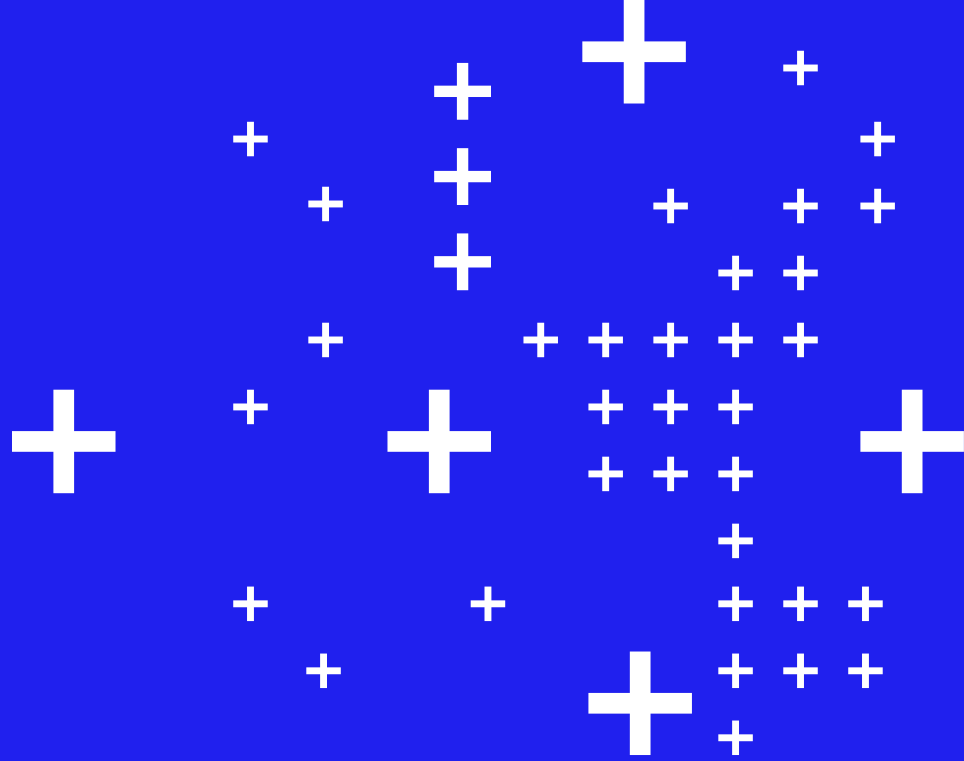Tech E&O

Technology and Cyber
Short Insurance 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 Technology & Cyber Insurance Policy (AB-TEO-001.1 Ed.04/2022).
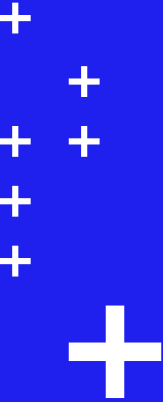
General Information

01. Please complete **Applicant** details.

Name of **Applicant**
Applicant's Address
Applicant's Primary Industry
Applicant's Website(s) (Include all domains owned and operated by the named insured including subsidiaries)
Applicant's Previous Fiscal Year-End Revenue (or projected current year-end revenue if Applicant did not generate previous revenue) $

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** encrypt all sensitive information at rest?

   Yes

   No

03. 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

Security Controls *Continued*

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

      Yes

      No

05. Does the **Applicant** have multi-factor authentication enabled for accounts with administrative privilege?

      Yes

      No

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

      Yes

      No

07. Does the **Applicant** have controls in place which require all fund and wire transfers over $25,000 to be authorized and verified by at least two employees prior to execution?

      Yes

      No

Technology Errors & Omissions

08. What is the **Applicant**'s primary technology business operations?

      Software

      Hardware

      Services

09. Do most customers pay the **Applicant** to customize or develop solutions that are dedicated to them?

      Yes

      No

Technology Errors & Omissions *Continued*

10. What type of clients does the **Applicant** primarily target?

> People (e.g., consumers, patients)

> Organizations (e.g., businesses, non-profits, government)

11. Is the **Applicant's** technology addressing any of the following needs?

> Financial (e.g., payments, exchanges, portfolio management, financial reports)

> Health (e.g., trackers, monitors, caregiving)

> Cyber security or identity protection services

> Social media

> Ecommerce

> Media broadcasting or streaming

> Hardware repair or installation

> Hardware design or manufacturing

> Training

> None of the above

12. How often does the **Applicant** obtain written contracts, purchase orders, or user acceptance agreements from customers?

> Always

> Most of the time

> Some of the time

> Never

Technology Errors & Omissions *Continued*

13. What is the **Applicant's** largest active customer contract value?

> Contract value
>
> $

14. Which of the following clauses do the **Applicant's** contracts, purchase orders, or user acceptance agreements typically include?

   Limitation of liabilities to cost of products or services

   Disclaimer of liability for consequential damages

   Hold harmless or indemnity agreements that are mutual or benefit the **Applicant**

   Warranty disclaimers

   Other

> Please describe any other clauses included.

15. Is the **Applicant** engaged in any of the following activities?

   Financial trading, investment advice or crowdfunding applications

   Payment processing or money transfer systems

   Cryptocurrency, blockchain or cryptomining

   Adult entertainment, cannabis, relationship / dating applications, videogames or gambling

   Flight control systems, 911 paging systems, or military warfare applications

   Mechanical process control technology (e.g., industrial control, machinery)

   Medical diagnostic applications, biometric technology or Health Information Exchanges (HIE)

   Consumer data mining or consumer VPN

   Sharing economy platforms

   None of the above

Technology Errors & Omissions *Continued*

16. Does the **Applicant** have a formal process in place to handle and resolve customer complaints?

       Yes

       No

17. Does the **Applicant** have a formal process to ensure any products or services do not infringe on the intellectual property rights of others?

       Yes

       No

18. If the **Applicant's** products or services include hosting or disseminating user-generated content, does the Applicant utilize notice and take-down procedures to address potentially infringing content? (e.g., DCMA)

       Yes

       No

       N/A

Optional

19. If the **Applicant** engages in non-technology miscellaneous professional (MPL) services, does the **Applicant** want or require additional MPL coverage?

       Yes

       No

Insurance

20. In the last three (3) years, has the **Applicant** experienced in excess of $10,000 any **Cyber Event**, **Loss** or been the subject of any **Claim** made for a **Wrongful Act** that would fall within the scope of the **Policy** for which the **Applicant** is applying?

      Yes

      No

If yes, please provide details

21. Is the **Applicant** aware of any fact, circumstance, situation, event or **Wrongful Act** which reasonably could give rise to a **Cyber Event**, **Loss** or a **Claim** being made against them that would fall within the scope of the **Policy** for which the **Applicant** is applying?

      Yes

      No

If yes, please provide details

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.

Security Contact Information

At-Bay offers active risk monitoring and security alerts with every policy. Whenever a new threat or vulnerability is detected, we send a security alert to the affected client with information on the threat and recommendations on how to stay safe. Please note that these alerts have no effect on coverage. Please provide the contact details of at least one individual who may be contacted by At-Bay regarding any security alerts or updates.

Required Security Contact Name 01	
Email	Phone

Optional Security Contact Name 02	
Email	Phone

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.