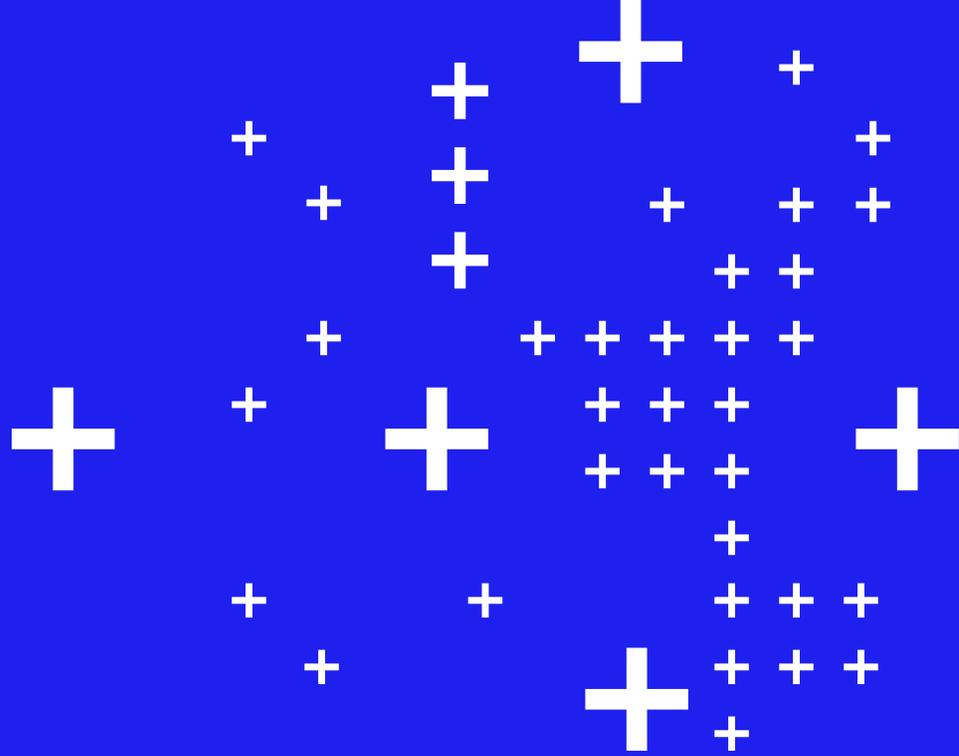




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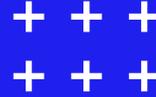
# Technology and Cyber Insurance Application

## 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 Technology & Cyber Insurance Policy (AB-TEO-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> Website(s) (Include all domains owned and operated by the named insured including subsidiaries)
<b>Applicant's</b> Annual Revenue (Most recently completed fiscal year) \$
<b>Applicant's</b> Projected Revenue \$
Please list all subsidiaries for which the <b>Applicant</b> is seeking coverage under this policy.

## Prior Coverage / Desired Coverage

02. Please indicate if the **Applicant** currently carries similar coverage.

Insurance Carrier	
Limit \$	Retention \$
Premium \$	Retroactive Date (MM/DD/YY)

03. Please indicate if the **Applicant** desires any change in coverage.

Limit \$	Retention \$
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## Technology Services

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

Software

Hardware

Services

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

Yes

No

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

People (e.g., consumers, patients)

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

Please describe the nature of the **Applicant's** business operations.

## Technology Errors & Omissions

07. 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.

## Technology Errors & Omissions *Continued*

08. What is the **Applicant's** average customer contract value and three largest customer contracts in the last three years?

Average customer contract value	
\$	
Client 01 name	Contract value
	\$
Description of services	Contract length
Client 02 name	Contract value
	\$
Description of services	Contract length
Client 03 name	Contract value
	\$
Description of services	Contract length

09. How often does the **Applicant** utilize independent contractors or subcontractors to perform professional services?

- Always
- Most of the time
- Some of the time
- Never

10. 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*

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

Yes

No

12. 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

## Data Privacy

*Provide estimates if the exact figure is unknown*

13. For how many individuals does the **Applicant** store or process sensitive data?

Social Security Numbers	Payment Card Data	Protected Health Data
Other sensitive data types (ex. biometric information)? For how many individuals? (Provide further details)		

*Optional* Provide any clarifying information on the records stored and processed by the **Applicant**.

