

# RANSOMWARE SUPPLEMENTAL APPLICATION

### INSTRUCTIONS

- This Supplemental Application is in addition to and forms a part of the application for the policy indicated below. It is subject to the same terms and provisions included in that application, including those concerning representations made and state fraud warnings.
- Answer ALL questions completely, leaving no blanks. If any questions, or any part thereof, do not apply, show "N/A" in the appropriate space.
- This Application must be completed and signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

### I. GENERAL APPLICANT INFORMATION

<b>1.1</b>	Named Insured:
<b>1.2</b>	Policy Applied for:
<b>1.3</b>	Address:
	City, State, Zip:

### II. DATA

<b>2.1</b>	Does Applicant, or a third-party partner of yours, access, collect, process, store or transmit any of the following nonpublic information, Personally Identifiable Information (PII), or Protected Health Information (PHI) (collectively, Confidential Information):			
	Credit/Debit Card Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Numbers	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bank Account Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Numbers	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Medical Records/Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Proprietary Business/Financial Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Customer information	<input type="checkbox"/> Yes <input type="checkbox"/> No	Security/Access Codes or Passwords	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Intellectual Property of Others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee/HR Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Information	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If you selected "yes" to "Other Information", please provide additional details:			

### III. REGULATORY & COMPLIANCE MANAGEMENT

<b>3.1</b>	Is Applicant, or any third-party partner with access to Confidential Information, in compliance with all applicable laws governing Confidential Information, including, but not limited to the following:			
	HIPAA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Card Industry DSS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Applicable State/Federal Privacy Laws	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If you selected "no" for any of the above, please provide details:			

### IV. REMOTE DESKTOP PROTOCOL (RDP)

<b>4.1</b>	Is RDP disabled for all users?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please answer the following:	
	Is RDP enabled only for employees who require it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is RDP only accessible via a VPN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is multi-factor authentication required for all remote sessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you selected "no" for any of the above, please provide details:	

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## V. NETWORK SECURITY

5.1	Does Applicant filter or scan incoming emails for malicious attachments and links?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2	Does Applicant use endpoint detection and response (EDR) tools?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.3	Does Applicant use next-generation antivirus software?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.4	Does Applicant have a password complexity standard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.5	If the Applicant answered yes to 5.4 above, does Applicant enforce the password complexity standard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## VI. PATCH MANAGEMENT

6.1	Does Applicant apply security patches within 30 days across all endpoint devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2	Does Applicant operate any legacy systems for which patches are no longer available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## VII. MULTI-FACTOR AUTHENTICATION

7.1	Does Applicant use multi-factor authentication across all technology solutions that support it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## VIII. ENCRYPTION

8.1	Does Applicant encrypt the following hardware:			
	Laptops	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	USB or removable drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Backup tapes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Mobile devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Databases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Desktop computers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Servers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

## IX. BUSINESS CONTINUITY

9.1	Does Applicant take backups of key server configurations at least weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.2	Are backups encrypted, stored offline, or stored in the cloud? Please check all that apply. <input type="checkbox"/> Encrypted <input type="checkbox"/> Offline <input type="checkbox"/> In the Cloud		
9.3	Is Applicant able to restore operations after a computer attack within 72 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.4	Does Applicant have a written business continuity or disaster recovery plan in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## X. SECURITY AUDITS

10.1	Does Applicant audit or assess the security of Applicant's network at least once a year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, Does Applicant address all recommendations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## XI. PHYSICAL SECURITY

11.1	Does Applicant have physical security measures in place to limit physical access to Applicant's computer system/data centers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## XII. RETENTION AND DESTRUCTION

12.1	Does Applicant have a written policy for document retention and destruction, including both paper and electronic records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## XIII. TRAINING

13.1	Does the Applicant conduct simulated phishing and social engineering exercises to test employees' cybersecurity awareness at least annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, did 90% or more of employees pass the most recent test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## XIV. PRIOR CLAIMS/CIRCUMSTANCES/BREACHES

14.1	Has Applicant had a cyber, security, or privacy breach event in the past five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.2	Has Applicant had to declare or recover from a disaster incident in the past five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.3	Is Applicant aware of any circumstance that could give rise to a privacy or security breach incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you selected "yes" for any of the above, please provide details:

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## FRAUD WARNINGS

**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 and subjects that person to criminal and civil penalties.**

### APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD only.

### APPLICABLE IN CO

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.

### APPLICABLE IN FL AND OK

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)\*. \*Applies in FL only.

### APPLICABLE IN KS

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, or al, 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 commits a fraudulent insurance act.

### APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.

\*Applies in NY only.

### APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. \*Applies in ME only.

### APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### APPLICABLE IN VT

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.

## REPRESENTATIONS AND SIGNATURE

**By signing this Application, the undersigned represents, on behalf of Applicant and all proposed insureds, the following:**

- a. After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Insurer are accurate and complete;
- b. Those statements furnished to the Insurer are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Insurer to provide a premium proposal;
- d. If a policy is issued, the Insurer will have issued this Policy in reliance upon those representations;
- e. If there is any material change in Applicant's condition or in Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Insurer in writing; and
- f. The Insurer reserves the right, upon receipt of such notice, to change or rescind any insurance proposal previously offered by the Insurer.

As used above, the term "Insurer" refers to Capitol Specialty Insurance Corporation.

**NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.**

**This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.**

\_\_\_\_\_  
Signature of authorized representative of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type / Print name of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date