Technology Professional Application

INSTRUCTIONS

1) PLEASE ANSWER ALL QUESTIONS USING CLEAR TYPE OR PRINT. IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.

2) IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET, AND INDICATE THE QUESTION NUMBER.

3) "YOU" OR "YOUR", AS USED IN THIS APPLICATION, MEANS THE APPLICANT AND ANY PERSONS OR ENTITIES PROPOSED FOR COVERAGE UNLESS NOTED OTHERWISE BELOW.

4) THIS APPLICATION AND ALL SUPPLEMENT FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

Applicant Information

1) Name of Applicant *(please list all entities for which coverage is required including any subsidiaries)*:

2) Address: _____

City: _____ State: _____ Zip Code: _____

Website(s): _____

3) Name of Office/Principal: _____ Titles: _____

Email Address: _____ Phone Number: _____

Operations

4) Do you have any non-US operations? If 'Yes', please provide a list below. ☐ Yes ☐ No

Country	Description of Operation/Services	% of Revenues

5) During the past 5 years has the name of the Applicant been changed, or has any other business been purchased/merged with? ☐ Yes ☐ No

   a. If 'Yes', please give full details *(including dates)*: _____

   _____

6) Personnel *(please include **ALL** staff – professional and non-professional)*:

Full-Time: _____ Part-Time: _____ Independent Contractors: _____

7) Revenues / Financing

Gross Revenue	Previous 12 Months	Current 12 Months	Next 12 Months
Domestic Gross Revenue:	$	$	$
Foreign Gross Revenue:	$	$	$

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8) If you have begun or completed external equity financing rounds, please complete the below. If not, please mark N/A ☐

Total Amount Raised	Number of Rounds Completed	Lead Investor(s)

9) Provide a description of your services performed for a fee or each product sold or distributed:

Service or Product	% of Current Revenues
	%
	%
	%
	%
	%

10) Do you subcontract any professional services? ☐ Yes ☐ No

    a. If 'Yes', what service(s) do you subcontract? _____

    b. Do you require that these subs maintain their own Professional Liability coverage? ☐ Yes ☐ No

Contracts

11) Do you use written contracts/agreements for the services/products you provide? ☐ Yes ☐ No

    a. What percentage of the time are they used? _____ %

12) Do your standard contracts contain the following provisions?

Provision		Additional Comments
Scope of work	☐ Yes ☐ No	
Dispute resolution	☐ Yes ☐ No	
Limitation of liabilities	☐ Yes ☐ No	
Hold harmless or indemnity agreements	☐ Yes ☐ No	
Disclaimer of warranties	☐ Yes ☐ No	
Guarantees	☐ Yes ☐ No	
Full disclaimer of consequential damages	☐ Yes ☐ No	

13) Provide your 3 largest active contracts in terms of annual revenue:

Client	Description of Contract/Services	Contract Value/Duration	
		$	
		$	
		$	

Privacy & Computer Network Security

14) Identify the type and amount of records that you collect, process or store (electronically or paper).

Type of Information	Estimated Number of Records
Social Security Numbers	☐ None ☐ <100k ☐ 100k-500k ☐ 500k-1m ☐ 1m-2m ☐ >2m
Consumer Financial Information	☐ None ☐ <100k ☐ 100k-500k ☐ 500k-1m ☐ 1m-2m ☐ >2m
Payment Card Information	☐ None ☐ <100k ☐ 100k-500k ☐ 500k-1m ☐ 1m-2m ☐ >2m
Protected Health Information	☐ None ☐ <100k ☐ 100k-500k ☐ 500k-1m ☐ 1m-2m ☐ >2m
Biometric Information	☐ None ☐ <100k ☐ 100k-500k ☐ 500k-1m ☐ 1m-2m ☐ >2m
Other (please describe): _____	☐ None ☐ <100k ☐ 100k-500k ☐ 500k-1m ☐ 1m-2m ☐ >2m

15) Please provide the title(s) of the position(s) that are responsible for privacy & computer network security:

Title(s): _____

16) What is your annual Information Technology budget? $_____
    a. What percentage of your IT budget is spent on cybersecurity? _____%

17) How many full-time (or full-time equivalent) employees are in your IT department? _____
    a. How many of these are devoted to cybersecurity? _____

18) Do you require third parties with which you share personally identifiable or confidential information identified above to indemnify you for the legal liability arising out of the release of such information due to the fault or negligence of the third party?   ☐ Yes ☐ No

