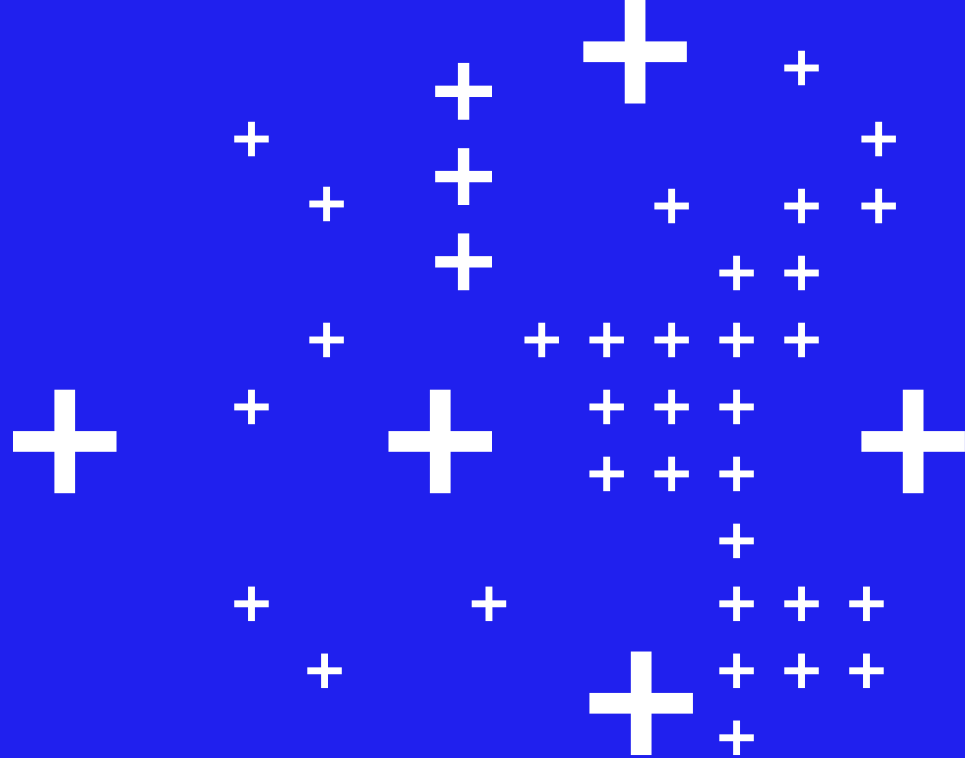




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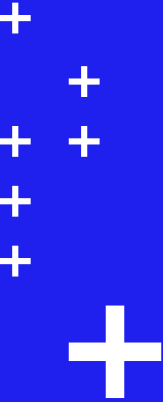
Technology and Cyber Renewal Insurance Application

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 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 Annual Revenue (Most recently completed fiscal year) \$
Applicant's Projected Revenue \$
Any additional or changed subsidiaries?

02. What is the **Applicant's** average customer contract value and three largest customer contract 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

Coverage

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

Limit \$	Retention \$
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Technology Services

04. Have there been or are there planned changes to the **Applicant's** technology services including any mergers and acquisitions?

Yes

No

If yes, please describe the nature of the **Applicant's** business operations.

Security Controls

Provide estimates if the exact figure is unknown

05. 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? 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?

Security Controls *Continued*

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

Yes

No

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

Yes

No

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

Yes

No

Security Controls *Continued*

Optional

09. What, if any, additional controls has the **Applicant** implemented over the past year?

Please describe details

Optional

10. 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

Security Controls *Continued*

Optional

11. 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

Insurance

12. 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

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.

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.

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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