

KEYSTROKE SHORT FORM CYBER LIABILITY APPLICATION

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| <p>Visit us at:</p> <p>WWW.KEYSTROKEINS.COM</p> |  <p>KEYSTROKESM UNDERWRITERS Division of Specialty Program Group, LLC</p> |
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Important Note: This Short Form Application will only be accepted by Underwriters for Applicants with gross annual revenues (for all Named Insureds combined) of less than \$25,000,000. If your gross annual revenues exceed \$25,000,000 please ask your Underwriter for a Mainform Application.

The below Application questions should be answered with exposure information and controls/procedures pertaining to the Applicant, as well as any/all of the Applicant's subsidiaries, locations, and affiliates seeking coverage under the insurance sought.

| | | |
|--|--------|---------------|
| Name of Applicant(s): | | |
| Does Applicant do business under any other name? DBA(s), if applicable: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Applicant's Website(s): | | |
| Number of Applicant's Employees: | | |
| E-Mail Address of Applicant Contact: | | Phone Number: |

1. Financial Information:

| Answer should be inclusive of all entities seeking to be Named Insureds | <u>Prior Fiscal Year</u> 20 | <u>Current Fiscal Year</u> 20 | <u>Next Fiscal Year</u> 20 |
|---|---------------------------------------|---|--------------------------------------|
| Applicant's Total Gross Annual Revenue | \$ | \$ | \$ |

2. Please indicate which of the below network security and privacy controls the Applicant uses to safeguard private information:

- | | |
|---|---|
| <input type="checkbox"/> Antivirus software | <input type="checkbox"/> Vulnerability Scanning/Patching |
| <input type="checkbox"/> Firewalls | <input type="checkbox"/> Segmentation of services with private info |
| <input type="checkbox"/> Intrusion Detection/Prevention | <input type="checkbox"/> Physical Security Controls |
| <input type="checkbox"/> Privacy Policy on all external-facing websites | <input type="checkbox"/> Data Backup / Archiving |
| <input type="checkbox"/> Multi-Factor Authentication for Remote Access | <input type="checkbox"/> Network Access restricted by User Role |
| <input type="checkbox"/> Encryption of data on Portable Media/Devices | <input type="checkbox"/> Alert Log Monitoring |

Is the Applicant's antivirus and firewall technology updated automatically or within 30 days of the manufacturer releasing new patches or updates? Yes No

3. Does the Applicant use any commercial software that is now obsolete or no longer supported by the vendor/manufacturer (e.g., Windows XP)? Yes No

i. If Yes, please provide additional details on compensating controls and/or plans to migrate to supported software:

4. Does the Applicant accept payment from clients/customers by credit card? Yes No

i. If Yes, is the Applicant compliant with the Payment Card Industry Data Security Standards (PCI-DSS)? Yes No

5. Does the Applicant have internal written policies for (or addressing) the following?

i. Information Security Policy and/or Privacy Policy Yes No

ii. Information Security Incident Response Plan Yes No

iii. Business Continuity / Disaster Recovery Plan Yes No

iv. Document Retention and Destruction Policy Yes No

v. Procedures to address/remove allegedly infringing or offense content from the Applicant's website or social media posts? Yes No

6. Does the Applicant screen any media content, social media posts, and advertisements made by or on behalf of the Applicant for potential copyright/trademark infringement prior to dissemination/publication/broadcast?

Yes No

7. Please estimate, to the best of your ability, the amount of Personally Identifiable Information (PII), Protected Health Information (PHI), and Financial Information / Third Party Corporate Information that the applicant holds, stores, transmits, or processes in electronic and paper records.

Estimated # of Records:

Note: If the Applicant holds multiple forms of information (for example, PII and PHI) that can be used to identify the same natural person, such would only be counted as 1 record.

0 – 9,999

10,000 – 99,000

100,000 – 499,000

500,000 – 999,999

*1,000,000+

* If the Applicant maintains an estimated record count of 1,000,000 or more, please complete the Large Risk Supplemental Application

Cyber Crime Controls

1. Does the Applicant make payments to third parties via a wire transfer system? Yes No
2. Does the Applicant require all employees with financial or accounting responsibilities to complete social engineering, phishing, and/or anti-fraud training? Yes No
3. Do payments or funds transfers exceeding a certain amount require dual authorization? Yes No
4. Does the Applicant *first establish* wire / funds transfer procedures with a third party by a direct phone call to authenticate and confirm the payment instructions, routing numbers and/or bank account numbers? Yes No
5. Does the Applicant confirm all *change requests* to payment instructions, or bank account / routing numbers by a direct phone call to the third party using the phone number provided by the third party *before* the change request was received? Yes No

Warranties

Prior History and Current Knowledge:

Within the past 5 years, have any claims, suits, demands, or regulatory investigations or proceedings been made, filed or initiated against the Applicant or any other person or entity proposed to be covered under the insurance being sought related to an actual or alleged security breach, privacy breach, privacy-related event or incident (including allegations of invasion of privacy), or allegations of copyright or trademark infringement, libel, defamation, or slander? Yes No

Is the Applicant or any other person or organization proposed for this insurance aware of any network security or privacy or multimedia-related any act, error or omission that may give rise to a claim under the insurance coverage being sought? Yes No

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED OR OMITTED. I UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION OR ADDITION TO THESE STATEMENTS OR PARTICULARS WHICH OCCURE BEFORE OR DURING ANY CONTRACT OF INSURANCE BASED ON THE APPLICATION IS EFFECTED. I ALSO ACKNOWLEDGE THAT THIS APPLICATION (TOGETHER WITH ANY OTHER INFORMATION SUPPLIED TO THE UNDERWRITERS) SHALL BE THE BASIS OF SUCH CONTRACT.

I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I MAKE ON THIS FORM. IN THIS CONTEXT, ANY INSURANCE COVERAGE THAT MAY BE ISSUED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS.

APPLICANT SIGNER'S NAME: _____

APPLICANT SIGNER'S SIGNATURE: _____

APPLICANT SIGNER'S TITLE: _____

DATE: _____

Supplemental Information

Please use this area to provide additional information regarding your responses to Application questions.