19) Do you publish and distribute written policies and procedures regarding computer and information security to your employees? ☐ Yes ☐ No

20) Do you conduct computer and information security training for every employee that has access to computer systems or sensitive data?   ☐ Yes ☐ No

Email

21) Please indicate which of the below security controls you have in place for incoming email:
    a. Screening for malicious attachments ☐
    b. Screening for malicious links ☐
    c. Quarantine service ☐
    d. Detonation and evaluation of attachments in a sandbox ☐

  e. Tagging external emails ☐

  f. DomainKeys Identified Mail (DKIM) ☐

  g. Sender Policy Framework (SPF) ☐

  h. Domain Based Message Authentications, Reporting and Conformance (DMARC) ☐

22) Have you disabled legacy email protocols that use basic authentication (a username and password only) such as SMTP, POP3, and IMAP? ☐ Yes ☐ No

23) Can your users access email through a web application or a non-corporate device? ☐ Yes ☐ No

  a. If "yes", do you enforce multi-factor authentication (MFA)? ☐ Yes ☐ No

24) Do you use Office 365 in your organization? ☐ Yes ☐ No

  a. If "yes", do you use the Microsoft Defender add-on? ☐ Yes ☐ No

Internal Computer Security Controls

25) Do you use a cloud provider to store data or host applications? ☐ Yes ☐ No

26) Do you use multi-factor authentication to secure all cloud provider services that you utilize? ☐ Yes ☐ No

27) Do you encrypt all sensitive and confidential information stored on your organization's systems and networks? ☐ Yes ☐ No

  a. If "no", are the following compensating controls in place:

    i. Segregation of servers that store sensitive and confidential information? ☐ Yes ☐ No

    ii. Access control with role-based assignments? ☐ Yes ☐ No

28) Do you allow remote access to your network? ☐ Yes ☐ No

  a. If "yes", do you use MFA to secure remote access to your network, including any remote desktop protocol (RDP) connections? ☐ Yes ☐ No

    i. Does your MFA configuration ensure that the compromise of a single device will only compromise a single authenticator? ☐ Yes ☐ No

29) Do you use MFA to protect all local and remote access to privileged user accounts? ☐ Yes ☐ No

30) Do you manage privileged accounts using privileged account management software? ☐ Yes ☐ No

31) Do you actively monitor all administrator access for unusual behaviour patterns? ☐ Yes ☐ No

32) Do users outside of your IT department have local administration rights on their laptop/desktop? ☐ Yes ☐ No

33) Please indicate which security solutions you use to prevent or detect malicious activity on your network:

Security Solutions	Vendor
Endpoint Protection Platform (EPP)	
Endpoint Detection and Response (EDR)	
Security Operations Center (SOC) or Managed Detection and Response (MDR)	
Network Detection and Response (NDR)	
Security Information and Event Management (SIEM)	
Application Isolation and Containment	

34) If you indicated you use a Security Operations Center, is it:

    a. Available ☐ during work hours only, or ☐ 24/7

    b. Managed ☐ internally, ☐ by a third party, or ☐ both

35) Do you roll out a hardened baseline configuration across servers, laptops, desktops and managed mobile devices? ☐ Yes ☐ No

36) Do you enforce a process for the timely installation of software updates and patches ☐ Yes ☐ No

    a. If "yes", how frequently are critical and high severity patches deployed across your enterprise? ☐<3 days ☐ 3-7 days ☐ 8-30 days ☐ 31+ days

37) Do you record and track all software and hardware assets deployed across your organization? ☐ Yes ☐ No

38) Do you have any end of life or end of support software? ☐ Yes ☐ No ☐ Don't Know

    a. If "yes", is it segregated from the rest of your network? ☐ Yes ☐ No ☐ Some Is, Some Is Not

39) Do you use a protective DNS service (e.g., Quad9, OpenDNS or the public sector PDNS)? ☐ Yes ☐ No

40) Can users run macro-enabled documents on their system by default? ☐ Yes ☐ No

41) Do you restrict user rights on computer systems such that individuals (including third party service providers) have access to only those areas of the network or information that is necessary for them to perform their duties? ☐ Yes ☐ No

Business Continuity

42) Do you have a:

    a. Disaster recovery plan? ☐ Yes ☐ No

    b. Business continuity plan? ☐ Yes ☐ No

    c. Incident response plan for network intrusions and virus incidents? ☐ Yes ☐ No

43) Do you use a data backup solution? ☐ Yes ☐ No

    a. If "yes", which best describes your data backup solution?

