



Theodore Liftman Insurance, Inc.

FINANCIAL INSURANCE

Liftman Insurance Agency Co. (NC, TX, CA) Liftman Insurance Agency (NY)

CYBER SECURITY INSURANCE APPLICATION

INSURER: ALLIED WORLD ASSURANCE COMPANY ("A" RATED BY A.M. BEST)

Policy Coverage and Features* include:

- Privacy and Network Security
- Notification and Credit Monitoring (Additional coverage limit for up to 50,000 individuals and/or impacted parties)
- Incident Evaluation & Breach Consultation
- Network Extortion Ransom
- Digital Assets Reproduction
- Public Relations Expenses
- Regulatory Defense, Fines & Penalties
- Media Liability
- Data Forensics
- Business Interruption
- **Fraudulent Transfer of the Firm's Funds** (\$50,000 sublimit)

*All coverage subject to policy terms, conditions and underwriting approval

Select Limit:	Per Claim Retention	Annual Premium
<input type="checkbox"/> \$1,000,000 Annual Aggregate Limit	\$1,000	\$1,800
<input type="checkbox"/> \$2,000,000 Annual Aggregate Limit	\$1,000	\$2,800

Subject to applicable surplus lines taxes and fees

APPLICATION

Firm Name: _____

Contact: _____ Website Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Please check the applicable box: Investment Advisor Broker/Dealer Mutual Fund Hedge Fund
 Other: _____

Approximate Annual Revenue: \$ _____ Approximate Number of Clients: _____

Does your firm have over 100 employees? No Yes (if yes, please contact us for the applicable premium)

Does your organization own or operate your trading platform? No Yes (if yes, please contact us)

Do you have a written Disaster Recovery or Business Continuity Plan? No Yes (if no, please contact us)

Do you have call back or other verification procedures before authorizing fund transfers? No Yes (if no, please contact us)

During the last five years, have any Privacy Liability or Network Security Claims, suits or regulatory proceedings been brought against any party proposed for this coverage? No Yes

Is any party proposed for coverage, currently aware of any fact, situation or circumstance which could give rise to a Cyber, Fraudulent Funds Transfer, Privacy Liability or Network Security Claim, suit or regulatory proceeding? . . . No Yes

Please start coverage upon approval using the following policy effective date: _____ / _____ / _____

You will be billed directly by Liftman Insurance. Please contact us for additional information.

Signature: _____ Date: _____

THE PROPOSED POLICY PROVIDES COVERAGE FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMITS OF INSURANCE AVAILABLE TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES, AND IS SUBJECT TO ALL POLICY TERMS AND CONDITIONS AND ALL INSURANCE REGULATIONS AND INSURANCE COMPANY APPROVAL.

Send submissions to: Cyber@Liftman.com

101 Federal Street, 22nd Floor, Boston, Massachusetts 02110

Telephone: 617-439-9595 Fax: 617-439-3099 www.liftman.com

