Smart Cyber Insurance™ Application

1. Company Name

2. Company Address

3a. Primary Website[1]

3b. Additional Websites

4. Are there any subsidiaries for which the Named Insured wishes to cover under the policy? Please provide a relevant organization chart.

Yes   **No**

5. Nature of Business (Industry)

6. Projected Gross Annual Revenue (next 12 months)

7. Estimated amount of unique personally identifiable records[2] maintained by the Applicant (including records stored by third-party providers).

0 - 250,000	**500,001 - 1,000,000**	**2,500,001 - 5,000,000**	**10,000,001 +**
250,001 - 500,000	**1,000,001 - 2,500,000**	**5,000,001 - 10,000,000**	

8. What email security filtering tooling and protections are in place (provide the vendor). If no email security filtering tooling is in place, please state "none."

Email security solution:

9. How frequently do you back up systems and data?

Continuous backup	**Weekly**	**Less than monthly**
Daily	**Monthly**	**Never**

10. Which solutions does your backup solution consist of (check all that apply)?

On-site backup software (e.g. Veeam, Dell, Commvault, etc.)

Off-site backup (e.g. tape, AWS S#, Azure Blob storage, etc.)

Backup as a Service (e.g. Veeam Cloud Connect, Druva, etc.)

Other

11. How are local backups protected against deletion or corruption (check all that apply)?

MFA required for access to the backup management interface

MFA required for access to backup files (on-premise and cloud)

Backup servers and user accounts leverage unique credentials

Backup servers are segmented from the rest of the network

Backup solution with immutable backups

Copy of backups are kept offline or air-gapped

Other Controls

12. What remote access is present that allows for users to connect into the environment while outside of the office? (check all that apply)

Remote Desktop (RDP)

Virutal Private Network (VPN)

Citrix

Remote Access Software (e.g. LogMeIn, Acronis)

Other

13. Do you enforce Multi-Factor Authentication to secure all remote access to your network?   **Yes   No**

14. Do you secure and manage privileged accounts (administrator accounts, service accounts, etc.) using Multi-Factor Authentication?   **Yes   No**

15. Do you enforce Multi-Factor Authentication for access to emails for all employees?

Yes   No

16. How is sensitive data encrypted across systems and devices? (check all that apply)

No encryption

Full disk encription (laptops)

Mobile device encryption (e.g. cell phones)

File level encryption

Data in-transit

Other encryption methods

17. How often do you conduct employee security training or phishing training?

Ad-hoc

Quarterly

Semi-Annually

Annually

Never

18. If you use multimedia material provided by others, do you always obtain the necessary rights, licenses, releases, and consents prior to publishing?

Yes   No   N/A

19. If you accept payment cards in exchange for goods or services rendered, are you or their outsourced payment processor PCI-DSS compliant?

Yes   No   N/A

20. If your industry is retail, restaurant, or online retailer, do you deploy either end-to-end or point-to-point encryption technology on all of your point of sale terminals?

Yes   No   N/A

21. Prior to executing an electronic payment, do you 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

22. Have you experienced in the past three years any cyber security incident, data privacy incident or any multimedia liability claim?

Yes   **No**

If Yes: Please provide additional details.

23. Do you or any other person or organization proposed for this insurance have knowledge of any actual or alleged: security breach, privacy breach, privacy-related event or incident, breach of privacy, or multimedia incident* that may reasonably be expected to give rise to a claim or to costs being incurred? Please provide additional details.

Yes   **No**

If Yes: Please provide additional details.

24. Have you or any other organization proposed for this insurance sustained any unscheduled network outage or interruption lasting longer than six hours within the past twenty-four months?

Yes   **No**

If Yes: Please provide additional details.

Additional Notes

Applicant Signature

Print Name

Date

Applicant Email

Applicant Title

Footnotes

¹ Corvus runs a scan on the Applicant's primary corporate website and any affiliated sites in order to create our Dynamic Loss Prevention report. We include the high-level results of the scan in our quote along with a preview of several personalized recommendations for the Applicant. After the Applicant binds a quote, Corvus generates a full report detailing the results of the scan, including all of our personalized recommendations for the Applicant.

² PII includes any information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual.

³ Laptops, tablets, phones, hard drives, USB drives, etc.

⁴ A multimedia liability claim includes one alleging defamation, disparagement, invasion of privacy, commercial misappropriation of likeness, plagiarism, piracy, or copyright or trademark infringement.

⁵ Defamation, disparagement, invasion of privacy, commercial misappropriation of likeness, plagiarism, piracy, or copyright or trademark infringement.

⁶ You will be added to our software platform, the CrowBar, which provides helpful risk management advice, alerts and services.

Notices

Notice to All Applicants: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and Louisiana Applicants: Any person who knowingly presents a false or fraudulent claim for payment of 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 Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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 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 and/or 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 who 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 New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

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 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 $5,000 and the stated value of the claim for each such violation.

Notice to 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 claim containing any materially false information or conceals for purposes 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.