

at  
— bay

Cyber

Renewal Insurance Application



## Notice

By completing this **Application**, the **Applicant** is applying for a **Policy** which contains one or more Insuring Agreements, some of which provide liability for **Claims** first made against any **Insured** during the **Policy Period**, or any applicable Extended Reporting Period, and reported to us pursuant to the terms of this **Policy**. **Claim Expenses** shall reduce the applicable **Aggregate Limit of Insurance** and Sub-Limits of Insurance and are subject to the applicable **Retentions**. Please read the entire **Application** and **Policy** carefully before signing. Whenever used in this **Application**, the term “**Applicant**” shall mean the **Named Insured** and all **Subsidiaries**, unless otherwise stated. All other terms which appear in bold type herein are used in this **Application** with the same respective meanings as set forth in the Cyber Insurance Policy (AB-CYB-001.2 Ed.08/2023).

## General Information

01. Please complete **Applicant** details.

Name of <b>Applicant</b>
<b>Applicant's</b> address
<b>Applicant's</b> primary industry
Please list <b>Applicant's</b> website or domain ( <b>Enter all the apply</b> : This should include the main website, any primary domains used for corporate email, franchise or subsidiary websites)
<b>Applicant's</b> previous fiscal year-end gross revenue (or projected current year-end revenue if <b>Applicant</b> did not generate previous revenue) \$
<b>Applicant's</b> number of employees

*We are not able to bind policies for any company that operates in one of our restricted industries: Gambling, Adult Content or Cannabis. Please contact our underwriting team with questions at [underwriting@at-bay.com](mailto:underwriting@at-bay.com)*

## Security Controls

02. Does the **Applicant** store or process personal, health or credit card information of more than 500,000 individuals?

- ☐ Yes  
☐ No

If yes, please approximate the number of individuals:

03. Does the **Applicant** have multi-factor authentication enforced on all email access?

- ☐ Yes  
☐ No

04. Does the **Applicant** have multi-factor authentication enforced on all remote access including VPN or other remote network access?

- ☐ Yes  
☐ No

05. Does the **Applicant** utilize a Virtual Private Network (VPN) for remote connection to company resources? *Optional*

- ☐ Yes  
☐ No  
☐ Unknown

06. Which of the following VPN providers/products does the **Applicant** use? Please select all that apply. *Optional*

- |   |   |
|---|---|
| <input type="checkbox"/> Barracuda SSL VPN        | <input type="checkbox"/> Palo Alto GlobalProtect VPN          |
| <input type="checkbox"/> Check Point FireWall/VPN | <input type="checkbox"/> Pulse Connect / Ivanti / Juniper VPN |
| <input type="checkbox"/> Cisco ASA SSL VPN        | <input type="checkbox"/> RDWeb / Remote Web Access            |
| <input type="checkbox"/> Citrix SSL VPN           | <input type="checkbox"/> SonicWALL VPN                        |
| <input type="checkbox"/> ConnectWise VPN          | <input type="checkbox"/> Sophos Cyberoam Appliance            |
| <input type="checkbox"/> Cyberoam VPN             | <input type="checkbox"/> Sophos SSL VPN                       |
| <input type="checkbox"/> Fortinet VPN             | <input type="checkbox"/> WatchGuard VPN                       |
| <input type="checkbox"/> NetMotion Mobility VPN   | <input type="checkbox"/> ZyXEL SSL VPN                        |
| <input type="checkbox"/> OpenVPN                  | <input type="checkbox"/> Other                                |

If other, please provide details on vendor, makes, and models of appliances in use:

## Security Controls *Continued*

07. Does the **Applicant** use a Managed Service Provider (MSP)? *Optional*

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please provide the name(s) of MSP in use:

08. Does the **Applicant** keep offline backups that are disconnected from its network or store backups with a cloud service provider?

- ☐ Yes
- ☐ No

09. Which of the following describes how the backup copies are stored? Select all that apply. *Optional*

- ☐ Backups are offline/air-gapped
- ☐ Backups are stored without network separation
- ☐ Cloud sync (e.g. Google Drive, Microsoft OneDrive, Microsoft SharePoint)
- ☐ Dedicated cloud-based backup service (e.g. Acronis, Veeam, CrashPlan)
- ☐ Unknown

Please provide the names of the backup vendors:

10. Are all critical backup copies configured as immutable (cannot be modified or deleted within their retention window)? *Optional*

- ☐ Yes
- ☐ No
- ☐ Unknown

## Security Controls *Continued*

11. Which of the following Inbound Email Security products (i.e. Secure Email Gateway (SEG)) does the **Applicant** use, if any? *Optional*

- |  |  |
|--|--|
| <input type="checkbox"/> No SEG in place | <input type="checkbox"/> Intermedia                  |
| <input type="checkbox"/> Appraver        | <input type="checkbox"/> Ironscales                  |
| <input type="checkbox"/> Avanan          | <input type="checkbox"/> Microsoft Defender for O365 |
| <input type="checkbox"/> Barracuda       | <input type="checkbox"/> Mimecast                    |
| <input type="checkbox"/> Darktrace       | <input type="checkbox"/> Perception Point            |
| <input type="checkbox"/> Datto           | <input type="checkbox"/> Proofpoint                  |
| <input type="checkbox"/> Google          | <input type="checkbox"/> Vade                        |
| <input type="checkbox"/> Inky            | <input type="checkbox"/> Other/Unknown               |

If other or unknown, please provide details:

12. Which of the following Endpoint Detection & Response (EDR) products does the **Applicant** use, if any? *Optional*

- |   |   |
|---|---|
| <input type="checkbox"/> No EDR in place                                    | <input type="checkbox"/> Microsoft Defender for Endpoint (E5)           |
| <input type="checkbox"/> CrowdStrike Falcon Insight EDR                     | <input type="checkbox"/> Palo Alto Networks Cortex XDR                  |
| <input type="checkbox"/> Cybereason Endpoint Detection and Response (EDR)   | <input type="checkbox"/> SentinelOne Singularity EDR                    |
| <input type="checkbox"/> Cycraft XSensor                                    | <input type="checkbox"/> Symantec Endpoint Detection and Response (EDR) |
| <input type="checkbox"/> Cynet AutoXDR                                      | <input type="checkbox"/> Trellix Endpoint Detection and Response (EDR)  |
| <input type="checkbox"/> Fortinet FortiEDR                                  | <input type="checkbox"/> Other/Unknown                                  |
| <input type="checkbox"/> Huntress EDR                                       |   |
| <input type="checkbox"/> IBM Security QRadar EDR                            |   |
| <input type="checkbox"/> MalwareBytes Endpoint Detection and Response (EDR) |   |

If other or unknown, please provide details:

## Security Controls *Continued*

13. If applicable, how are the EDR solutions managed? *Optional*

- ☐ Managed 24/7 by a third-party provider (e.g. MSSP or external IT vendor)
- ☐ Managed 24/7 by in-house security team
- ☐ Managed within business hours by in-house security team
- ☐ Deployed but not actively monitored
- ☐ Unknown

If EDR solutions are “managed by a third-party provider”, please provide the name of the third-party vendor:

## Insurance

14. Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act which reasonably could give rise to a claim against them under the insurance policy for which the **Applicant** is applying?

- ☐ Yes
- ☐ No

If yes, please provide details:

Since the completion of the **Applicant's** previous form, or in the next 12 months, have there been or does the **Applicant** anticipate any of the following:

15. Material changes to the **Applicant's** business, including mergers or acquisitions?

- ☐ Yes
- ☐ No

If yes, please provide details:

## Insurance *Continued*

16. Changes to the **Applicant's** responses regarding network security or risk controls?

☐ Yes

☐ No

If yes, please provide details:

17. Changes to the **Applicant's** controls regarding media or intellectual property?

☐ Yes

☐ No

If yes, please provide details:

## Signatures

The undersigned authorized representative (the **Applicant's** Chief Executive Officer, Chief Financial Officer, Chief Security Officer, Chief Technology Officer, Chief Information Officer, Risk Manager, General Counsel, or any functionally equivalent positions, regardless of title) of the **Applicant** declares that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application**, are true and complete and may be relied upon by the insurer providing, and reviewing, this **Application** for insurance.