For how long does the **Applicant** typically store sensitive data?

## Data Privacy *Continued*

Select all that apply

14. If the **Applicant** stores or processes sensitive data, is this performed locally or at a third party provider?

Stored locally

If sensitive data is stored locally, does the **Applicant** encrypt this data:

On databases and servers at rest?

In transmission?

On portable electronic devices?

Stored by third party provider

If sensitive data is stored at a third party provider, does such third party provider indemnify the **Applicant** for the loss of such data?

Yes

No

If yes, please specify the third party provider used to store or process such data.

*Optional* Describe any additional steps the **Applicant** takes to protect sensitive data.

## Regulatory Compliance

15. Has the **Applicant** confirmed compliance with the following:

HIPAA/HITECH (Health Insurance Portability and Accountability Act)

PCI-DSS (Payment Card Industry Data Security Standards)

GDPR (General Data Protection Regulation)

CCPA (California Consumer Privacy Act)

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## Regulatory Compliance *Continued*

16. Does the **Applicant** accept payment cards subject to a merchant services agreement?

Yes

No

17. Does the **Applicant** fully outsource payment card processing?

Yes

No

N/A

*Optional* Provide any clarifying information on the **Applicant's** regulatory compliance.

## Systems Security

18. Which of the following security controls are used by the **Applicant**?

Antivirus

Data Loss Prevention (DLP)

Intrusion Detection/Prevention System (IDS/IPS)

Multi-factor Authentication

Regular Penetration Tests

*Optional* Provide any additional details on the steps the **Applicant** takes to protect its networks.

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## Systems Security *Continued*

19. Does the **Applicant** have multi-factor authentication enforced on all email access?
- Yes
- No
20. Does the **Applicant** have multi-factor authentication enforced on all remote access including VPN or other remote network access?
- Yes
- No
21. Does the **Applicant** have procedures and tools in place to back up and restore sensitive data and critical systems?
- Yes
- No
22. Does the **Applicant** keep offline backups that are disconnected from its network or store backups with a cloud service provider?
- Yes
- No

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**Systems Security** *Continued*

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

No SEG in place

Appraver

Avanan

Barracuda

Darktrace

Datto

Google

Inky

Intermedia

Ironscales

Microsoft Defender for O365

Mimecast

Perception Point

Proofpoint

Vade

Other/Unknown

If other or unknown, please provide details

## Systems Security *Continued*

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

- No EDR in Place
- CrowdStrike Falcon Insight EDR
- Cybereason Endpoint Detection and Response (EDR)
- Cyrcraft XSensor
- Cynet AutoXDR
- Fortinet FortiEDR
- IBM Security QRadar EDR
- MalwareBytes Endpoint Detection and Response (EDR)
- Microsoft Defender for Endpoint (E5)
- Palo Alto Networks Cortex XDR
- SentinelOne Singularity EDR
- Symantec Endpoint Detection and Response (EDR)
- Trellix Endpoint Detection and Response (EDR)
- Other/Unknown

If other or unknown, please provide details

## Financial Fraud

25. 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

26. Does the **Applicant** provide training to all employees on social engineering, phishing, and wire transfer best practices?

Yes

No

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## Media

27. Does the **Applicant** post content under license from a third party (including copyrighted or trademarked materials or images) to its websites, social media accounts, or promotional materials?

Yes

No

N/A

28. Does the **Applicant** have a process in place that includes legal review of content prior to publishing on its websites, social media accounts, or other promotional materials?

Yes

No

N/A

29. 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?

Yes

No

N/A

## Loss History

30. In the last three (3) years, has the **Applicant** experienced 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 including corrective actions taken and, if available, prior carrier loss runs.

31. 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 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 Stance Exposure Manager and Managed Security are included with your insurance policy. 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 Managed 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	
Email	Phone

*Optional – Additional Security Contact*

Security Contact Name	
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, 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 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.

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

**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 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.

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