GREAT AMERICAN INSURANCE GROUP

Risk e-Business Cyber Loss and Liability Insurance Policy℠ Application

NOTICE: This application is for claims-made and reported coverage, which applies only to claims first made and reported in writing during the policy period or any extended reporting period. The limit of liability to pay damages or settlements will be reduced and may be exhausted by defense expenses and defense expenses will be applied against the deductible amount. The coverage afforded under this policy differs in some respects from that afforded under other policies. Read the entire application carefully before signing.

1. Name _____

   DBA _____

2. Type of Business *(select one)*:

   ☐ Private Corporation ☐ Public Company ☐ LLC

   ☐ Partnership ☐ Non-Profit ☐ Investment Fund

3. Principal Address _____

   City _____ Province _____ Postal Code _____

   Primary Web Address _____

4. Please provide name, nature of operations, and relationship to the Company of all additional entities to be covered. Or, enter "none".

Additional Entity	Nature of Operations	Relationship to Company

Please complete each question for the remainder of this application with ALL entities above in mind ***(herein after "the Company".)***

Background and Financial Information

5. Nature of business _____

6. Year Business Started _____

7. Total Number of Employees *(please include all full, part, time seasonal, leased, etc.)* _____

8. Please provide the following financial information:

Total Assets as of Most Recent Fiscal Year End	Total Gross Revenues Last Fiscal Year	Anticipated Revenues This Fiscal Year	Anticipated Revenues Next Fiscal Year
$	$	$	$

9. Percentage of Annual Revenues Estimated to be attributable to E-Commerce/Online Sales _____%

Insurance Information

	Yes	No
10. Has the Company experienced any of the following situations within the last three years?		
Privacy Incident and/or claims?	☐	☐
Media Incident and/or claims?	☐	☐
Network Incident and/or claims?	☐	☐

If yes to any of the above, please provide detail in a separate attachment a description of the incident including relevant dates, the number and type of records involved, the total dollar amount of expenses in connection with the incident, a summary of the Company's response to the incident, and subsequent changes made to prevent the likelihood of future events.

Insurance Information *Continued*

	Yes	No
11. Do you presently purchase Cyber Risk Insurance?	☐	☐

If yes, please complete the following table AND skip question 12.

Limits	Deductible	Continuity Date

	Yes	No
12. Are you aware of any fact, circumstance, or situation involving the Company that you have reason to believe will cause a Privacy Incident, Media Incident, or Claim?	☐	☐

It is understood and agreed that if you responded yes to the question above, there is no coverage for any Privacy Incident, Media Incident, Network Incident, or Claim based upon, arising out of, or in any way involving any such fact or circumstance.

Supplemental Questions

	Yes	No
13. Do you provide any kind of professional data hosting or processing and/or any kind of IT hardware or software support to others?	☐	☐

14. Indicate which of the following controls you have implemented with respect to electronic funds transfers:

- ☐ Callback procedures to verify funds transfer requests or changes to banking information
- ☐ Dual authorization for funds transfers greater than $2,500
- ☐ Other *(please describe)*_____

15. What percent of your employees handle Company business from their personal devices *(select one)*?

- ☐ We prohibit it
- ☐ I don't know
- ☐ Less than 25%
- ☐ 25 – 75%
- ☐ More than 75%

16. a. Please estimate the annual volume of each type of information you process or store, taking into account both electronic and paper files as well as employee and customer information:

- ☐ SSN, individual taxpayer ID, driver's license, passport or federal ID numbers _____
- ☐ Payment card data *(credit or debit cards)* _____
- ☐ Protected health information _____
- ☐ Other confidential or protected information _____

b. How long do you store the above records? _____

	Yes	No
c. Do you have a record retention/destruction policy in place?	☐	☐

17. Which of the following are part of the Company's privacy and network security programs *(select all that apply)*?

- ☐ Physical controls on access to computer systems and sensitive documents
- ☐ Password protection on company devices
- ☐ Employee security awareness training
- ☐ Documented regulatory compliance programs *(i.e. HIPAA and GLBA compliance)*
- ☐ Multi-Factor Authentication for remote access to email and both internal and external systems
- ☐ Up-to-date, active firewall and anti-virus software

	Yes	No
18. The Company backs up its primary mission critical systems and data assets:		
At least daily/nightly **If no**, indicate how often _____	☐	☐
Remotely and securely **If no**, please provide business continuity plan.	☐	☐

Supplemental Questions *Continued*

19. Are you compliant with the Payment Card Industry Data Security Standard (PCI-DSS) *(select one)*?

☐ Yes ☐ No

☐ I don't know ☐ We do not process ANY payment card transactions

	Yes	No
20. Does the Company maintain a formal program for evaluating the security posture of its vendors?	☐	☐

21. The Company's policy regarding the encryption of confidential data *(including but not limited to PII)* is that such data should be Encrypted *(select one)*:

☐ Never/we do not encrypt

☐ Within our network only

☐ Within our network and within the cloud

☐ Within our network, and the cloud, and on mobile devices *(i.e. smartphones)*

☐ Within our networks, the cloud, mobile devices, and removable/transportable storage media *(i.e. USB drives)*

22. Who monitors the Company's networks for intrusions or other unusual activity *(select one)*?

☐ Nobody/we do not monitor

☐ Somebody in the Company's IT department

☐ A third party/managed security provider

☐ Somebody in the Company's IT department AND a third party/managed security provider

23. When did the Company last have a comprehensive *(i.e. inclusive of vulnerability scanning and penetration testing)* network security assessment conducted by a third party *(select one)*?

☐ Last 6 months ☐ Last 18 months ☐ Last 36 months ☐ Never

24. The Company's attempts to mitigate its exposure to media liability by using the following controls *(select all that apply)*:

☐ Obtaining all necessary rights to use third party content

☐ Social media policy

☐ Take-down procedures

☐ Legal review of all materials

Fraud Warning

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.

Representations and Signatures

The undersigned declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person and entity proposed for this insurance to facilitate the proper and accurate completion of this application. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this application and the effective date of the Policy, which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this application does not bind the undersigned to purchase the insurance.

It is agreed by the Company and the Insured Persons that the particulars and statements contained in this application and any information provided herewith *(which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto)* are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed that the statements in this application or any information provided herewith are their representations, they are material, and any Policy issued is in reliance upon the truth of such representations.

Applicant Signature _____ **Title** _____ **Date** _____

Printed Name _____

NOTE: This Application, including any material submitted herewith will be treated in strictest confidence.

Great American Insurance Group Cyber Risk Division

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