



Cyber Insurance Application

NEW BUSINESS APPLICATION

Notices:

Completion of this application will in no way be considered a binder of coverage, and Worldwide Facilities does not guarantee that a policy will actually be issued upon receipt of a completed application. Whoever fills out this application must be a principal, partner, director, officer, senior manager (or equivalent positions) authorized to do so and should make all the proper inquiries to answer the questions. The application should be completed for the applicant inclusive of every subsidiary or other affiliated company seeking coverage under the policy.

If a policy is issued, it will provide coverage only for claims that are first made against you, or any first party events discovered by you, and properly reported to us during the policy period, or any extended reporting period, if applicable. This application is for insurance in which the policy limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount.

You must read, complete, sign, and date the entire application form. If you are unable to fully complete, sign, and date, please submit additional details so that you may still be considered for coverage.

Please note: For purposes of this application, "you/your" includes the applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information. Loss and Claim have the meanings as defined in the policy form. If you do not have a copy of the policy form, please obtain from one your insurance advisor.

General Information:

Name of Applicant (include names of all subsidiaries or affiliated companies to be insured; attach a separate sheet, if necessary):

Headquarters Address:

Corporate Website Address:

Industry Group:

Industry:

Does your business involve cannabis or gambling activities or adult content?

Yes No

Revenue (Prior Year End):

Claims Details:

1. In the past five years, have any claims or legal actions been brought against you related to a data breach, extortion threat, or any other incident, loss of money, securities, or property involving any alleged social engineering, fraud, or other criminal acts? Yes No
 - a. Have you had less than 3 incidents and \$0 in total overall losses? Yes No
 - b. Have you had less than 3 incidents and \$25,000 or less in total overall losses? Yes No
 - c. Have you had greater than or equal to 3 incidents and more than \$25,000 in total overall losses? Yes No
2. Do you (including your affiliates, executives, employees, or contractors) currently have knowledge or information of any act, error, omission, or breach of duty related to any: (1) known network intrusion; (2) denial of service attack, or (3) unauthorized loss, release, or disclosure of personally identifiable information in your care, custody, or control? Yes No
3. Have you ever been the subject of a regulatory action, investigation, or inquiry as a result of the handling sensitive data, including but not limited to a civil investigative demand, consent order, or investigation by an Attorney General (or equivalent) or other industry body? Yes No
 - a. Is the matter still open? Yes No
 - b. If the matter is closed, were there any findings or fines? Yes No

Compliance Details:

4. Please indicate if you are in compliance with HIPAA (Health Insurance Portability and Accountability Act of 1996): Yes No N/A
- Do you store, transmit, collect, or process any healthcare records? Yes No N/A

5. Please indicate if you are in compliance with PCI DSS (Payment Card Industry Data Security Standard): Yes No N/A
- Is your payment processing fully outsourced or do you store less than 500 transactions? Yes No N/A
6. Do you store, transmit, collect, or process customer or client biometric data? Yes No
7. Do you encrypt information that is stored on mobile computing devices, including but not limited to laptops and smart phones? Yes No

APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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.

You may choose to sign this form electronically by inserting your typed name or a digital or imaged signature in the space below. If you elect to do so, you hereby consent and agree that such action 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. Once completed, please forward the form to your agent or broker via email. If you choose to otherwise sign the form, please print the completed form and then sign and forward the document to your broker by email or mail.

Applicant Information:

Applicant Name:

By (Authorized Signature):

Name/Title:

Date: