

# CYBERCHOICE PREMIER APPLICATION

(Lower Revenue)



\_\_\_\_\_  
Name of Insurance Company to which application is made

**NOTICE: LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

## 1. GENERAL INFORMATION

- a) Name of Applicant Company: \_\_\_\_\_  
(Together with any subsidiaries for whom this policy is intended, hereinafter, "Applicant(s).")
- b) Address:
- c) Nature of Business and SIC or NAIC Code:
- d) Website:

## 2. COVERAGE REQUESTED

If Cyber coverage is not currently purchased, a dollar amount of "\$0" will be assigned to current limits.

| Coverage Requested                           | Limits Requested | Currently Purchased                                      | Date Coverage First Purchased | Current Limits | Current Retention | Current Carrier and Premium |
|----------------------------------------------|------------------|----------------------------------------------------------|-------------------------------|----------------|-------------------|-----------------------------|
| <input type="checkbox"/> CyberChoice Premier | \$               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               | \$             | \$                |                             |

## 3. APPLICANT INFORMATION

If the Applicant Company listed in 1(a) above has any subsidiaries, complete the following (attach a separate sheet if necessary):

a)

| NAME | NATURE OF BUSINESS | DATE CREATED OR ACQUIRED | PERCENTAGE OWNED BY APPLICANT LISTED IN 1(a) | STATE/COUNTRY OF INCORPORATION |
|------|--------------------|--------------------------|----------------------------------------------|--------------------------------|
|      |                    |                          |                                              |                                |
|      |                    |                          |                                              |                                |

b)

|                                                                                                                                                                     |                                                          |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------|
| Please provide the following based on the Applicants' most recent fiscal year end ("FYE") and the year prior.<br>Please indicate negative figurers using "(" or "-" | Most Recent Fiscal Year End<br>(Month/Year)<br>____/____ | Year Prior to Most Recent Fiscal Year End<br>(Month/Year)<br>____/____ |
| Total Assets                                                                                                                                                        |                                                          |                                                                        |
| Total US Revenues                                                                                                                                                   |                                                          |                                                                        |
| Total Foreign Revenues                                                                                                                                              |                                                          |                                                                        |
| <b>If a Financial Institution please also answer the following:</b>                                                                                                 |                                                          |                                                                        |
| Assets Under Management                                                                                                                                             |                                                          |                                                                        |

c) Total number of current employees: \_\_\_\_\_

d) Has an Applicant experienced within the past 24 months, or does an Applicant anticipate in the next 12 months, a merger, acquisition, sale of any assets or other similar transaction? ☐Yes ☐No

If "YES" to the above, provide full details (attach a separate sheet if necessary).

#### 4. CYBER

a) Does an Applicant or any natural person for whom insurance is intended have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a claim under any Cyber coverage part? ☐Yes ☐No

IT IS AGREED THAT IF ANY SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM OR LOSS BASED ON, ARISING FROM, OR IN ANY WAY RELATING THERETO SHALL BE EXCLUDED FROM COVERAGE REQUESTED.

b) If the Applicant currently purchases insurance providing any Cyber coverage, has the Applicant reported or could the Applicant have reported any facts, acts, circumstances, claims, or loss under such insurance? ☐Not Purchased ☐Yes ☐No

c) If the Applicant does not currently purchase insurance providing any Cyber coverage, has the Applicant experienced any facts, acts, circumstances, claims, or loss that would have been reported under this Cyber coverage part had it been in place? ☐N/A ☐Yes ☐No

If "YES" to any of the above, provide full details (attach a separate sheet if necessary).

Throughout questions (d) thru (l) of this section, any reference to "Applicant" shall mean the Applicant Company listed in 1(a) above and any third party on whom the Applicant currently relies, or to whom the Applicant entrusts any information.

d) Does the Applicant engage in any service or activity involving or similar to: initial offerings, mining, trading, exchanging, or storing of cryptocurrency, token, digital coin, or equivalent thereof? ☐Yes ☐No

e) How many people's non-public personal information (NPI) does the Applicant collect, store, process or otherwise handle?

☐ Under 50,000    ☐ 51,000 - 100,000    ☐ 100,001 - 1,000,000    ☐ 1,000,001 - 5,000,000    ☐ Over 5,000,000

f) Does the Applicant back-up mission critical data regularly, routinely store recent back-ups off-line and are the Applicants' backups well isolated from threats against its production systems? ☐Yes ☐No

g) How often does the Applicant implement system security updates or patches?  
☐ Immediately upon availability    ☐ Weekly    ☐ Monthly    ☐ Yearly    ☐ Not at all

h) Does the Applicant use technical measures, devices or tools and techniques including: firewalls, anti-virus, and passwords/authentication? ☐Yes ☐No

- i) Does the Applicant encrypt all electronic information that leaves its physical control (laptops, mobile devices, storage, etc.), using strong encryption and keys so that only the Applicant can decrypt it? ☐Yes ☐No

Only answer questions below if requesting Media Coverage

- j) Does the Applicant have written editorial policies and a review process governing any content that the Applicant publishes both on and off line (including social media) including a formal process ensuring that the Applicant doesn't infringe another's copyright, title slogan, trademark, logo, trade name, service mark or brand? ☐N/A ☐Yes ☐No
- k) Were any trademarks acquired by the Applicant in the last three years? ☐Yes ☐No  
If "YES," were they screened for infringement? ☐Yes ☐No
- l) Does the Applicant have a formal policy for responding to allegations that content created by the Applicant is libelous, infringing, or in violation of any other party's rights? ☐Yes ☐No

**Maryland Applicants Only** - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

#### **FRAUD WARNING STATEMENTS**

**ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**ATTENTION 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

**ATTENTION 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.

**ATTENTION KANSAS APPLICANTS:** INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. 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 WHICH 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.

**ATTENTION KENTUCKY, OHIO 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.

**ATTENTION LOUISIANA, 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.

**ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**ATTENTION 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.

**ATTENTION 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.

**ATTENTION OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE<sup>1</sup>. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE<sup>2</sup>. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY<sup>3</sup>. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

*1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.*

*2- In Maine this sentence ends at the word "quotations."*

*3- The application shall actually attach in the following states: North Carolina.*

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, OWNER, CONTROLLER, PRESIDENT OR BOARD CHAIRMAN.

**ATTENTION 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.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Additionally required of applicants in Florida, Iowa & New Hampshire**

Name of Agent \_\_\_\_\_  
(Required: Florida, Iowa & New Hampshire only)

Agent License #: \_\_\_\_\_  
(Required: Florida only)

Print Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_  
(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

<Enter the address and phone number of the local The Hartford office.>