

ERRORS & OMISSIONS, MEDIA AND CYBER INSURANCE NEW BUSINESS APPLICATION

NOTICE: THIS POLICY IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. EXCEPT AS OTHERWISE PROVIDED, THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND INCIDENTS OR LOSSES FIRST DISCOVERED BY THE INSURED DURING THE POLICY PERIOD, OR ANY APPLICABLE EXTENDED REPORTING PERIOD, AND NOTIFIED TO THE INSURERS PURSUANT TO THE INSURED'S OBLIGATIONS. AMOUNTS INCURRED AS DEFENCE COSTS UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

WHENEVER USED IN THIS APPLICATION, THE TERM "APPLICANT" SHALL, UNLESS OTHERWISE STATED, MEAN THE NAMED INSURED, ANY ASSOCIATED ENTITY, AND ANY SUBSIDIARY.

PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Please fully answer all questions and submit all requested information.

Customer Information:

BUSINESS NAME (INCLUDING NAMES OF ALL
SUBSIDIARIES)

NUMBER OF YEARS IN OPERATION

APPLICANT CONTACT NAME

APPLICANT CONTACT TITLE

APPLICANT CONTACT EMAIL

PRIMARY BUSINESS ADDRESS

CITY

PROVINCE

POSTAL CODE

LIST ALL ADDITIONAL ENTITIES SEEKING COVERAGE UNDER THIS POLICY. PROVIDE THEIR RELATIONSHIP TO YOU (INCLUDING ANY PERCENTAGE OF OWNERSHIP) AND DESCRIBE THEIR OPERATIONS

THIS APPLICATION INCLUDES THE TOTAL EXPOSURE FOR ALL ENTITIES SEEKING COVERAGE, INCLUDING REVENUES, RECORDS, CONTROLS, LOSS HISTORY, AND DESCRIPTIONS OF ALL PRODUCTS AND SERVICES

Yes

No

WEBSITE DOMAIN(S) *Please list all website addresses including web and email domains. If none, please leave blank.*

NAICS 6-DIGIT CODE

NAICS DESCRIPTION

NUMBER OF EMPLOYEES

LAST 12 MONTHS GROSS REVENUE (\$)

NEXT 12 MONTHS PROJECTED GROSS REVENUE (\$)

REQUESTED LIMIT

REQUESTED RETENTION

DESCRIPTION OF OPERATIONS

Cyber Underwriting Information:

1. Is the Applicant engaged in any of the following business activities? Select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Content | <input type="checkbox"/> Cannabis | <input type="checkbox"/> Cryptocurrency or Blockchain |
| <input type="checkbox"/> Data Aggregation | <input type="checkbox"/> Debt Collection | <input type="checkbox"/> Managed IT Service Provider (MSP or MSSP) |
| <input type="checkbox"/> Payment Processing | <input type="checkbox"/> Gambling | |

2. How many of the following records (including customers, employees and suppliers) do you process, transact or store?

PERSONALLY IDENTIFIABLE INFORMATION

PERSONAL HEALTH INFORMATION

PAYMENT CARD INFORMATION

3. Have you ever or do you currently collect, store, transmit or use any biometric data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person?

- Yes No

If yes, have you reviewed your policies relating to the collection, storage and destruction of such data with a qualified attorney and confirmed compliance with all applicable laws?

- Yes No

4. Please identify who is responsible for the Applicant's IT

SECURITY CONTACT NAME

SECURITY CONTACT TITLE

SECURITY CONTACT EMAIL

5. Please identify what security measures the Applicant has in place. Select all that apply.

MULT-FACTOR AUTHENTICATION

- MFA on emails
- MFA on remote access to the network
- MFA on admin or privileged accounts
- No email access on web apps and non-corporate devices
- No remote access to the network allowed
- MFA for cloud-based services

CYBER CONTROLS

- De-identify sensitive data
- Sensitive data at rest is encrypted
- Sensitive data in transit is encrypted

What is your patching cadence?

Does the Applicant have managed endpoint detection & response in place? Yes No

If yes, please enter the name of the Applicant's EDR provider.

BUSINESS CONTINUITY & RECOVERY

- Applicant performs backups
- Backups are stored offline or hosted by a cloud-based service provider

If backups are performed, what is the frequency?

6. Please review the following procedures below.

FINANCIAL FRAUD & CRIME

- Yes No Are of out-of-band authentication procedures required for new accounts that involve fund transfers or for changes to existing accounts?
- Yes No Is annual training required on phishing/social engineering scams for all employees involved in transferring funds?

Errors & Omissions Underwriting Information:

CONTRACTUAL INFORMATION

Please list your five largest clients over the last 12 months:

Name of Client	Services Provided	Gross Annual Billings

What percentage of time do you obtain written contracts or purchase orders from customers?

What percentage of your customer contracts or purchase orders include:

Scope of Work	
Limitation of Liability	
Disclaimer of Liability for Consequential Damages	
Guarantees	
Disclaimers of Warranties	
Hold Harmless Agreements	

Do you have a formal customer acceptance and sign-off procedure when delivering a product or service?

Yes No

MEDIA

Yes No Applicant utilizes legal counsel to review material for intellectual property infringement or libelous/defamatory content.

Yes No Applicant obtains written releases for creative material or talent from employees and contractors

Yes No Applicant has a procedure in place to respond to allegations of content infringing on the intellectual property rights or privacy rights of others.

7. Please review the following procedures below.

Claims Information:

8. In the past three (3) years has the Applicant, any Subsidiaries, or any Associated Entities:

Yes No Suffered any loss or had any claim, whether successful or not, made against them?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Suffered a security breach requiring customer or third-party notification according to state or federal regulations? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been investigated with respect to personal data, including but not limited to payment card information, or privacy practices? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been asked to supply any regulator or similar body with information relating to personally identifiable information or privacy practices? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Received any complaint relating to the handling of someone's personally identifiable information? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been under any pending litigation or been subject to an administrative proceeding? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Received any actual or attempted extortion demand with respect to its data or computer system? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Suffered any loss of business income due to an unscheduled system downtime or outage? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been made aware of any fact, event, or circumstance that may lead to a claim, loss, regulatory action, or other liability that might be covered under this Policy? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has any policy or application for professional liability insurance declined, cancelled or renewal refused? (Not applicable in Missouri) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initiated litigation against any of their clients? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Had their license revoked or suspended, been fined or disciplined in any way or been the subject of any investigation by any regulating body relating to their profession? |

If any of the above are answered "yes", please attach full details to this application – including dates, description of the claim / investigation / loss, people involved, full name of claimant / plaintiff, allegations, date reported to the insurance company, and status.

Signature Section:

NOTICE:

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.

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 insurance contract should a Policy be issued, and is incorporated into, and is part, of the Policy.

If the information in any Application changes prior to the inception date of the Policy, the Applicant agrees that it will notify the Insurer of any such changes, and the Insurer may modify or withdraw any outstanding quotation. The Insurer is authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application in the event the Policy is issued.

Should the Insurer issue a Policy, the 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.

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 the Applicant with respect to any security assessment.

The undersigned authorized representative of the Applicant declares and represents that they have the authority to sign this Application on behalf of all Applicants seeking coverage herein.

ERRORS & OMISSIONS, MEDIA AND CYBER INSURANCE NEW BUSINESS SIGNATURE:

AUTHORIZED REPRESENTATIVE'S NAME

AUTHORIZED REPRESENTATIVE'S TITLE

AUTHORIZED REPRESENTATIVE'S EMAIL

DATED

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Authorized Representatives are limited to 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.