



Cyber Insurance Program

Forward new business submissions with the completed application below to Donna Goncalves via email dgoncalves@massagent.com or fax to (508) 634-2930. Any questions, please contact Donna at (508) 634-7362.

Agency's Name: _____

Agency City/Town: _____

Agency's Contact Name: _____

Contact's Email: _____ Phone: _____

Named Insured: _____

Requested Effective Date: _____

Limit Desired: 1 Million 2 Million 3 Million 4 Million 5 Million

Does this insured have current Cyber coverage in place?

No

Yes, via endorsement

Yes, via a stand-alone policy

Exp Date: _____

Exp Date: _____

Retro Date: _____

Retro Date: _____

- Please complete the application below and submit. Insured AND agent signatures required on the application for binding.

Coalition Cyber Policy Application

NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF PURCHASED, AND REPORTED TO THE INSURER IN ACCORDANCE WITH THE TERMS OF THE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHERMORE, AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

PLEASE READ THE POLICY CAREFULLY.

IF A POLICY IS ISSUED, THIS APPLICATION WILL ATTACH TO AND BECOME PART OF THE POLICY. THEREFORE, IT IS IMPORTANT THAT ALL INFORMATION PROVIDED IS ACCURATE, TRUTHFUL AND COMPLETE.

NAMED INSURED

WEBSITE AND EMAIL DOMAIN(S) *Please list all website addresses including web and email domains*

ADDRESS	CITY	STATE	ZIP
INDUSTRY	NO. OF EMPLOYEES	REVENUE*	GROSS PROFIT / NET REVENUE*
		\$	\$

IS NAMED INSURED ENGAGED IN ANY OF THE FOLLOWING BUSINESSES?

• Adult Content	NO	YES	• Payment Processing	NO	YES
• Cryptocurrency or Blockchain	NO	YES	• Managed Service Provider (MSP), Managed Security Service Provider (MSSP), or remote network administration services provider	NO	YES
• Gambling	NO	YES			

* Expected over the next 12 months

Loss History

1 During the past three years, did *Named Insured* experience a cyber incident, claim or loss, whether insured or not, which could have been covered under a policy similar to the proposed insurance? This includes but is not limited to, any:

NO YES

- (i) actual or reasonably suspected data breach or security failure, including notifying consumers or third parties of a data breach or security failure;
- (ii) claims or complaints with respect to privacy injury, breach of information or network security, unauthorized disclosure of information, defamation, or content infringement;
- (iii) government action, investigation, or subpoena regarding any alleged violation of a privacy law or regulation; or
- (iv) actual or attempted extortion demand with respect to «policy.insured.name»'s data or computer systems.

(If Yes) Please provide details of all cyber incidents and claims, including:

1a the number of claims or incidents;

1b the total claims or loss amount, including incident response expenses; \$

1c whether any single claim amount or cyber incident loss was greater than \$25,000; \$

1d a description of each cyber incident or claim and the steps taken to remediate the issue(s)

Loss History (continued)

2 Does *Named Insured* have knowledge or information regarding any fact, circumstance, situation, or event that could reasonably give rise to a claim or loss under the proposed insurance? NO YES

(If Yes) please provide details

If Named Insured has knowledge or information regarding any fact, circumstance, situation, or event that may give rise to a claim or loss under the proposed insurance policy, any claim or loss arising therefrom is excluded from the coverage.

Security Controls

3 Does *Named Insured* implement encryption on laptop computers, desktop computers, and other portable media devices? NO YES

4 Does *Named Insured* collect, process, store, transmit, or have access to any Payment Card Information (PCI), Personally Identifiable Information (PII), or Protected Health Information (PHI) other than employees of *Named Insured*? NO YES

4a (If Yes) What is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?

4b (If Yes) How many PII or PHI records does *Named Insured* collect, process, store, transmit, or have access to?

5 Does *Named Insured* maintain at least weekly backups of all sensitive or otherwise critical data and all critical business systems offline or on a separate network? NO YES N/A

6 For which of the following services do you enforce Multi-Factor Authentication (MFA)?

6a Email NO YES N/A - NO REMOTE ACCESS ALLOWED

6b Virtual Private Network (VPN) NO YES N/A - NO VPN ALLOWED

6c Remote Desktop Protocol (RDP), RDWeb, RD Gateway, or other remote access NO YES N/A - NO REMOTE ACCESS ALLOWED

6d Network / cloud administration or other privileged user accounts NO YES ON ADMINISTRATIVE ACCOUNTS AND ALL CLOUD SERVICES WHERE SUPPORTED

7 Does *Named Insured* require a secondary means of communication to validate the authenticity of :

7a Funds transfer requests (ACH, wire, etc.) before processing a request in excess of \$5,000? NO YES

7b Funds transfer requests (ACH, wire, etc.) before processing a request in excess of \$25,000? NO YES

7c Any request to change banking details (ACH, wire, payroll distribution, etc.)? NO YES

Security Controls (continued)

8 Will *Named Insured* have an active technology errors and omissions policy concurrent with this insurance policy? NO YES

9 Will *Named Insured* have an active errors and omissions or professional indemnity policy concurrent with this insurance policy? NO YES

10 Within the last 3 years has *Named Insured* been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications? NO YES

10a (If Yes) Please explain?

11 Does *Named Insured* enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right? NO YES

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES (1) THIS APPLICATION FORM HAS BEEN COMPLETED AFTER REASONABLE INQUIRY, (2) THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE, AND (3) THAT THESE DECLARATIONS ARE A MATERIAL INDUCEMENT TO THE INSURER TO PROVIDE A PROPOSAL FOR INSURANCE. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE 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 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.

SHOULD THERE BE A MATERIAL MISSTATEMENT OR MISREPRESENTATION BY THE APPLICANT IN THIS APPLICATION FORM OR IN ANY OTHER MATERIALS FURNISHED TO THE INSURER AS PART OF THE UNDERWRITING PROCESS, INCLUDING WITHOUT LIMITATION, ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES, THE INSURER SPECIFICALLY AND GENERALLY RESERVES ITS RIGHTS TO DISCLAIM ANY CLAIM OR INCIDENT THAT WAS BASED UPON, ARISES OUT OF, OR IS IN ANY WAY RELATING TO THAT MATERIAL MISSTATEMENT OR MISREPRESENTATION. ADDITIONALLY, THE INSURER RESERVES THE RIGHT TO RESCIND THE POLICY IN ACCORDANCE WITH THE LAWS OF ANY APPLICABLE JURISDICTION.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

SIGNED BY:

SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME OF AUTHORIZED REPRESENTATIVE:

JOB TITLE

EMAIL

NOTICE TO APPLICANTS

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO ARIZONA APPLICANTS: 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."

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: "Any person who knowingly presents 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."

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 HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KANSAS APPLICANTS: A 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 is guilty of fraud.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA 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 MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes 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 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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud or deceive any 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 MEXICO 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 civil fines and criminal penalties.

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 five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the 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.

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 OREGON APPLICANTS: 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 information for the purpose of misleading, commits a fraudulent insurance act and may subject such person to criminal and civil penalties.

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 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.

NOTICE TO RHODE ISLAND AND WEST VIRGINIA 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 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 include imprisonment, fines and denial of insurance benefits.

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.