CyberRiskConnect

Privacy, Security and Technology Insurance

NEW BUSINESS APPLICATION

Third Party Coverage	First Party Coverage
☐ Technology Products and Services	☐ Business Interruption and Extra Expense
☐ Professional Services	☐ Data Recovery
☐ Media	☐ Cyber Extortion and Ransomware
☐ Privacy and Cyber Security	☐ Data Breach Response and Crisis Management Coverage
☐ Privacy Regulatory Defense, Awards and Fines	

SECTION 1: COMPANY DETAILS

1.1 Name and address of Applicant: (include all legal names and DBA's):

Name(s): _____

Principal Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Description of Operations: _____

Please provide the contact at your organization to receive information on complimentary proactive risk management services: _____

By supplying your contact information, you authorize AXA XL to contact you with further information.

We're committed to your privacy. AXA XL uses the information you provide to us to contact you about our relevant content, products, and services. You may unsubscribe from these communications at any time.

By submitting your information, you consent to allow AXA XL to store and process the personal information submitted above to provide you the content requested.

For more information, please review our Privacy Policy.

1.2 Applicant revenue:

	Domestic	Foreign	Total
Prior Year	$	$	$
Current Year (est.)	$	$	$
Next Year (est.)	$	$	$

1.3 Please state the number of employees: _____

1.4 Date established: _____

1.5 Applicant is: ☐ Public ☐ Private ☐ Non-Profit

SECTION 2: TECHNOLOGY PRODUCTS AND SERVICES

2.1 Does the Applicant employ a Chief Technology Officer or functional equivalent? ☐ YES ☐ NO

2.2 Provide a brief description of the Application's operations:

Business Process Outsourcing: including data processing, maintenance or support services	%
Pre-packaged software development	%
Sales of pre-packaged software developed by others	%
Custom software development	%
Disaster recovery services and consulting	%
ERP, CRM, Supply Chain or similar software and services	%
Systems security software, hardware or services	%
Systems consulting, analysis and design	%
Hardware sales or services	%
Manufacturing or design of hardware or related products	%
Telecommunications products manufacturing	%
Telecommunications services	%
Internet services provided (i.e., cloud storage or website hosting)	%
Other (Specify)	%
TOTAL	**100 %**

2.3 Provide the following information regarding your three (3) largest clients according to the amount of revenue generated from the performance of services for the past fiscal year.

Client	Service Provided	Revenue Derived	% of Total Revenue
		$	%
		$	%
		$	%

2.4 What percentage of the Applicants business involves subcontracting work to others? _____ %

2.5 Please provide a copy of the Applicant's standard contract utilized with clients: ☐ YES ☐ NO

2.6 When material changes to contract terms are requested do they require executive level approval? ☐ YES ☐ NO

2.7 Would the Applicant ever agree to accept unlimited liability in a contract? ☐ YES ☐ NO

2.8 In the last two (2) years, has the Applicant sued a client for non-payment of fees? ☐ YES ☐ NO
(If Yes, please attach an explanation of each, including resolution)

SECTION 3: MEDIA

3.1 Does the Applicant have a review process to screen content to ensure it is not violating any intellectual property? ☐ YES ☐ NO

3.2 Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libelous, infringing or in violation of a third party's privacy rights? ☐ YES ☐ NO

3.3 Does the Applicant have an attorney review all content prior to publishing? ☐ YES ☐ NO

3.4 Does the Applicant have a social media policy in place inclusive of prescreening and take down procedures? ☐ YES ☐ NO

SECTION 4: CYBER SECURITY

4.1 Are the day to day cyber security operations handled internally or outsourced to a third party?

☐ Internal ☐ Outsource ☐ Both

4.2 Please provide the title of the person responsible for the Applicant's overall security operations and if applicable, a brief description of any material outsourced security operations?

Comments:

4.3 Does the Applicant collect, receive, process, transmit or maintain private or personal information as part of its business activities? ☐ YES ☐ NO

Please estimate the total number of customer and employee records Applicant maintains in electronic and/or physical form:

Comments:

4.4 Multifactor authentication:
(please check all that apply)

- ☐ is not currently utilized.
- ☐ is used to gain remote access.
- ☐ is used to gain access to privileged account credentials.
- ☐ is used to gain access to locations with sensitive data.

Comments:

4.5 Encryption:
(please check all that apply)

- ☐ is utilized to encrypt all mobile devices (laptop, tablet, phone).
- ☐ is utilized to encrypt backups.
- ☐ is utilized to encrypt sensitive data.
- ☐ is utilized to encrypt USB keys and external hard drives.

