# FAILSAFE®

## NEW BUSINESS APPLICATION – TECHNOLOGY

WITH RESPECT TO THE LIABILITY COVERAGES, THE POLICY IS CLAIMS MADE. COVERAGE UNDER THE POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENDED REPORTING PERIOD (IF PURCHASED) AND REPORTED IN ACCORDANCE WITH SECTION 8 (NOTICE) OF THE POLICY. CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTIONS.

WITH RESPECT TO THE FIRST PARTY COVERAGES AND PRIVACY BREACH RESPONSE COVERAGES, THE POLICY IS INCIDENTS DISCOVERED. COVERAGE UNDER THE POLICY APPLIES ONLY TO INCIDENTS FIRST DISCOVERED BY THE INSURED DURING THE POLICY PERIOD AND REPORTED IN ACCORDANCE WITH SECTION 8 (NOTICE) OF THE POLICY.

| 1. GENERAL INFORMATION | | |
|---|---|---|
| Name of Insured (as it should appear on the policy) | | Website |
| Street Address | | |
| City | State | Zip Code |
| **Requested Coverage and Limit of Insurance:** | | |
| Technology Liability Coverage (including Cyber Security & Privacy Liability Coverage) | | Choose an item. |
| Professional Services Liability Coverage (Non-Technology Services) | | Choose an item. |
| Media Liability Coverage | | Choose an item. |
| Cyber First Party Coverage | | Choose an item. |

| 2. EXPOSURE INFORMATION | | |
|---|---|---|
| What were the applicant's total annual revenues in the most recent completed financial year? | $ | |
| What are the applicant's top three technology products or services (percentage of total revenue)? | | |
| | Choose an item. | |
| | Choose an item. | |
| | Choose an item. | |
| Does the applicant currently or will the applicant potentially perform any of the following business activities: air traffic control system development, consumer reporting services, consumer tax preparation services, credit reporting services, cryptocurrency exchange or trading services, consumer data aggregation services, consumer data broking, employment screening services, financial account services, payment services, dating services, managed services, managed security services, music streaming services, online trading services, peer-to-peer file sharing, smart meter manufacturing, smartphone manufacturing or ride-sharing services? | Yes | No |

| **2. EXPOSURE INFORMATION** (CONTINUED) | |
|---|---|
| **Who are the applicant's top three customer industries (percentage of total revenue)?** | |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| What best describes the applicant's products or services? | Choose an item. |
| **What's the size of the applicant's customers and contracts?** | |
| What's the revenue size of the applicant's average customer? | Choose an item. |
| What's the size of the applicant's average contract based on annual contract revenue? | Choose an item. |
| What's the size of the applicant's largest contract based on annual contract revenue? | Choose an item. |
| **What's the type and volume of sensitive third-party (not including employees) data stored or processed by the applicant?** | |
| Basic personal information (e.g.,: name, email, address, phone number, password) | |
| Personally identifiable information (e.g.,: SSN, driver's license, ID card, passport, tax payer ID) | |
| Financial account information (e.g.,: bank account or other financial account information) | |
| Protected health information (e.g.,: health status information) | |
| Payment card information (e.g.,: credit or debit card number, expiration date, CVV) | |

| **3. CONTRACT INFORMATION** | | |
|---|---|---|
| From which percentage of customers does the applicant obtain written contracts or purchase orders? | Choose an item. | |
| **Which percentage of the applicant's customer contracts or purchase orders contain:** | | |
| a. A disclaimer of liability for consequential damages? | Choose an item. | |
| b. A limitation of liability equal to or less than the cost of the product or service (or less)? | Choose an item. | |
| c. A warranty disclaimer? | Choose an item. | |
| Does the applicant have a formal customer acceptance and sign-off procedure when delivering a product or service? | Yes | No |

| **4. MEDIA INFORMATION** | | |
|---|---|---|
| Does legal counsel review the applicant's use of all trademarks, service marks and domain names prior to use, to prevent intellectual property infringement? | Yes | No |
| Does legal counsel review the applicant's software and source code prior to its release to prevent intellectual property infringement? | Yes | No |
| Has the applicant ever filed suit or made a complaint or cease and desist demand alleging trademark or copyright infringement, trade secret misappropriation, invasion of privacy or defamation? | Yes | No |

