

General Information

Named Insured(s)

Insured(s) DBA (optional)

Applicant's Primary Website Address

Email Domain (when different from primary domain) and Additional Website Addresses (optional)

Applicant's Street Address

City	State	Zip Code	Phone Number (optional)
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Existing Coverage Details

Does the applicant have existing coverage?

Yes ☐

No ☐

Current Carrier

Click here to enter text.

Effective Date	Expiration Date	Aggregate Limit	Premium
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Applicant Information

Insert Applicant's Industry

Current fiscal year-end projected revenue (USD):

What is the estimated unique record count of personal identifiable, protected health and payment card information stored or processed?

Is the applicant engaged in any of the following business activities? (Select all that apply)

☐ Adult Content

☐ Managed IT Service Provider (MSP of MSSP)

☐ Cannabis

☐ Remote Network Administration Services Provider

☐ Cryptocurrency or Blockchain

☐ Payment Processing (e.g. as a Payment Processor, Merchant Acquirer, or Point of Sale System Vender)

☐ Debt Collection Agency

☐ None of the Above

☐ Gambling

Does the applicant perform backups of critical data at least weekly and ensure those backups are protected or stored separately from their production environment?

Yes ☐

No ☐

Does the applicant enforce multi-factor authentication to secure all:

a. Email access

Yes ☐

No ☐

N/A ☐

Unknown ☐

b. Remote access to their network for all employees and third parties

Yes ☐

No ☐

N/A ☐

Unknown ☐

c. Internal use of privileged accounts

Yes ☐

No ☐

Unknown ☐

In the past three years, has the applicant and any other persons or organizations proposed for this insurance, including all subsidiaries, experienced a cyber event, loss, or claim that would fall within the scope of the policy for which they are applying?

Yes ☐

No ☐

▶ If yes, please provide total amount incurred:

▶ If yes, please provide details including remedial actions:

a. Add claim(s):

b. Add claim(s):

c. Add claim(s):

Is the applicant and any other persons or organizations proposed for this insurance, including all subsidiaries, aware of any fact, circumstance, situation, event, regulatory action, 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:

Additional Questions required only for submissions with current fiscal year-end projected revenue greater than or equal to \$50 Million.

Risk Details

Most recent fiscal year-end revenue (USD):

Employee count:

Does the applicant use a Managed Service Provider (MSP)?

Yes ☐

No ☐

Cyber Crime Control

Does the applicant have formal policies and procedures in place for secure fund transfers, such as senior management approval and obtaining verbal confirmation for any fund transfer requests?

Yes ☐

No ☐

Prior to executing an electronic payment, does the applicant verify the validity of the funds transfer request or payment change request, with the requestor, via a separate means of communication prior to transferring funds or making payment changes?

Yes ☐

No ☐

Encryption

Does the applicant encrypt all physical devices, critical data, sensitive emails? *(Select all that apply)*

☐ Devices

☐ Data

☐ Emails

☐ No Encryption

Media and Content Controls

If the applicant uses multimedia material provided by others, do they always obtain the necessary rights, licenses, releases, and consents prior to publishing?

Yes ☐

No ☐

N/A ☐

Within the last 3 years has the applicant been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications?

Yes ☐

No ☐

Does the applicant enforce procedures to remove content that may infringe or violate any intellectual property or privacy right?

Yes ☐

No ☐

Payment Cards

If the applicant accepts payment cards, is the applicant PCI compliant or using an outsourced payment processor that is PCI compliant?

Yes ☐

No ☐

N/A ☐

Biometrics

Does the applicant collect, store, host, process, control, use or share any biometric information or data?

Yes ☐

No ☐

- ▶ If yes, have they reviewed all relevant state and federal laws with a qualified attorney, to ensure compliance?

Yes ☐

No ☐

Email Filtering

Does the company scan email for potentially malicious attachments and / or links?

Yes ☐

No ☐

Cyber Loss History

In the last 3 years, has the applicant or any other organization proposed for this insurance sustained any unscheduled network outage or interruption lasting longer than 6 hours?

Yes ☐

No ☐

Representation Statement

The undersigned authorized officer, owner or manager of the Applicant declares that the statements set forth herein are true to the best of his or her knowledge. 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, he / she (undersigned) will, for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorizations or agreements to bind the insurance.

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 the application is deemed to be attached to and shall become a part of the policy.

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's Name (Print)

Title

IT Security Contact (Print)

IT Security Contact Email

IT Security Phone Number

Signature (must be signed by officer, owner, or manager)

Date

NOTE: Wet signatures are NOT acceptable for binding in Connector. Electronic signatures (via DocuSign) for both Insured and Agent are required to bind.

Agent's Signature

Date

Agent License Number (Florida only)

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General Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and substantial civil penalties. (Not applicable in AL, AR, AZ, CA, CO, DC, FL, ID, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.) **If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.**

ALABAMA: 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.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: 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.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: 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.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

LOUISIANA: 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.

MAINE: 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.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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.

NEW YORK: 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.

OHIO: 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.

OKLAHOMA: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: 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 act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: 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.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: 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.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: 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 denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents