TRAVELERS

CyberRisk
Coverage Application

Travelers Casualty and Surety Company of America

NOTICE

ALL THIRD PARTY LIABILITY INSURING AGREEMENTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY–TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.

Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

1. Name of **Applicant**: _____

   Mailing Address: _____ City: _____ State: ____ Zip: _____

   Website(s): _____

II. ORGANIZATION/FINANCIAL INFORMATION

1. Does the **Applicant** have any subsidiaries or more than 50% ownership in joint ventures? Yes ☐ No ☒
   If Yes, please attach a list of subsidiaries or joint ventures
2. Total number of employees (full and part time including leased, seasonal and temporary): _____

Indicate the following as it relates to the Applicant's fiscal year end (FYE):	Most Recent FYE (Month/Year) (_____/_____)	Prior FYE (Month/Year) (_____/_____)	Projected FYE (Month/Year) (_____/_____)
Total Assets	$	$	$
Total Revenue	$	$	$

III. REQUESTED INSURANCE TERMS/CURRENT INSURANCE INFORMATION

Insuring Agreement	Requested Limit	Requested Retention
Network and Information Security Liability	$ 1,000,000	$ 5,000
Communications and Media Liability	$ 1,000,000	$ 5,000
Regulatory Defense Expenses	$ 1,000,000	$ 5,000
Crisis Management Event Expenses	$ 1,000,000	$ 5,000
Security Breach Remediation and Notification Expenses	$ 1,000,000	$ 5,000
Computer Program & Electronic Data Restoration Expenses	$ 1,000,000	$ 5,000
Computer Fraud	$ 1,000,000	$ 5,000
Funds Transfer Fraud	$ 1,000,000	$ 5,000
E-Commerce Extortion	$ 1,000,000	$ 5,000
Business Interruption and Additional Expenses	$ 1,000,000	**Hours:** 24

Proposed effective date: _____

Is Cyber coverage currently purchased? Yes ☐ No ☐ If yes, when was coverage first purchased? _____

IV. COMPUTER & NETWORK SECURITY

1. What position is responsible for information security? (e.g.: Chief Security Officer) _____
   a. To what position within the organization does this person report? _____
2. With respect to computer systems, does the **Applicant** have (select all that apply):

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☐ Secondary / backup computer system ☐ Business continuity plan ☐ Disaster recovery plan
☐ Incident response plan for network intrusions and virus incidents

If a secondary / backup system is in place, how long before this system is operational? 1 day

3. Which of the following does the **Applicant** currently have in place (select all that apply):

☐ Up-to-date, active firewall technology ☐ Updated anti-virus software active on all computers and networks
☐ Patch management procedures ☐ Intrusion detection software
☐ Multi-Factor login for privileged access ☐ Valuable / Sensitive Data Backup procedures
☐ Remote access limited to VPN ☐ Procedure to test or audit network security controls

PERSONNEL POLICIES AND PROCEDURES AND VENDOR MANAGEMENT:

4. Is employee training conducted regarding security issues and procedures? Yes ☐ No ☐
5. Is computer access terminated when an employee leaves the company? Yes ☐ No ☐
6. Are procedures in place regarding the creation and periodic updating of passwords? Yes ☐ No ☐
7. Are background checks conducted on prospective employees? Yes ☐ No ☐
8. Are service providers required to demonstrate adequate security policies and procedures? Yes ☐ No ☐
9. Do contracts with service providers include hold harmless and indemnification agreements? Yes ☐ No ☐
10. Does the Applicant currently use a Cloud Service Provider in the course of business operations? Yes ☐ No ☐
    a. Cloud Provider currently under contract: _____

V. INFORMATION SECURITY

1. Which of the following types of data does the **Applicant** collect, receive, process, transmit, or maintain as part of its business activities?

☐ Credit/Debit Card Data ☐ Medical Information ☐ Bank Accounts and Records
☐ Social Security Numbers ☐ Employee/HR Information ☐ Intellectual Property of others

2. What is the maximum number of unique individuals for whom you collect, store or process any amount of personal information? _____
3. If applicable, is Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? Yes ☐ No ☐ N/A ☐
   a. Total number of annual credit card transactions: _____
4. If applicable, is **Applicant** currently HIPAA compliant? Yes ☐ No ☐ N/A ☐
5. Does the **Applicant** encrypt private or sensitive information (*if Yes, select all that apply*): Yes ☐ No ☐

☐ Data at rest ☐ Data in transit ☐ Data on mobile devices (e.g. laptops, PDAs, USB drives, etc.)

VI. WEBSITE AND CONTENT INFORMATION

1. Does the **Applicant** have a written intellectual property clearance procedure for content disseminated via the **Applicant's** website? Yes ☐ No ☐
2. Were any trademarks acquired from others in the past 3 years screened for infringement? Yes ☐ No ☐ N/A ☐
3. Does the applicant have formal policies or procedures to/for:
   a. Avoid the posting of improper or infringing content? Yes ☐ No ☐
   b. Editing or removing controversial, offensive or infringing content from material distributed, or published by or on behalf of the **Applicant**? Yes ☐ No ☐
   c. Obtain parental permission for collecting data regarding children who use website? Yes ☐ No ☐ N/A ☐
   d. Respond 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 ☐

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VII. LOSS INFORMATION

1. In the past 3 years has the **Applicant**:
   a. received any claims or complaints with respect to privacy, breach of information or network security unauthorized disclosure of information, or defamation or content infringement? Yes ☐ No ☐
   b. been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? Yes ☐ No ☐
   c. notified consumers or any other third party of a data breach incident involving the **Applicant**? Yes ☐ No ☐
   d. experienced an actual or attempted extortion demand with respect to its computer systems Yes ☐ No ☐
2. Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the insurance policy for which the **Applicant** is applying? Yes ☐ No ☐

If any question is answered Yes, please attach details of each claim, complaint, allegation or incident, including costs, losses or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.

*With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*

VIII. REQUIRED ATTACHMENTS

1. Most current audited or annual financial statements requested Limit of Liability for Network and Information Security Liability coverage exceeds $3,000,000.

IX. COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

X. FRAUD WARNINGS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

OREGON: 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.

PUERTO RICO: 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

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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.

XI. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, OR CHIEF INFORMATION/SECURITY OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: (President, CEO, or Chief Information/Security Officer) **x**	Authorized Representative Name - Printed	Date *(mm/dd/yyyy)*:
Producer Signature*: **x**	State Producer License No (required in FL):	Date *(mm/dd/yyyy)*:
Agency: Spectrum Risk Management & Insurance	Agency Contact: Jim Waterhouse	Agency Phone Number: 949-756-5730

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

☐ Electronic Signature and Acceptance – Authorized Representative
☐ Electronic Signature and Acceptance – Producer

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