

NOTICE: THE THIRD PARTY LIABILITY INSURING AGREEMENTS PROVIDE CLAIMS-MADE COVERAGE. SUBJECT TO ITS TERMS, THIS POLICY COVERS ONLY CLAIMS ACTUALLY MADE AGAINST THE INSURED WHILE THE POLICY REMAINS IN EFFECT. THERE IS NO COVERAGE FOR WRONGFUL ACTS OCCURRING PRIOR TO THE RETROACTIVE DATE, IF ANY. ALL COVERAGE UNDER THE POLICY CEASES UPON THE TERMINATION OF THE POLICY, EXCEPT FOR THE AUTOMATIC REPORTING PERIOD COVERAGE OF 90 DAYS OR ANY EXTENDED REPORTING PERIOD COVERAGE OF 1, 2, 3, 4, 5 OR 6 YEARS THAT THE INSURED MAY CHOOSE TO PURCHASE. POTENTIAL COVERAGE GAPS MAY ARISE UPON EXPIRATION OF THE EXTENDED REPORTING PERIOD. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES. EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

THIS POLICY IS WRITTEN ON A DEFENSE EXPENSE WITHIN LIMITS BASIS. THE LIMITS OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY DEFENSE EXPENSES AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE INSURER WILL HAVE NO LIABILITY FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.

PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS. NOTICE.

Application Instructions

Whenever used in this Application, the term "Applicant" shall mean the Named Insured and all subsidiaries or other organizations applying for coverage, unless otherwise stated.

The Applicant must complete the relevant sections of this Application and of any applicable supplemental Application in accordance with the specific coverages requested.

I. Name and Address

Name of Applicant: _____
(Include Named Insured and all additional insureds. Attach separate sheet if necessary)

Address of Applicant: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Date Business Established: _____

Internet Address: _____ State of Incorporation: _____

NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.

II. Requested and Current Liability Coverage

Indicate below which coverages are being requested.

Complete only those sections of this Application which pertain to requested coverage.

Requested Coverage Part		Limit of Liability	Retention or Waiting Period
Third Party Coverage			
<input type="checkbox"/>	1.Privacy and Security Liability	\$	\$
<input type="checkbox"/>	2.Cyber and Media Liability	\$	\$
<input type="checkbox"/>	3.Cyber Investigations	\$	\$
First Party Coverage			
<input type="checkbox"/>	1.Security Breach Notification and Remediation	\$	\$
<input type="checkbox"/>	2.Systems and Data Restoration	\$	\$
<input type="checkbox"/>	3.Cyber Extortion	\$	\$
<input type="checkbox"/>	4.Payment Card Fines and Penalties	\$	\$
<input type="checkbox"/>	5.Cyber Business Interruption and Extra Expense	\$	HOURS
<input type="checkbox"/>	6.Employee Theft	\$	\$
<input type="checkbox"/>	7.Computer Fraud	\$	\$
<input type="checkbox"/>	8.Social Engineering	\$	\$

- Has the Applicant exercised any Extended Reporting Period (or Discovery Period) for any Coverage Parts to which this Application relates? Yes No
- Within the past 3 years has the Applicant given notice of any claim, circumstance, or potential claim to any insurer under any of the coverage parts to which this application relates? Yes No
If "Yes", please attach a full explanation of the claim, circumstance, or potential claim.

III. Privacy and Security Questions

- The Applicant has (check all that apply):
 - A regularly tested and updated Written Information Security Plan.
 - A regularly tested and updated Written Incident Response Plan.
 - A designated Chief Information Security Officer (or equivalent).
- Back-Ups:
 - a. The Applicant makes full and incremental back-ups of critical data and computer systems:
 - Daily Weekly Monthly Quarterly Never
 - b. If back-ups are performed is one stored on-line? Yes No
 - c. If back-ups are performed how quickly (in hours) could systems be operational? _____ hours
 - d. Are any of the Applicant's back-up solutions immutable (data stored in a format that can never be tampered with or deleted)? Yes No
- Patching and Updates
 - a. The Applicant has (select one):
 - Automatic updates enabled with patch management verification procedures
 - Automatic updates enabled
 - Manual updates
 - b. Is there any end of life (EOL) or end of support (EOS) software on the Applicant's network? Yes No
If yes, is it segregated? Yes No

4. Information Security Training:
- a. The Applicant has one of the following employee training programs to safeguard personal information (select one):
- Formal and documented annual employee training program
 - Formal but undocumented employee training program
 - No employee training program
5. Is multifactor authentication (MFA) deployed and enforced on (select ALL that apply):
- All administration accounts Remote access All email accounts
- a. Have legacy email protocols (IMAP, POP3, SMTP) been disabled? Yes No
- b. When working remotely, do the Applicant's employees access a segmented network via Virtual Private Network (VPN)? Yes No
- c. The Applicant has the following enabled (select all that apply):
- Web Filtering
 - Email (DKIM)
 - Email (DMARC)
 - Email (SPF)
6. Encryption is (select one):
- Deployed for data at rest (whether on premises or cloud based) in transit and on mobile devices.
 - Deployed for data at rest (whether on premises or cloud based)
 - Not deployed, if selected, please explain:
7. When accessing computer systems and information, employees AND third parties are issued (select one):
- Separate and unique accounts with strong passwords and local administrative rights disabled for regular employees on their devices.
 - Separate and unique accounts with strong passwords.
 - Separate and unique accounts with no password construction requirements.
8. Has traffic using Remote Desktop Protocol TCP ports 3389 and Server Message Block TCP ports 445, 135, and 139 been blocked? Yes No
9. How often are network penetration tests conducted on the Applicant's network:
- Never
 - Occasionally
 - Annually
 - Semi Annually
 - Quarterly
 - More Frequently
10. Are devices connected to the Applicant's network catalogued and mapped on a regular basis? Yes No
11. Please provide the name of the provider and product or service deployed for the following solution categories:

Security Solution	Product and/or Service and Provider
Endpoint Protection Platform (EPP)	
Application Isolation and Containment	
Endpoint Detection and Response (EDR)	
Security Information and Event Management (SIEM)	
Intrusion Detection Software	
Privileged Access Management (PAM) or Identity & Access Management (IAM)	
Security Operations Center (SOC) <i>Indicate if internal or name of external provider</i>	<input type="checkbox"/> 24/7/3365 Provider <input type="checkbox"/> Working Hours Only Provider

IV. Media Liability

1. Does the Applicant have the following procedures with respect to their website (check ALL that apply):
 - All content is reviewed prior to being posted on the Applicant's website to avoid improper, offensive or infringing content including intellectual property, trademarks; and service marks.
 - If user information is collected, the user has the option to opt-in or opt-out of allowing the collection or use of their information.
 - If personal information gathered from customers is sold, the Applicant notifies and obtains consent prior to dissemination of such information.
2. Does the Applicant consistently monitor and remove offensive, unacceptable, or infringing posts from YOUR website or social media accounts? Yes No

Please provide explanations to any unanswered questions or "No" responses above.

V. Employee Theft

1. Does the Applicant ever take physical custody of their client's assets? Yes No
2. Is countersigning of checks required? Yes No
 - a. At what dollar value is a countersignature required? \$ _____
 - b. If a countersignature is not required, please explain alternative controls regarding check signing and what the alternative controls consist of:
3. Does the Applicant have an associated or affiliated department or company which takes custody of the assets of clients for whom they provide investment advice? Yes No
If "Yes", please identify and describe the circumstances:
4. Does the Applicant outsource their payroll function? Yes No
5. Are management policies and computer control systems in place to prevent persons who approve new hires from adding them into the payroll? Yes No
6. Is there a software security system in place to detect fraudulent computer usage by Employees or outsiders? Yes No
7. Has separation been established between individuals responsible for approving and processing wire transfers, ACH and EFTs? Yes No

VI. Prior Knowledge and Applicant Representation

1. Within the past three years has the Applicant:
 - a. Notified consumer or any third party of a data breach incident? Yes No
 - b. Experienced an actual or attempted extortion demand with respect to your computer system? Yes No
 - c. Experienced an unscheduled work outage lasting over four hours? Yes No
 - d. Received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regards to any content published, displayed or distributed by or on behalf of the Applicant? Yes No
2. Is any Applicant proposed for coverage aware of any fact, circumstance, or situation that might reasonably be expected to result in a claim that would fall within the scope of the proposed coverage? Yes No

If "Yes", please attach additional information for each event, including dates, description amount of loss, and corrective measures taken to prevent similar losses.

This representation applies only to those coverage types for which no coverage is currently maintained, and any higher limits of liability are requested.

IMPORTANT: Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance or situation exists, whether or not disclosed in response to the question above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

VII. Material Change

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete including but not limited to a new Claim or other matter to be reported, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

VIII. Declarations, Notices, and Signature

The submission of this Application does not obligate the Insurer to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant hereby authorizes the Insurer to make any inquiry in connection with this Application.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this Application and in any attachments or other documents submitted with the Application are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the Insurer will have relied on all such materials in issuing any such policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the Insurer.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any policy, of a Claim or potential Claim.

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

ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

NEW YORK: 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 civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Date	Signature**	Title
_____	_____	_____

**This Application must be signed by the chief executive officer, president, or chief financial officer of the Applicant's parent organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By: Producer: _____ Agency: _____
 Taxpayer ID: _____ License Number: _____ Email: _____
 Address (Street, City, State, Zip): _____