

CYBERCHOICE UNDERWRITING APPLICATION

Name of Insurance Company to which application is made: _____

NOTICE: LIABILITY INSURING AGREEMENTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, REDUCE, AND MAY COMPLETELY EXHAUST THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1. GENERAL INFORMATION

Name of Applicant Company (Together with any subsidiaries for whom this policy is intended, hereinafter, "your business" or "applicant(s).")

Headquarters Address

City

State

Zip Code

Does your business have a website? Yes No **If yes**, please list primary website address or domain:

And, is your business' email hosted through this web domain? Yes No

Does the Applicant Company have any subsidiaries? Yes No **If yes**, please list them here:

2. NATURE OF OPERATIONS

As part of your business' operations, is there engagement in any service or activity involving or similar to the following? Yes No

- | | |
|---|--|
| - Adult media or entertainment | - Debt collection services |
| - Cryptocurrency or blockchain technology | - Payment processing services |
| - Cannabis | - Weapons, explosives or ammunition |
| - Gambling | - Data aggregator, broker or warehouse |

Is more than 50% of the applicants' revenue derived from technology products and services (e.g., software, electronics, telecom)?

Yes

No

Industry (NAIC or SIC)



3. REVENUE

Most Recent Completed Fiscal Year Revenue			
Current Fiscal Year (Projected) Revenue			
If part of your business' operations involves managing financial investments for others, please answer the following:			
<ul style="list-style-type: none"> • Most Recent Fiscal Year Assets Under Management • Current Fiscal Year (Projected) Assets Under Management 			
Are there revenue-generating operations for your business outside the country of domicile?	Yes	No	Unknown
If yes , what percentage of revenue is generated outside the country of domicile?	%		
Is the Applicant Company a subsidiary of a parent company?	Yes	No	
If yes , is the parent company domiciled outside the United States?	Yes	No	
Has any applicant experienced within the past 12 months, or does any applicant anticipate experiencing in the next 12 months, a merger, acquisition, sale of any assets or similar transaction?	Yes	No	

4. CYBERSECURITY FUNCTION & CONTACT PERSON

Is there a dedicated cybersecurity team monitoring the network for your business?	Yes	No
If yes , is cybersecurity managed in-house or outsourced to a third party?		
If third party , please list third party entity:		
If in-house , how many employees are dedicated to the cybersecurity team?		
Cybersecurity Contact <i>This should be an employee of the insured that The Hartford should contact with information pertinent to cyber risks, security alerts and incidents. Chief Information Security Officer (CISO), Risk Manager or equivalent.</i>		
Name		
Title		
Email		

5. REQUESTED COVERAGE

Does the Applicant Company currently purchase Cyber coverage?		Yes	No	Unknown
If yes , provide details of current Cyber coverage:				
Aggregate Limit	Retention	Cyber Carrier	Premium	
\$	\$		\$	
Requested Limit	Requested Retention			
\$	\$			
Desired Effective Date:				

6. DATA, PRIVACY & MEDIA**DATA INVENTORY**

How many unique individual people or organizations's nonpublic personal records are received, processed, stored or transmitted during the policy period as part of your business activities?

Indicate whether these nonpublic personal records are encrypted:

While at rest

Yes

No

While electronically in transit

Yes

No

While on mobile devices

Yes

No

BACKUPS & RECOVERY

Is your business' critical data regularly backed up?

No

Yes, weekly

Yes, monthly

If yes, are backups stored offline and/or isolated from production systems?

Yes

No

And, how often do the applicants test recovering data from the backup?

Do all applicants have a Cyber Incident Response Plan or Business Continuity plan in place to respond to a computer system disruption?

Yes

No

If yes, how often is the Cyber Incident Response or Business Continuity plan tested?

MEDIA

Do the applicants all have a legal review process governing all content that's published both on and offline (including social media), including a formal process to ensure there isn't infringement of another's copyright, slogan, trademark, logo, trade name, service mark or brand?

Yes

No

Did your business acquire any trademarks in the last 3 years?

Yes

No

If yes, were such trademarks screened and cleared for infringement?

Yes

No

7. SECURITY & CONTROLS**MFA**

Is Multi-Factor Authentication (MFA) required for ALL remote access to your business' network? *Including cloud-hosted, on-premises and via Virtual Private Networks (VPNs).*

If no, how is remote access to the network controlled?

Is MFA required for access to email?

Yes

No

No web-based email

FUNDS TRANSFER CONTROLS

Do the applicants all have a dual authentication protocol for confirming all funds transfer requests or account information changes from a vendor/partner through a secondary method of communication before the account information is changed or a funds transfer request is carried out?

Yes

No

Does any applicant accept fund transfer requests from customers?

Yes

No

If yes, is the funds transfer instruction validated by a method other than the original means of request?

Yes

No

For example, if the request is made by email, a follow up phone call is made to confirm that the supplier or vendor made the original request.

7. SECURITY & CONTROLS (CONTINUED)**ENDPOINT PROTECTION****Identify all places where antimalware, antivirus and/or endpoint detection is running for your business:**

Computers	Yes	No	Unknown
Networks	Yes	No	Unknown
Mobile Devices	Yes	No	Unknown
Is there an Endpoint Detection and Response (EDR) or Managed Detection and Response (MDR) product in place?	Yes	No	Unknown
If yes, identify EDR or MDR product used	If other:		

EMAIL SECURITY**Identify what email security controls your business has in place for incoming emails:**

Secure Email Gateway (SEG)	Yes	No	Unknown
If yes, identify SEG product used	If other:		
Screening for malicious attachments	Yes	No	Unknown
Screening for malicious links	Yes	No	Unknown
Tagging emails from external senders	Yes	No	Unknown
How often is Antiphishing and Cybersecurity Awareness training conducted for employees?			

8. LOSS HISTORY

During the past three years, has any applicant experienced any cyber incident (including claims, cyber attacks, cyber extortion demands, privacy breaches or system failures)?	Yes	No
Does any applicant or any natural person for whom insurance is intended have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance?	Yes	No
DISCLAIMER: IT IS AGREED THAT IF ANY SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM OR LOSS BASED ON, ARISING FROM, OR IN ANY WAY RELATING THERETO SHALL BE EXCLUDED FROM COVERAGE REQUESTED.		
If yes to either questions above , has the Applicant Company reported this incident, knowledge or information to their current cyber carrier?	Yes	No
Please use this space to clarify any answers above that may require additional detail and any corrective measures taken to avoid similar incidents in the future.		

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION CALIFORNIA APPLICANTS:

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

ATTENTION 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

ATTENTION 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.

ATTENTION 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.

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A "FRAUDULENT INSURANCE ACT" MEANS 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 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. IN THE STATE OF KANSAS, COVERAGE FOR LOSS RESULTING FROM ILLEGAL ACTIVITY IS SUBJECT TO KANSAS LAW (AND SUBJECT TO FEDERAL LAW, WHERE APPLICABLE). COVERAGE MAY THEREFORE BE LIMITED TO DEFENSE COSTS RELATED THERETO.

ATTENTION KENTUCKY AND 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.

ATTENTION LOUISIANA, 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 OR A DENIAL OF INSURANCE BENEFITS.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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.

ATTENTION OHIO APPLICANTS:

ANY PERSON WHO, WITH 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.

ATTENTION 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.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

ATTENTION PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

ATTENTION TEXAS 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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.

ATTENTION 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.

MATERIAL CHANGE, DECLARATION AND SIGNATURE

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT COMPANY DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. 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.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2- In Maine this sentence ends at the word "quotations."

3- The application shall actually attach in the following states: North Carolina

THIS APPLICATION MUST BE SIGNED BY A SENIOR OFFICER OF THE APPLICANT COMPANY, ACTING AS THE AUTHORIZED REPRESENTATIVE OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent: _____

(Required: Florida, Iowa & New Hampshire only)

Agent License #: _____

(Required: Florida only)

Print Name: _____

Name of Agency: _____

Address: _____

Date: _____

(Required: Florida & New Hampshire only)



Business Insurance
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