

SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR CYBER LIABILITY

INTRODUCTION

1. Website URL(s): _____
2. Authorized Officer (The officer of the Applicant that is designated to receive any and all notices from the Insurer or its authorized representative(s) concerning this insurance.):

3. Authorized Officer Telephone: _____ 4. Authorized Officer Email: _____
5. Breach Response Contact (The employee of the Applicant that is designated to manage a response, including consumer notification, in response to a data breach event.):

6. Breach Response Contact Telephone: _____ 7. Breach Response Contact Email: _____
8. Business Description: _____

9. 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? Yes No
10. Has the Applicant within the past twelve (12) months completed or agreed to, or does it contemplate entering into within the next twelve (12) months, a merger, acquisition, consolidation, whether or not such transactions were or will be completed? Yes No

INFORMATION SECURITY & PRIVACY CONTROLS

11. 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:**
12. Does the Applicant terminate all computer access and user accounts as part of the regular exit process when an employee leaves the company or when a third party contractor no longer provides the contracted services? Yes No
 13. Does the Applicant have and enforce policies concerning the encryption of internal and external communication? Yes No
 14. Are users able to store data to the hard drive or portable computers or portable media devices such as USB drives? Yes No
 15. Does the Applicant encrypt data stored on laptop computers and portable media? Yes No
 16. Please describe any additional controls the Applicant has implemented to protect data stored on portable devices: _____

 17. What format does the Applicant utilize for backing up and storage of computer system data? Tape or other media Online backup service Other
 18. Are tapes or other portable media containing backup materials encrypted? Yes No
 19. Are tapes or other portable media stored offsite using secured transportation and secured storage facilities? Yes No
 20. If stored offsite, are transportation logs maintained? Yes No

INFORMATION SECURITY & PRIVACY CONTROLS Continued

21. If stored onsite, please describe physical security controls: _____

WEBSITE CONTENT CONTROLS

22. Please check all descriptions of website content posted by the Applicant, including content posted to social media web pages: No website Information
 Content under license from a third party Streaming video or music content Unlicensed third party content (e.g., Blog/Message Boards/Customer Reviews)
23. Does the Applicant have a procedure for responding to allegations that content created, displayed, or published by the Applicant is libelous, infringing, or in violation of a third party's privacy rights? Yes No
24. Does the Applicant have a process to review all content prior to posting on the Insured's internet site(s) or on social media web pages created and maintained by or on behalf of the Insured to avoid the posting of improper or infringing content? Yes No
25. Has the Applicant screened all trademarks and services marks used by the Applicant for infringement of existing marks prior to first use? Yes No
26. Has the Applicant acquired any trademarks or service marks from others within the past three (3) years? Yes No

PRIOR CLAIMS AND CIRCUMSTANCES

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

During the past 5 years has the Applicant:

28. Received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement? Yes No
29. Been subject to any government action, investigation, or subpoena regarding any alleged violation of a privacy law or regulation? Yes No
30. Notified consumers or any other third party of a data breach incident involving the Applicant? Yes No
31. Experienced an actual or attempted extortion demand with respect to its computer systems? Yes No

SUBMISSION AND SIGNATURE

THE APPLICANT DECLARES THAT, AFTER INQUIRY, TO THE BEST KNOWLEDGE OF ALL PERSONS TO BE INSURED THE STATEMENTS SET FORTH HEREIN AND IN ANY ATTACHMENTS MADE HERETO ARE TRUE, AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED, OMITTED, OR MISSTATED.

UNDERWRITERS RESERVE THE RIGHT TO AMEND THE TERMS, CONDITIONS AND LIMITATIONS OF ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION, IF SUBSEQUENT TO THE DATE OF THIS APPLICATION, BUT PRIOR TO THE INCEPTION OF SUCH POLICY, THERE ARE ANY MATERIAL ALTERATIONS TO THE INFORMATION CONTAINED HEREIN.

COMPLETION OF THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO PROVIDE COVERAGE, BUT IT IS AGREED THAT THE STATEMENTS AND PARTICULARS CONTAINED HEREIN WILL BE RELIED UPON BY UNDERWRITERS IN THE EVENT A POLICY IS ISSUED. THIS APPLICATION IS SIGNED ON BEHALF OF ALL OWNERS, PRINCIPALS, PARTNERS, SHAREHOLDERS, DIRECTORS AND EMPLOYEES.

BY SUBMITTING THIS APPLICATION, THE APPLICANT AGREES THAT IN THE EVENT THE APPLICATION CONTAINS MISREPRESENTATIONS OR FAILS TO STATE FACTS MATERIALLY AFFECTING THE RISK ASSUMED BY THE INSURANCE COMPANY UNDER A POLICY ISSUED, THE POLICY MAY BE DEEMED NULL AND VOID.

CYBER SUPPLEMENTAL DISCLAIMER: THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. 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, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

Signature of Owner, Officer, or Partner

Title

Date

Please email application and any attachments to: acs.apply@pearlinsurance.com

PLEASE NOTE: Due to carrier requirements, premium payment and a signed application must be received to bind coverage.

Be sure to complete all pages and sign the last page