        ☐ Backups are kept locally but separate from your network

        ☐ Backups are kept in a dedicated cloud backup service

        ☐ A cloud-syncing service (e.g. Dropbox, OneDrive, SharePoint) is used

        ☐ Other: _____

    b. Check all that apply:

        ☐ Your backups are encrypted

        ☐ You have immutable backups

        ☐ Your backups are secured with different access credentials from other administrator credentials

        ☐ You utilize MFA for both internal and external access to your backups

        ☐ You have tested the successful restoration and recovery of key server configurations and data from backups within the last 6 months

        ☐ You can test the integrity of backups prior to restoration to ensure that they are free of malware

    c. How frequently are backups done? ☐ Daily ☐ Weekly ☐ Monthly

    d. Estimate the amount of time it would take to restore essential functions using backups in the event of a widespread malware/ransomware attack within your network: ☐ <24hours ☐ 1-3 days ☐ 4-6 days ☐ 7+ days

eCrime

44) Are all persons that are responsible for disbursing or transmitting funds required to take anti-fraud training, including detection of social engineering, phishing, business email compromise, and other scams on an annual, or more frequent, basis? ☐ Yes ☐ No

45) Before processing a funds transfer request from an internal source, do you require confirmation of the instructions by a method other than the original means of instruction? ☐ Yes ☐ No

46) Do your procedures require review of all requests by a supervisor or next-level approver before processing funds transfer instructions? ☐ Yes ☐ No

47) When a vendor or supplier requests any change to its account details (e.g., contact information, account numbers, routing numbers), prior to making the change do you:

    a. Confirm all requested changes with a person other than the requestor prior to making any changes? ☐ Yes ☐ No

b. Confirm requested changes by a method other than the original means of request? ☐ Yes ☐ No

c. Require review of all such requests by a supervisor or next-level approver? ☐ Yes ☐ No

48) In regard to your telecommunications system, have you:

a. Established strong alphanumeric passwords for administrative controls of the system? ☐ Yes ☐ No

b. Configured the system to disable:
   i. Remote system administration and internet protocol access? ☐ Yes ☐ No
   ii. Dialling via remote system access? ☐ Yes ☐ No

Media

49) Please identify all media activities performed by you or by others on your behalf:

Television ☐	Internet Advertising ☐
Radio ☐	Social Media ☐
Print ☐	Marketing Materials ☐
Your website ☐	Audio/Video Streaming ☐

50) Do you have a formal review process in place to screen any published or broadcast material (including digital content) for:

a. Intellectual property and privacy compliance prior to any publication, broadcast, distribution, or use? ☐ Yes ☐ No

b. Potential libel, slander and advertising injury? ☐ Yes ☐ No

c. *(If 'Yes' to either A or B above)* Are such reviews conducted by, or under the supervision of, a qualified attorney? ☐ Yes ☐ No

51) Is user generated content displayed on your website or included in any of your media activities? ☐ Yes ☐ No

52) Are all musical works, audio-visual works, or sound recordings which appear on your websites or social media accounts, or the websites or social media accounts of any person or entity receiving compensation from you explicitly licensed for such use? ☐ Yes ☐ No ☐ N/A

Prior Claims and Circumstances

53) Do you have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance? ☐ Yes ☐ No

54) During the past five years have you:

a. Received any claims or complaints with respect to privacy, breach of information or network security, or, unauthorized disclosure of information? ☐ Yes ☐ No

b. Experienced an actual or attempted extortion demand with respect to its computer systems? ☐ Yes ☐ No

c. Been subject to any government action, investigation, or subpoena regarding any alleged violation of a privacy law or regulation? ☐ Yes ☐ No

d. Notified consumers or any other third party of a data breach
    incident? ☐ Yes ☐ No

e. Experienced an unexpected outage of a computer network, application or system lasting greater than
    four (4) hours? ☐ Yes ☐ No

f. Received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or
    defamation with regard to any content published, displayed or distributed by you or on your behalf?
    ☐ Yes ☐ No

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE 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 UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

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. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS ARISING OUT OF A CIRCUMSTANCE NOT DISCLOSED IN THIS APPLICATION.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER 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 BECOME PART OF THE POLICY.

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. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

Signed: _____   Date: _____

Print Name: _____   Title: _____