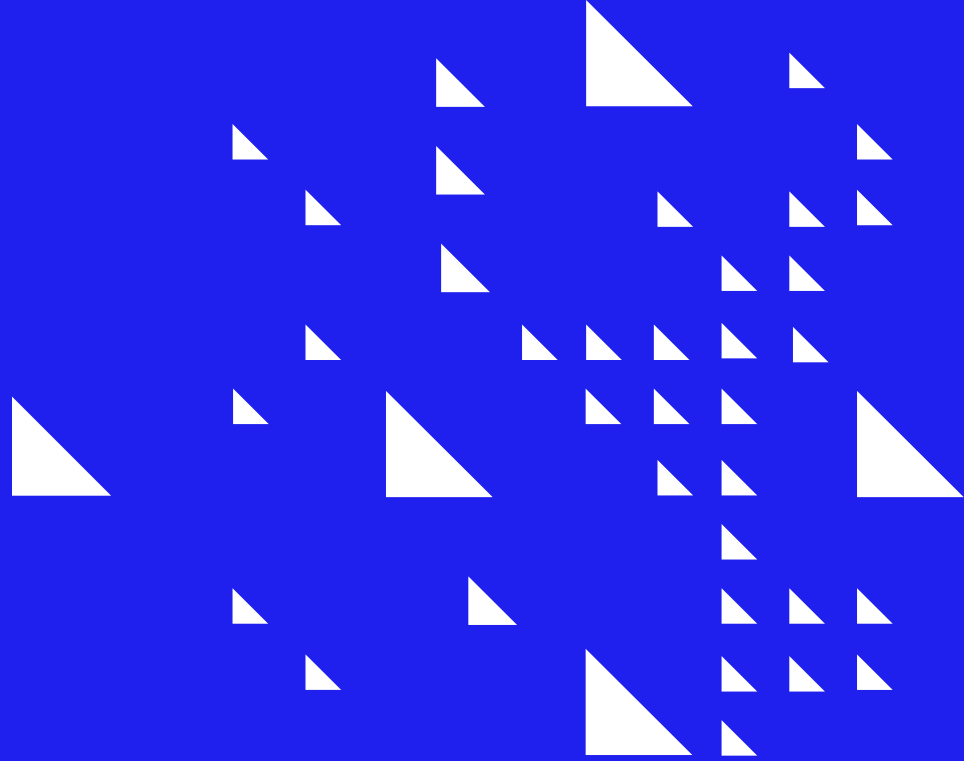




Cyber



Cyber Short 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 Cyber Insurance Policy (AB-CYB-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 Previous Fiscal Year-End Revenue (or projected current year-end revenue if Applicant did not generate previous revenue) \$

We are not able to bind policies for any company that operates in one of our restricted industries: Gambling, Adult Content or Cannabis. Please contact our underwriting team with questions at underwriting@at-bay.com

Security Controls

02. Does the **Applicant** store or process personal, health or credit card information of more than 500,000 individuals?

Yes

No

If yes, please approximate the number of individuals
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03. Does the **Applicant** have multi-factor authentication enforced on all email access?

Yes

No

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

Yes

No

Security Controls *Continued*

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

Yes

No

Optional

06. 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

07. 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

08. In the last three (3) years, has the **Applicant** experienced in excess of \$10,000 any **Cyber Event, Loss** or been the subject of any **Claim** made for a **Wrongful Act** that would fall within the scope of the **Policy** for which the **Applicant** is applying?

Yes

No

If yes, please provide details

09. Is the **Applicant** aware of any fact, circumstance, situation, event or **Wrongful Act** which reasonably could give rise to a **Cyber Event, Loss** or a **Claim** being made against them that would fall within the scope of the **Policy** for which the **Applicant** is applying?

Yes

No

If yes, please provide details

10. What are the desired limits?

Desired limits

\$

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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