Authorized Representative Title*
Authorized Representative Name
Authorized Representative Email
Authorized Representative Signature
Today's Date (MM/DD/YY)

**\*Signature Requirements:** The **Applicant's** Chief Executive Officer, Chief Financial Officer, Chief Security Officer, Chief Technology Officer, Chief Information Officer, Risk Manager, General Counsel, or any functionally equivalent positions, regardless of title.

## Security Contact Information

At-Bay Stance Platform and At-Bay Stance Advisory Services are included with your insurance policy as part of your Embedded Security Fee and corresponding endorsement. Please provide the contact details of at least one individual who is a full-time employee of **Applicant** and is authorized to receive security notifications and engage with the At-Bay Security team. You may additionally include contact details such as a managed IT/security provider or other internal inbox. For more information about Stance offerings, please visit [at-bay.com/security](https://at-bay.com/security).

Required - Primary Security Contact & Full-Time Employee of **Applicant**

Security Contact Name 01	
Email	Phone Number



## Security Contact Information *Continued*

*Optional - Additional Security Contact*

Security Contact Name 02	
Email	Phone Number

*Optional - Additional Security Contact*

Security Contact Name 03	
Email	Phone Number

## Fraud & Legal Notice(s), Warnings and Disclosure(s)

If the information in any **Application** changes prior to the inception date of the **Policy**, the **Applicant** will notify the insurer of such changes, and the insurer may modify or withdraw any outstanding quotation. The insurer is authorized to make inquiry in connection with this **Application**.

Should the insurer issue a **Policy**, **Applicant** agrees that such **Policy** is issued in reliance upon the truth of the statements and representations in the **Application** or incorporated by reference herein, and any misrepresentation, omission, concealment or otherwise shall be grounds for the rescission of any **Policy** issued.

Signing of this **Application** does not bind the **Applicant** or the insurer to complete the insurance, but it is agreed that this **Application** and any information incorporated by reference hereto, shall be the basis of the contract should a **Policy** be issued, and is incorporated into and is part of the **Policy**.

All written statements, materials or documents furnished to the insurer in conjunction with this **Application** are hereby incorporated by reference into this **Application** and made a part hereof, including without limitation, any supplemental applications or questionnaires.

### FRAUD NOTICE TO ALABAMA APPLICANTS

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.

### FRAUD NOTICE TO 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.

### FRAUD 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.

### FRAUD 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.

## Fraud & Legal Notice(s), Warnings and Disclosure(s) *Continued*

### **FRAUD 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.

### **FRAUD 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.

### **FRAUD 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

### **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.

### **FRAUD NOTICE TO OREGON 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 MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

### **FRAUD 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.

### **FRAUD NOTICE TO 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. FRAUD NOTICE TO 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.

## Fraud & Legal Notice(s), Warnings and Disclosure(s) *Continued*

### FRAUD NOTICE TO ALL OTHER 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.

## Voluntary Consent to Electronic Insurance Transaction

Voluntary consent to electronic insurance transaction. In an effort to streamline how you do business with us, we are providing you with the option of receiving information, documents, notices, records, acknowledgement and other materials relating to and governing your organization's relationship and transactions with At-Bay, electronically.

**Applicant**, or its representative authorized to sign on its behalf, hereby consents to receive and deliver information, **Policy** documents, notices, records, disclosures, acknowledgements, and other materials relating to and governing **Applicant's** insurance coverage, relationship, and transactions with At-Bay, electronically, to the e-mail account(s) provided to us in this **Application** (or any updated email account(s) policyholder may subsequently provide). **Applicant** understands that its consent is voluntary. **Applicant** understands it has the right to withdraw its consent, at any time, and to request a paper copy of described notices or documents by contacting At-Bay: (650) 850-8008 and/or [EmailChanges@at-bay.com](mailto:EmailChanges@at-bay.com).

The delivery and presentation of the documents to **Applicant** by electronic means, rather than sending paper, does not affect the validity, legal effect, or enforceability of these insurance transactions or **Policy**-related documents.

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