Comments:

4.6 Employees:
(please check all that apply)

- ☐ are required to complete annual security training.
- ☐ are tested via phishing campaigns on at least a bi-annual basis.
- ☐ are recertified for access to systems on at least a bi-annual basis.
- ☐ are utilizing a login related to their job function.
  (i.e. contractor, consultant, employee, administrator)

Comments:

4.7 Vulnerability Management:
(please check all that apply)

- ☐ Verification of all assets on the network are approved.
- ☐ Internal and external vulnerability scanning is done on at least a monthly basis.
- ☐ A patching program where critical patches are remediated immediately upon discovery is in place.
- ☐ A change control process where all changes to systems are reviewed and approved is in place.

Comments:

4.8 Framework Utilization:
(please check all that apply)

- ☐ Utilization of a cyber security framework to which cyber security controls are aligned is in place.
- ☐ An internal department responsible for verification of control data against a framework is in place.
- ☐ A third party verifies control data against a framework.
- ☐ Key Performance and/or Risk Indicators to identify gaps in the Applicants security program are employed.

Comments:

SECTION 5: PRIVACY

5.1 Are the day to day privacy concerns handled internally or outsourced to a third party?

☐ Internal ☐ Outsource ☐ Both

5.2 Please provide the title of the person responsible and if applicable, a brief description of any outsourced privacy responsibilities?

Comments:

5.3 Privacy Practices:
(please check all that apply)

- ☐ A corporate-wide security policy is in place.
- ☐ Maintenance of procedures to identify and verify compliance with regulatory requirements is in place.
- ☐ A central repository to track privacy related incidents is maintained.
- ☐ Regular reviews to ensure information being collected adheres to at least, the minimum required to do business.

Comments:

SECTION 6: BUSINESS CONTINUITY PLANNING

6.1 Are recovery and continuity efforts handled internally or outsourced to a third party?

☐ Internal ☐ Outsource ☐ Both

6.2 Please provide the title of the person responsible and if applicable a brief description of any outsourced recovery responsibilities?

Comments:

6.3 Business Continuity Practices:
(please check all that apply)

☐ Includes a documented business continuity and disaster recovery plan.

☐ Identification of all critical systems through the use of a business impact analysis is done.

☐ A test environment in which system changes are made prior to updating production environment exists.

☐ Documented and annually tested calculation caused by a network outage is performed.

☐ Recovery Time Objective.

☐ Has the Applicant suffered a network outage lasting more than five (5) hours in the last five (5) years? ☐ YES ☐ NO

If yes, please provide comments below.

SECTION 7: COMPLIANCE

7.1 Is compliance with applicable regulation and laws handled internally or outsourced to a third party?

☐ Internal ☐ Outsource ☐ Both

7.2 Please provide the title of the person responsible and if applicable, a brief description of any outsourced compliance responsibilities?

Comments:

7.3 Standards and Frameworks
(please check all that apply)

NIST CSF/800-53	PCI-DSS	HITECH	ISO 27001	COBIT
☐	☐	☐	☐	☐
Last Date Audited	Last Date Audited	Last Date Audited	Last Date Audited	Last Date Audited

7.4 Regulations, Laws, and Statutes
(please check all that apply)

NERC	HIPAA	NYDFS Part 500	GDPR	CA Consumer Privacy Act
☐	☐	☐	☐	☐
Last Date Audited	Last Date Audited	Last Date Audited	Last Date Audited	Last Date Audited

SECTION 8: GLOBAL DATA PRIVACY

I. SCOPE

*Global data privacy laws and regulations define "**personal data**" differently. For the purposes of this application, the GDPR definition of "personal data" is used and is defined as <u>any information relating to an identified or identifiable natural person.</u>*

8.1 What are the approximate number of records that are in-scope for the following regulations?

Global Data Protection Regulation ("GDPR")
- ☐ >1MM
- ☐ 500,000 – 1MM
- ☐ 250,001 – 500,000
- ☐ 50,001 – 250,000
- ☐ 10,000 – 50,000
- ☐ <10,000
- ☐ None – GDPR is not applicable

CA Consumer Privacy Act ("CCPA")
- ☐ >10MM
- ☐ 1MM – 10MM
- ☐ 250,001 – 1MM
- ☐ 100,001 – 250,000
- ☐ 50,001 – 100,000
- ☐ <50,000
- ☐ None – CCPA is not applicable