| 5. RANSOMWARE PROTECTION INFORMATION | |
|---|---|
| What type of email filtering does the applicant use to prevent phishing? | Choose an item. |
| How does the applicant manage emails with suspected malicious code? | Choose an item. |
| Which protocols are used to authenticate the sender and content of emails? | Choose an item. |
| What type of Web filtering is used by the applicant? | Choose an item. |
| How do users access the applicant's network remotely? | Choose an item. |
| How is remote access to the applicant's network controlled? | Choose an item. |
| How is Remote Desktop Protocol protected in the applicant's network? | Choose an item. |
| Which Office 365 security add-ons are utilized by the applicant? | Choose an item. |
| How often is anti-phishing training conducted for the applicant's employees? | Choose an item. |
| How is access controlled across the applicant's network? | Choose an item. |
| How is privileged access to the applicant's data and applications controlled? | Choose an item. |
| What EDR solution is used by the applicant? | Choose an item. |
| What's the extent of unsupported systems and applications in the applicant's network? | Choose an item. |
| How does the applicant maintain open port hygiene? | Choose an item. |
| How is the applicant's access to customer networks protected? | Choose an item. |
| How is Managed Service Provider (MSP) access to the applicant's network controlled? | Choose an item. |
| What best describes the applicant's patch management procedure? | Choose an item. |
| What's the extent of the applicant's security events monitoring and logging? | Choose an item. |

| 6. RANSOMWARE RECOVERY INFORMATION | |
|---|---|
| **In the event of an infection of the applicant's core network and applications:** | |
| a. How quickly would the applicant's business operations be impacted? | Choose an item. |
| b. Which percentage of the network could be recovered from a back-up? | Choose an item. |
| c. What's the applicant's network redundancy? | Choose an item. |
| d. What's the estimated number of hours to restore the applicant's business operations? | Choose an item. |
| What best describes the applicant's back-up procedure? | Choose an item. |
| How often are the applicant's critical systems and data files backed up? | Choose an item. |
| What best describes the applicant's back-up storage including any back-ups performed on behalf of customers? | Choose an item. |
| How often is the applicant's network fail-over and recovery procedure tested? | Choose an item. |
| What's the extent of the applicant's disaster recovery preparedness? | Choose an item. |

## 7. CLAIM, INCIDENT AND ADDITIONAL RANSOMWARE PROTECTION INFORMATION

Please add any comments about additional ransomware protection or recovery measures, including any clarification of responses provided in the previous page:

Please check the box to provide additional information to The Hartford (optional, but recommended for efficiency):

☐ By checking here, the Applicant hereby authorizes the vendor(s) listed below to provide to The Hartford their recommendations and reports concerning the Applicant. The Hartford will keep any received recommendation or report confidential and it will become part of the insurance submission/application. **Time Tip: Save a copy of this supplement as you may be asked to provide it in the future.**

**VENDOR(S): ePlus, Abacode, or other underwriter-designated vendor partner_(with respect to reports/recommendations based on Bitsight security recommendations report, this application, or other underwriting data).**

## 8. DATA PROTECTION INFORMATION
(COMPLETE ONLY IF ANY THIRD-PARTY DATA VOLUME IS STATED IN EXPOSURES)

| | |
|---|---|
| How does the applicant store sensitive third-party information? | Choose an item. |
| How is access to sensitive third-party information granted and controlled? | Choose an item. |
| **What's the extent of protection of sensitive third-party information:** | |
| a. Stored in the applicant's data repositories? | Choose an item. |
| b. In motion across the applicant's network or in transit across open public networks? | Choose an item. |
| c. Stored on portable devices? | Choose an item. |
| d. Accessed through user portals operated by or on behalf of the applicant? | Choose an item. |
| e. Stored with a cloud service provider? | Choose an item. |

## 9. CLAIM AND INCIDENT INFORMATION

| | | |
|---|---|---|
| Has the insured experienced any claims, potential claims, cyber attacks, cyber extortion demands, privacy breaches or system failures (as defined in the Policy) in the past 36 months? **If yes, please describe in the box below.** | Yes | ☐ No |

The Insured hereby represents after inquiry, that information contained in this renewal application is true, accurate and complete, and that no material facts have been suppressed or misstated. The Insured acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the Policy, and acknowledges that the Insurer will have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes. Further, the Insured understands and acknowledges that information requested in the renewal application is for underwriting purposes only and does not constitute notice to the Insurer under the Policy of a claim or potential claim.

**FRAUD NOTICE:** IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Insured: _____ Title: _____

Insured Signature: _____ Date: _____

Agent/Broker Name: _____

THE HARTFORD

Business Insurance
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