



## BEAZLEY DIGITAL BBR APPLICATION

**NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS IN ACCORDANCE WITH THE TERMS THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.**

**PLEASE READ THIS POLICY CAREFULLY.**

Please fully answer all questions and submit all requested information.

### GENERAL INFORMATION:

Full Name of Business:

Mailing Address:

City:

Employee Count:

Website URL(s):

Breach Response Contact:

Business Description:

State of Incorporation:

State & Zip:

Date Established:

Telephone:

E-mail:

Does the Applicant provide data processing, storage, or hosting services to third parties?  Yes  No

### REVENUE INFORMATION:

For Applicants in Healthcare: Net Patient Services Revenue plus Other Operating Revenue  
For all other Applicants, please provide Gross Revenue information.

	Most Recent Twelve months: (ending: ____)	Previous Year	Next Year (estimate)
US Revenue	USD: __-_____	USD: _____	USD: _____
Non-US Revenue	USD: _____	USD: _____	USD: _____
Total	USD: _____	USD: _____	USD: _____

**Please attach a copy of your most recently audited annual financial statement.**

Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes within the past twelve (12) months?

Please explain any significant changes in the nature or size of the Applicant's business in the past 12 months or anticipated in the next 12 months: \_\_\_\_\_

If none, check "none":  None

Please describe any completed or agreed merger, acquisition, or consolidation completed or agreed in the last 12 months or contemplated in the next 12 months: \_\_\_\_\_

If none, check "none":  None

### PRIVACY AND COMPUTER & NETWORK SECURITY

Please identify the types of personal information of individuals that you collect, process or store (check all that apply) along with an estimate of the number of records held for each type of information:

#### Type of Information

- Social Security Numbers
- Consumer Financial Information
- Payment Card Information
- Protected Health Information
- Biometric Information
- Other: \_\_\_\_\_

#### Number of Records (Estimated)

- <100K  100K-250K  500K-1M  >1M
- <100K  100K-250K  500K-1M  >1M
- <100K  100K-250K  500K-1M  >1M
- <100K  100K-250K  500K-1M  >1M
- <100K  100K-250K  500K-1M  >1M
- <100K  100K-250K  500K-1M  >1M

Does the Applicant require third parties with which it shares personally identifiable or confidential information to indemnify the Applicant for legal liability arising out of the release of such information due to the fault or negligence of the third party?  Yes  No

A third party will typically mean an outsourced provider such as payroll, payment processor, cloud service provider that the Insured enters into a contract with and that provider is holding information on behalf of our named insured.

Does the Applicant have and require employees to follow written computer and information systems policies and procedures?  Yes  No

Does the Applicant use the following controls:

Commercially available Firewall protection: Part of computer system/network which is designed to block unauthorized access while permitting outward communication.  Yes  No

Commercially available Anti-Virus protection: Computer program used to prevent, detect, and remove malware. (i.e.: Norton, McAfee, PC Protect, Bitdefender, Scanguard).  Yes  No

### RANSOMWARE CONTROLS

Do you allow remote access to your network?  Yes  No

**If yes:**

Do you use multi-factor authentication (MFA) to secure all remote access?  Yes  No

Do you require a virtual private network (VPN)?  Yes  No

Do you use multi-factor authentication (MFA) for cloud-based email account access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regularly (at least annually) provide cyber security awareness training, including anti-phishing, to all staff who have access to your organisation's network or confidential/personal data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you implement critical patches (within 2 months)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you scan incoming emails for malicious attachments and/or links?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you protect all of your devices with anti-virus, anti-malware, and/or endpoint protection software?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regularly back-up critical data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your backups kept separate from your network ('offline'), or in a cloud service designed for this purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your backups encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you tested the successful restoration and recovery of key server configurations and data from backups in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use Office 365?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes:</b> Do you use the Office 365 Windows Defender/Advanced Threat Protection add-on or a similar product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check which similar product you are using:	
<input type="checkbox"/> AppRiver	<input type="checkbox"/> Proofpoint Essentials for Small Business
<input type="checkbox"/> Avanan Cloud Email Security	<input type="checkbox"/> SpamTitan Email Security
<input type="checkbox"/> Barracuda Essentials	<input type="checkbox"/> Symantec Email Security Cloud
<input type="checkbox"/> Microsoft Defender	<input type="checkbox"/> Other (please describe): _____
<input type="checkbox"/> Mimecast Email Security with Threat Protection	
<input type="checkbox"/> Proofpoint Email Security and Protection	
Do you have any end of life or end of support software on your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes:</b> Is the software segregated from the rest of the network?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FRAUDLENT INSTRUCTION**

Does the Applicant require a review of all changes to vendor/supplier records by a supervisor before any change to the record is processed?  Yes  No

Does the Applicant provide periodic anti-fraud training to employees concerning the detection of phishing and other social engineering scams?  Yes  No

Before processing a wire transfer, does the company confirm the request by a secondary means of communication?  Yes  No

Please check below each procedure used to authenticate funds or securities transfer instructions prior to transfer:

- Call the customer or client at a predetermined number
- Send a text message to the customer or client at a predetermined number
- Receipt by the Applicant of a code known only to the customer or client
- Other (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant received fraudulent emails within the last twelve months, purporting to be from customers, vendors, or employees, intending to direct transfers of the Applicant's funds?  Yes  No

If yes, please provide a brief summary of each incident:  
\_\_\_\_\_

**BUSINESS EMAIL COMPROMISE**

Check "Yes" next to the option below that applies to your organization's email application:

On Premise  Yes  No

Hosted/Cloud Based  Yes  No

If Hosted/Cloud Based, which one? \_\_\_\_\_

If Hosted/Cloud Based, have you enabled all default logging for email, including audit logging and mailbox auditing?  Yes  No

If Hosted/Cloud Based, have you implemented one or more of the following email authentication standards: DMARC, DKIM, or SPF?  Yes  No

Do you use email to store, process, and/or transmit sensitive information including Personally Identifiable Information and/or Personal Health Information?  Yes  No

Do you have a formalized email retention policy?  Yes  No

If yes, what is the maximum duration of email retention per the policy? \_\_\_\_\_

**DEPENDENT BUSINESS INTERRUPTION**

If you rely on third party cloud hosting to conduct any parts of your business, do you have an alternative solution in the event of a provider failure?  Yes  No  
 We do not rely on third party cloud hosting

If elements of your website(s) are hosted or operated on third party systems, can you conduct business offline (without access to or use of your website(s)) without a material reduction in your business operations?

Yes  No  
 Our website(s) are not hosted by third parties

If you rely on a third-party eCommerce platform or payment processor to conduct business, do you have an alternative solution that will maintain continuity of business operations in the event of a provider failure?

Yes  No  
 We do not rely on third party eCommerce platforms or payment processor to conduct business

**PAYMENT CARDS**

Does the Applicant (or a third-party on their behalf) accept payment cards for goods sold or services rendered? (if "no", skip to Ransomware Controls section)

Yes  No

If yes, please state the Applicant's approximate percentage of revenues from payment card transactions within the past twelve (12) months: \_\_\_\_\_

Is the Applicant or their credit card processor (e.g., PayPal, Square, etc.) PCI compliant?

Yes  No

If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion: \_\_\_\_\_

**MEDIA CONTROLS**

Please describe the media activities of the Applicant or by others on behalf of the Applicant:

- Television     Radio     Print     Applicant's Website(s)     Internet Advertising
- Social Media     Marketing Materials     Audio or Video Streaming
- Other (please describe):

Does the Applicant have a formal review process in place to screen any published or broadcast material (including digital content) for intellectual property and privacy compliance prior to any publication, broadcast, distribution, or use?

Yes  No

Are such reviews conducted by, or under the supervision, of a qualified attorney?

Yes  No

Does the Applicant allow user generated content to be displayed on its website(s)?

Yes  No

**PRIOR CLAIMS AND CIRCUMSTANCES**

Does the Applicant or any other proposed insured (including any director, officer or employee) have knowledge of or any information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance?  Yes  No

If yes, please provide details: \_\_\_\_\_

During the past five years has the company:

**Please check if the Applicant does not have any claims or circumstances to report within the past five years (If checked, please skip questions A- D).**

A. Received any claims or complaints with respect to privacy, breach of information or network security, or unauthorized disclosure of information?  Yes  No

B. Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?  Yes  No

C. Notified customers or any other third party of a data breach incident involving the Applicant?  Yes  No

D. Experienced an actual or attempted extortion demand with respect to its computer systems?  Yes  No

**SIGNATURE SECTION**

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDEWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER 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 OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

**FRAUD WARNING DISCLOSURE**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, AND RHODE ISLAND**

**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 FINES AND CONFINEMENT IN PRISON.

**NOTICE TO 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 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO 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.

**NOTICE TO KANSAS APPLICANTS:** 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.



**NOTICE TO 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.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO 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.

**NOTICE TO KENTUCKY, NEW JERSEY, 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 CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

**NOTICE TO VERMONT APPLICANTS:** 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.

**NOTICE TO 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 CLAIMS 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. THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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

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





If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa please provide the Insurance Agent's name and signature only.

Agent's Signature: \_\_\_\_\_

Agent's Printed Name: \_\_\_\_\_ Florida Agent's License Number: \_\_\_\_\_

\*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance - Producer