8.2 Does the Applicant process personal information to perform core business functions (i.e. the Applicant is heavily engaged in marketing, advertising, and/or any other activity that relies on building profiles of individuals)? ☐ YES ☐ NO

II. COMPLIANCE

8.3	Has the Applicant published internal and external data protection/privacy policies required by applicable data privacy regulations?	☐ YES	☐ NO
8.4	Has the Applicant provided data privacy awareness training to all employees that process personal data?	☐ YES	☐ NO
8.5	Does the Applicant maintain a personal data asset register that identifies all personal data processing activities that are in-scope for compliance with data privacy regulations, and that identify the lawful basis for each processing activity?	☐ YES	☐ NO
8.6	Does the Applicant conduct Data Privacy Impact Assessments (DPIAs) for all high-risk personal data processing activities (i.e. profiling and monitoring individuals, large-scale processing of personal data, processing special categories of personal data, sharing personal data with third parties, process criminal offence or conviction data, process data on vulnerable persons)?	☐ YES	☐ NO
	Applicant does not perform high-risk personal data processing activities	☐	
8.7	If the applicant transfers personal data outside of the EU, which approved mechanisms are used to lawfully transfer the personal data?		
	Adequacy decisions made by the European Commission, Member States, or supervisory authorities	☐	
	EU-US and/or Swiss-US Privacy Shield	☐	
	Model contractual clauses	☐	
	Binding Corporate Rules	☐	
	Derogations	☐	
	Other _____	☐	
	None	☐	
	Applicant does not transfer personal data outside of the EU	☐	
8.8	Does the Applicant have data sharing agreements in place with all third parties with which it shares personal data that are compliant with applicable data privacy regulations?	☐ YES	☐ NO
	Applicant does not share personal data with third parties	☐	
8.9	Does the Applicant have a process in place to respond to data subject requests (access requests, right to erasure/rectification/processing restriction/objection/automated decision making/etc.) and complaints based on applicable data privacy regulations?	☐ YES	☐ NO
8.10	Has the Applicant formally appointed a Data Protection Officer (DPO)?	☐ YES	☐ NO
	Applicant is not required to appoint a DPO	☐	

8.11 Does the Applicant give data subjects the option to opt-out of allowing an organization to sell their personal information to third parties? ☐ YES ☐ NO

Applicant is not required to comply with the CA Consumer Privacy Act ☐

REPRESENTATION AND WARRANTY: PRIOR KNOWLEDGE OF FACTS AND CIRCUMSTANCES

Applicant hereby represents after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;

2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy and that all information requested and/or provided is deemed material to the decision to provide insurance; and

3. Applicant represents and warrants that:

   a. There has not been nor is there now pending any claim, civil or criminal litigation, administrative or regulatory proceeding, arbitration or cyber security breach, cyber-extortion threat or data breach, including but not limited to any investigation, against any person or entity proposed for insurance under the policy referenced above, except as follows (check one):

      ☐ None; or

      ☐ <ATTACH COMPLETE DETAILS>

   b. No person or entity proposed for insurance under the policy referenced above has knowledge or information of any fact, circumstance, transaction, event, act, error, omission, misstatement, misleading statement, neglect or breach of duty which might give rise to a claim, civil or criminal litigation, administrative or regulatory proceeding, arbitration or cyber security breach, cyber-extortion threat or data breach as such would fall within the scope of the proposed insurance within the past twenty-four (24) months including but not limited to any investigation, under such proposed policy, except as follows (check one):

      ☐ None; or

      ☐ If Yes, please describe the nature of the event, damage, any lost time, business income, repair costs and their nature:

      Comments:

Any exceptions to 3.a. or b. above must be disclosed below in a separate document affixed to this application. If none, check here: ☐

It is agreed that if such aforementioned information in questions 3.a. or b. exists and is not disclosed in the Application, any Claim based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving, in whole or in part, such non-disclosed information is excluded from coverage under the proposed insurance.

Parts of this policy applied for provide coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

APPLICANT FRAUD WARNINGS

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.

NOTICE TO ARKANSAS 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.

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.

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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA 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.

NOTICE TO MAINE 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

NOTICE TO NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

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.

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.

NOTICE TO 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.

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 by 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.

NOTICE TO RHODE ISLAND 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.

NOTICE TO TENNESSEE 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.

NOTICE TO VIRGINIA 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.

NOTICE TO 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.

NOTICE TO WEST VIRGINIA 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.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

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.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THEIR APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF.

The undersigned certifies that he or she is an authorized representative of the applicant identified in 'COMPANY DETAILS' and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____