

Cyber Liability Insurance Program Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for Cyber Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable North Dakota Insurance Reserve Fund (hereinafter, the "Insurer") to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant.

1. GENERAL INFORMATION			
Name of Applicant			
Street Address		Phone	
City, State, Zip		Fax	
Website		Contact e-mail	
2. FORM OF BUSINESS			
a. Applicant is a(an):	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____		
b. Date established:			
c. Description of operations:			
d. Current general liability carrier:		Policy number:	
e. Total full-time equivalent professionals:			
f. Total number of employees:			
g. Please attach a list of all subsidiaries, affiliated companies or entities owned by the Applicant. Please describe (1) the nature of operations of each such subsidiary, affiliated company or entity, (2) its relationship to the Applicant and (3) the percentage of ownership by the Applicant.			
3. OPERATING EXPENDITURES			
	Current Fiscal Year ending / (current projected)	Last Fiscal Year ending /	Two Fiscal Years ago ending /
Total gross operating expenditures:	\$	\$	\$
4. COVERAGE DESIRED			
a. Proposed Effective Date:			
b. Retroactive Date:			
c. Limit(s):			
d. Deductible(s):			
5. RECORDS			
a. Do you collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form? If "Yes", please provide the approximate number of unique records: Paper records: _____ Electronic records: _____ *Private or sensitive information includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers' license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you collect, store, host, process, control, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person? If "Yes", have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

6. CLOUD PROVIDER	
<p>Do you use a cloud provider to store data or host applications? If "Yes", please provide the name of the cloud provider: _____ If you use more than one cloud provider to store data, please specify the cloud provider storing the largest quantity of sensitive customer and/or employee records (e.g., including medical records, personal health information, social security numbers, bank account details and credit card numbers) for you.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. INFORMATION AND NETWORK SECURITY CONTROLS	
<p>If the answer to question 7.a. below is "No", coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for your "No" answer on a separate page.</p>	
a. Do you use anti-virus software and a firewall to protect your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If the answer to question 7.b. below is "No", you may not qualify for coverage under this program unless you have <u>both</u> compensating controls described in 7.b.(1) and 7.b.(2) in place.</p>	
b. Do you encrypt all sensitive and confidential information stored on your organization's systems and networks? If "No", are the following compensating controls in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Segregation of servers that store sensitive and confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Access control with role-based assignments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. RANSOMWARE CONTROLS	
<p>If the answer to any question in this section is "No", coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for any "No" answers on a separate page.</p>	
a. Do you use 2-factor authentication to secure all remote access to your network, including any remote desktop connections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you use 2-factor authentication to secure remote access to your email accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you use Endpoint Detection and Response (EDR) or a Next-Generation Antivirus (NGAV) software (e.g., CrowdStrike, Cylance, Carbon Black) to secure all system endpoints? If "Yes", please list your provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you use an email filtering solution designed to prevent phishing or ransomware attacks (in addition to any filtering solution(s) provided by your email provider)? If "Yes", please provide the name of your filtering solution provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you use a data backup solution for all critical data? If "Yes":	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) How frequently does it run? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
(2) Is your data backup solution segregated and/or disconnected from your network in such a way to reduce or eliminate the risk of the backup being compromised in a malware or ransomware attack that spreads throughout your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. PHISHING CONTROLS	
<p>If the answer to any question in this section is "No", coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for any "No" answers on a separate page.</p>	
Do any of the following employees at your company complete social engineering training:	
(1) Employees <u>with</u> financial or accounting responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Employees <u>without</u> financial or accounting responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to question 9.a.(1) or 9.a.(2) above, does your social engineering training include phishing simulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. LOSS HISTORY	
<p>If the answer to any question in this section is "Yes", coverage cannot be bound under this program. If you desire an indication outside of the program, please complete a Claim Supplemental Form for each claim, allegation or incident.</p>	
a. In the past 3 years, has the Applicant or any other person or organization proposed for this insurance:	
(1) Received any complaints or written demands or been a subject in litigation involving matters of privacy injury, breach of private information, network security, defamation, content infringement, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the ability of third parties to rely on the Applicant's network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Been the subject of any government action, investigation or other proceedings regarding any alleged violation of privacy law or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Notified customers, clients or any third party of any security breach or privacy breach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Received any cyber extortion demand or threat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Sustained any unscheduled network outage or interruption for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Sustained any property damage or business interruption losses as a result of a cyber-attack?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>b. Do you or any other person or organization proposed for this insurance have knowledge of any security breach, privacy breach, privacy-related event or incident or allegations of breach of privacy that may give rise to a claim?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. In the past 3 years, has any service provider with access to the Applicant's network or computer system(s) sustained an unscheduled network outage or interruption lasting longer than 4 hours? If "Yes", did the Applicant experience an interruption in business as a result of such outage or interruption?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE TO APPLICANT

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in questions 10.a. through 10.c of this application.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Insurer.

CERTIFICATION AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this application does not bind the Insurer or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a Cyber Liability Insurance risk have been revealed.

It is understood that this application shall form the basis of the contract should the Insurer approve coverage, and should the Applicant be satisfied with the Insurer's quotation. It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Insurer.

This application shall be deemed attached to and form a part of the Policy should coverage be bound.

Must be signed by an officer of the company.

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant