



THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962

C&F Simple Cyber CYBER AND MULTIMEDIA LIABILITY INSURANCE APPLICATION

NOTICE: THE CYBER LIABILITY AND MULTIMEDIA LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS MADE ARE WRITTEN ON A CLAIMS MADE AND REPORTED BASIS, MEANING COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**, OR DURING ANY APPLICABLE EXTENDED REPORTING PERIOD. AMOUNTS INCURRED AS **CLAIMS EXPENSES** SHALL REDUCE AND MAY EXHAUST THE AGGREGATE LIMIT OF LIABILITY AND SHALL ALSO BE APPLIED AGAINST THE **DEDUCTIBLE**. CAREFULLY READ THE ENTIRE POLICY FOR WHICH THIS APPLICATION IS MADE. WORDS AND PHRASES WHICH ARE PRINTED IN **BOLD TYPEFACE** HAVE SPECIFIC MEANING AND ARE DEFINED IN SECTION III. OF THE POLICY.

THE APPLICATION, ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS AND THEIR ATTACHMENTS SHALL SERVE AS THE BASIS OF THE POLICY, AND SHALL BECOME PART OF SUCH POLICY SHOULD A POLICY BE ISSUED, AS IF PHYSICALLY ATTACHED. THE **INSURER** RELIES UPON THE APPLICATION IN ISSUING THE POLICY. COMPLETION OF THIS APPLICATION DOES NOT IN ANY WAY IMPLY SUCH COVERAGE UNDER THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

Wherever the word "Applicant" is used, it will be deemed to include all insureds.

Section I: Applicant

Applicant Name: _____
Legal name of the Applicant to be insured

Contact Name: _____ Phone: _____
E-Mail: _____

Address: _____ Suite: _____

City: _____ State & Zip: _____

Year Established: _____ Number of Employees: _____

Website: http://_____

Business Description: _____

	Last Fiscal Year (actual)	Current Fiscal Year (estimate)	Next Fiscal Year (estimate)
Gross Annual Revenues:	\$ _____	\$ _____	\$ _____

Does the Applicant anticipate any significant changes to operations in the next twelve (12) months? Yes ☐ No ☐

Section II: Underwriting Information

Does the Applicant employ a Chief Information Security Officer (CISO)? Yes ☐ No ☐

If No, what position is responsible for information security? _____

Does the Applicant employ a Chief Privacy Officer? Yes ☐ No ☐

If No, what position is responsible for compliance with privacy issues? _____

Does the Applicant have business continuity and disaster recovery programs in place? Yes ☐ No ☐

Are administrative privileges restricted on all workstations? Yes ☐ No ☐

Is computer security awareness training provided to all employees? Yes ☐ No ☐

Is 2-factor or multi-factor authentication utilized for remote access to email or systems? Yes ☐ No ☐

Has administrative audit and mailbox audit logging been enabled on Microsoft Exchange servers? Yes ☐ No ☐

Is logging enabled and are logs maintained for all other systems and networking devices? Yes ☐ No ☐

Are payment cards (i.e. credit or debit cards) accepted for payments? Yes ☐ No ☐

If Yes, which Self Assessment Questionnaire (SAQ) has the Applicant completed?

☐=A or A-EP ☐=B or B-IP ☐=C or C-VT ☐=D-MER or D-SP ☐=P2PE ☐=Other: _____ ☐=Not Required

Did the above SAQ indicate that the entity was compliant with the PCI data security standards? Yes ☐ No ☐

Are the Applicant's credit card machines EMV compliant and EMV enabled? Yes ☐ No ☐

Does the Applicant enforce a software update process including installation of software "patches"? Yes ☐ No ☐

If Yes, are critical updates/patches installed within thirty (30) days of release? Yes ☐ No ☐

Does the Applicant distribute materials on their own behalf other than advertising/promotional info? Yes ☐ No ☐

Is all material distributed by or on behalf of the Applicant screened for the following? (check all that apply)

☐ Copyright Infringement ☐ Disparagement Issues ☐ Trademark Infringement

☐ Privacy Issues ☐ None of the above

Is such screening performed by a qualified attorney? Yes ☐ No ☐ N/A ☐

Has the Applicant provided training to all employees responsible for wire transfer regarding social engineering and other types of fraudulent transfer request schemes? Yes ☐ No ☐

Are procedures in place that require that all wire transfer requests and instructions be confirmed via a secondary verification using a different method of communication than the original request? Yes ☐ No ☐

Is there anything else that you want to tell us about your privacy compliance, computer security or other controls?

If so, please attach as a separate page.

Section III: Desired Coverage and Prior Coverage

If you know what coverage/limits you want, please complete the section below. Otherwise, please check here: ☐ to request us to quote various options.

Aggregate Policy Limit: \$ _____ Deductible: \$ _____

Do you want to extend coverage to include coverage for business interruption and damage to data? Yes ☐ No ☐

Do you currently have a cyber or media liability insurance policy? Yes ☐ No ☐

If Yes: Policy Limit: \$ _____ Deductible: \$ _____ Retroactive Date: _____

Insurer: _____ Policy Period: _____

Section IV: Prior Claims, Incidents and Circumstances

Is the Applicant or other members of the staff aware of any fact, circumstance, situation, event or transaction which may give rise to a claim or loss under the proposed insurance or to any obligation to provide breach notification to any third party?

Yes ☐ No ☐

If Yes, please describe: _____

During the past five (5) years, has any Applicant:

- | | | |
|----|---|--|
| A. | had any claims or complaints with respect to defamation or copyright/trademark infringement? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B. | received any claims or complaints with respect to privacy, a breach of information or network security, unauthorized disclosure of information? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| C. | been subject to any governmental action, investigation of subpoena regarding any alleged violations or a privacy law or regulations? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| D. | notified consumers or any other third party of a data breach incident involving the Applicant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| E. | experienced an actual or attempted extortion demand with respect to its computer systems? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| F. | experienced a computer or network outage of greater than 12 hours? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| G. | experienced a loss due to a fraudulent wire transfer scheme or a social engineering scheme? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If Yes to any of the above, please describe: _____

Please use a separate sheet, if necessary.

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 applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 fines and confinement in prison.

NOTICE TO 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 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO 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.

NOTICE TO KANSAS APPLICANTS: 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 a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO OREGON APPLICANTS: 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.

NOTICE TO 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 include imprisonment, fines, and denial of insurance benefits.

NOTICE TO 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.

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **Insureds** and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **Insurer** of such and shall provide the **Insurer** with information that would complete, update or correct the application or materials submitted therewith. The **Insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATION AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF, AND DEEMED ATTACHED HERETO.

Signature: _____
*Must be signed by a duly authorized officer on behalf of all **Insureds**.*

Printed Name: _____

Title:

Date: _____

Florida Applicants Only: _____

Producer's Name Producer's Florida License Number

Iowa Applicants Only: Producer's Name:

New Hampshire Applicants Only: _____

Producer's Name

Producer's Signature