Microsoft Benefit
Supplemental Application

at
bay

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-001.1 Ed.04/2022).

General Information

01. Please complete **Applicant** details.

Name of **Applicant**

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

Security Controls

02. Does the **Applicant** have multi-factor authentication enabled on email access and remote network access?

      Yes

      No

03. Does the **Applicant** utilize Microsoft Defender for Office 365 or another Secure Email Gateway?

      Yes

      No

If no, please check that the **Applicant** has implemented all of the following controls that are available on all Microsoft 365 for business plans:

Stop auto-forwarding for email: Hackers who gain access to a user's mailbox can exfiltrate mail by configuring the mailbox to automatically forward email. This can happen even without the user's awareness. You can prevent this from happening by configuring a mail flow rule.

AND

Block file types for malware: Your Microsoft 365 environment includes protection against malware, but you can increase this protection by blocking attachments with file types that are commonly used for malware.

AND

Display warning and block on other file types for ransomware:
You can protect against ransomware by creating one or more mail flow rules to block file extensions that are commonly used for ransomware, or to warn users who receive these attachments in email.

Signature

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 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.

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, 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, any security assessment, all representations made with respect to any security assessment, and all information contained in or provided by you with respect to any security assessment.

Fraud Notice To All 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 act, which is a crime and may subject such person to criminal and civil penalties.

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 Notice To Alabama, Arkansasm District of Columbia, Maryland, 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 presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Notice To 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 include imprisonment, fines, and denial of insurance benefits.

Fraud Notice To Kentucky, New Jersey, New York, Ohio, 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. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the **Claim** for each such violation).

Fraud Notice To Oregon 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Fraud Notice To Puerto Rico Applicants

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 with the penalty of 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.