please include all full, part, time seasonal, leased, etc.*) \_\_\_\_\_
  - Please provide the following financial information:
- | Total Assets as of Most Recent Fiscal Year End | Total Gross Revenues Last Fiscal Year | Anticipated Revenues This Fiscal Year | Anticipated Revenues Next Fiscal Year |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| \$ _____                                       | \$ _____                              | \$ _____                              | \$ _____                              |
- Percentage of Annual Revenues Estimated to be attributable to E-Commerce/Online Sales \_\_\_\_\_%

## Insurance Information

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 10. Has the Company experienced any of the following situations within the last three years? |                          |                          |
| Privacy Incident and/or claims?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Media Incident and/or claims?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Network Incident and/or claims?  | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes to any of the above,** please provide detail in a separate attachment a description of the incident including relevant dates, the number and type of records involved, the total dollar amount of expenses in connection with the incident, a summary of the Company's response to the incident, and subsequent changes made to prevent the likelihood of future events.

**Insurance Information Continued****Yes No**11. Do you presently purchase Cyber Risk Insurance?  **If yes, please complete the following table AND skip question 12.**

Limits	Deductible	Continuity Date

12. Are you aware of any fact, circumstance, or situation involving the Company that you have reason to believe will cause a Privacy Incident, Media Incident, or Claim?  **It is understood and agreed that if you responded yes to the question above, there is no coverage for any Privacy Incident, Media Incident, Network Incident, or Claim based upon, arising out of, or in any way involving any such fact or circumstance.****Supplemental Questions****Yes No**13. Do you provide any kind of professional data hosting or processing and/or any kind of IT hardware or software support to others?  

14. Indicate which of the following controls you have implemented with respect to electronic funds transfers:

- Callback procedures to verify funds transfer requests or changes to banking information
- Dual authorization for funds transfers greater than \$2,500
- Other (please describe) \_\_\_\_\_

15. What percent of your employees handle Company business from their personal devices (select one)?

- We prohibit it                       I don't know                       Less than 25%
- 25 – 75%                               More than 75%

16. a. Please estimate the annual volume of each type of information you process or store, taking into account both electronic and paper files as well as employee and customer information:

- SSN, individual taxpayer ID, driver's license, passport or federal ID numbers \_\_\_\_\_
- Payment card data (credit or debit cards) \_\_\_\_\_
- Protected health information \_\_\_\_\_
- Other confidential or protected information \_\_\_\_\_

b. How long do you store the above records? \_\_\_\_\_

**Yes No**c. Do you have a record retention/destruction policy in place?  

17. Which of the following are part of the Company's privacy and network security programs (select all that apply)?

- Physical controls on access to computer systems and sensitive documents
- Password protection on company devices
- Employee security awareness training
- Documented regulatory compliance programs (i.e. HIPAA and GLBA compliance)
- Multi-Factor Authentication for remote access to email and both internal and external systems
- Up-to-date, active firewall and anti-virus software

18. The Company backs up its primary mission critical systems and data assets:

**Yes No**At least daily/nightly  **If no, indicate how often** \_\_\_\_\_Remotely and securely  **If no, please provide business continuity plan.**

**Supplemental Questions *Continued***

19. Are you compliant with the Payment Card Industry Data Security Standard (PCI-DSS) (*select one*)?
- Yes  No
- I don't know  We do not process ANY payment card transactions **Yes** **No**
20. Does the Company maintain a formal program for evaluating the security posture of its vendors?
21. The Company's policy regarding the encryption of confidential data (*including but not limited to PII*) is that such data should be Encrypted (*select one*):
- Never/we do not encrypt
- Within our network only
- Within our network and within the cloud
- Within our network, and the cloud, and on mobile devices (*i.e. smartphones*)
- Within our networks, the cloud, mobile devices, and removable/transportable storage media (*i.e. USB drives*)
22. Who monitors the Company's networks for intrusions or other unusual activity (*select one*)?
- Nobody/we do not monitor
- Somebody in the Company's IT department
- A third party/managed security provider
- Somebody in the Company's IT department AND a third party/managed security provider
23. When did the Company last have a comprehensive (*i.e. inclusive of vulnerability scanning and penetration testing*) network security assessment conducted by a third party (*select one*)?
- Last 6 months  Last 18 months  Last 36 months  Never
24. The Company's attempts to mitigate its exposure to media liability by using the following controls (*select all that apply*):
- Obtaining all necessary rights to use third party content
- Social media policy
- Take-down procedures
- Legal review of all materials

**Fraud Warnings**

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

*\*Applies in MD Only.*

**Colorado:** 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.

**Florida and Oklahoma:** 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*)\*.

*\*Applies in FL Only.*

**Fraud Warnings Continued**

**Kansas:** 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 commits fraud.

**Kentucky, New York, Ohio, Pennsylvania:** 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 (*not to exceed five thousand dollars and the stated value of the claim for each such violation*)\*. \*Applies in NY Only.

**Maine, Tennessee, Virginia, Washington:** 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 and denial of insurance benefits. \*Applies in ME Only.

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

**Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Puerto Rico:** 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 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 by a fine of 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.

**Representations and signatures**

The undersigned declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person and entity proposed for this insurance to facilitate the proper and accurate completion of this application. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this application and the effective date of the Policy, which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this application does not bind the undersigned to purchase the insurance.

It is agreed by the Company and the Insured Persons that the particulars and statements contained in this application and any information provided herewith (*which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto*) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed that the statements in this application or any information provided herewith are their representations, they are material, and any Policy issued is in reliance upon the truth of such representations.

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**NOTE: This Application, including any material submitted herewith will be treated in strictest confidence.**

**Great American Insurance Group Cyber Risk Division**

<b>Windsor, CT</b>	<b>Chicago, IL</b>	<b>New York, NY</b>	<b>Seattle, WA</b>
5 Waterside Crossing	1450 American Lane	One Penn Plaza	8015 SE 28th St
3rd Floor	8th Floor	Suite 2100	Suite 312
Windsor, CT 06095	Schaumburg, IL 60173	New York, NY 10119	Mercer Island, WA 98040