

APPLICATION FOR A COMMERCIAL CYBER INSURANCE POLICY

THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED PERIOD. DEFENSE EXPENSES, WHERE APPLICABLE, ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST THE LIMITS OF INSURANCE.

IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

The words “You” and “Your” in this Application refers to the Applicant’s organization and any entity for whom this insurance is intended.

Note: It is recommended that the person completing this Application consult with the person(s) within the company who is responsible for information/technology.

I. COVERAGE REQUESTED (REQUIRED)	
1. Policy Aggregate Limit of Insurance	<input type="checkbox"/> \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> \$3M
2. Policy Deductible	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000

II. GENERAL INFORMATION (REQUIRED)	
1. Name of Organization (Applicant):	
2. Mailing Address:	
3. Type of Ownership Structure:	
<input type="checkbox"/> Private <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Investment Fund <input type="checkbox"/> Government <input type="checkbox"/> Not for Profit	
4. Description of Business:	
5. Date Established:	
6. Number of Employees:	
7. Projected 12m Annual Revenue (\$):	
Note: Revenue affects insurance rating	
8. Website Address(es):	
9. Policy Period Requested:	
From:	To:

III. UNDERWRITING QUESTIONS (REQUIRED)

If You find that You do not have sufficient space below to thoroughly answer a question, please continue Your responses on a separate sheet of paper and attach to this Application.

1. Encryption

Note: If You are in Financial Services and Insurance (NAICS 52), Professional Services (NAICS 54), Healthcare (NAICS 62), or Public Administration (NAICS 92), Your submission will be declined if You answer “No” to any of the questions below.

- a. Does Your organization encrypt all emails containing sensitive information (including, but not limited to, Personally Identifiable Information (PII), Personal Health Information (PHI), Payment Card Information (PCI)) sent to external parties?

☐ Yes ☐ No

- b. Does Your organization encrypt all sensitive information (including, but not limited to, PII, PHI, PCI) stored on computing and/or mobile devices (including, but not limited to, phones, tablets, laptops, wearable computers, flash drives)?

☐ Yes ☐ No

2. Information Security Leadership

Note: “No” will disqualify You from the coverage.

- a. Does Your organization have an individual officially designated for overseeing information security?

☐ Yes ☐ No

3. Cloud

- a. Does Your organization have sensitive information (e.g., PII, PHI, PCI) stored on the cloud (including, but not limited to, Carbonite, Google Drive, Dropbox)?

☐ Yes ☐ No

4. Employee Management

Note: “No” to any of the questions below will disqualify You from the coverage.

- a. Does Your organization provide mandatory information security training to all employees at least annually?

☐ Yes ☐ No

- b. If yes, are Your information security personnel provided with additional training to help them understand current security threats?

☐ Yes ☐ No

IV. PAST ACTIVITIES (REQUIRED)

1. Please attach Your organization's Loss History for the past three (3) years, if applicable.

2. Has Your organization ever been a party to any of the following:

a. Civil or criminal action or administrative proceeding alleging violation of any federal, state, local or common law?

☐ Yes ☐ No

b. Is there currently any pending litigation, administrative proceeding or claim against the named applicant, organization and/or any of the prospective insured?

☐ Yes ☐ No

3. During the last three (3) years, has Your organization suffered a security breach requiring customer or third-party notification according to state or federal regulations, cyber extortion or business interruption arising from a cyber event?

☐ Yes ☐ No

V. ADDITIONAL COVERAGE (OPTIONAL)

1. Do You want to purchase Computer and Funds Transfer Fraud coverage?

☐ Yes ☐ No

2. Requested sublimit for Business and Contingent Business Income and Extra Expense*:

%

*Your selected BI sublimit will cap at \$1,000,000

3. Would You like to cap Your retroactive coverage?

☐ 1 Year
☐ 2 Years
☐ Full Prior Acts

4. Do You want to add an Additional Insured?

☐ Yes ☐ No

If You answered Yes, please fill out the following for the Additional Insured:

4.1. Name of Organization:

4.2. Mailing Address:

4.3. Description of Business:

5. Do You want to purchase coverage for Social Engineering Incidents?☐ Yes ☐ No

If You answered Yes, please fill out the following:

5.1. Do You or Your employees verify third-party bank accounts before adding to Your accounts payable systems?☐ Yes ☐ No**5.2. Do You have an established and documented verification procedure requiring that You or Your employees authenticate all funds transfer requests, whether made to a third-party or otherwise by way of a secondary method of communication from the initial request for funds transfer (as one example, by calling the intended recipient to verify the request at a predetermined phone number if the funds transfer request was made by email)?**☐ Yes ☐ No**5.3. Do You or Your employees prevent unauthorized employees from initiating wire transfers?**☐ Yes ☐ No**6. Do You want to purchase Hardware Replacement coverage?**☐ Yes ☐ No**7. Do You want to purchase Telecommunications Fraud coverage?**☐ Yes ☐ No**8. Do You want to purchase Post Breach Remediation coverage?**☐ Yes ☐ No**9. Do You want to purchase Website Media Content Liability coverage?**☐ Yes ☐ No**10. Do You want to purchase Reverse Social Engineering coverage?**☐ Yes ☐ No

11. Do You want to purchase coverage for Enhanced Business and Contingent Business Income?

☐ Yes ☐ No

If You answered Yes, please fill out the following:

11.1. Please indicate how frequently You, or Your outsourced service, backup sensitive/critical data and critical systems:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Less frequently than Annually or Never

11.2. Please identify which of the following business continuity measures Your organization has in place:

- ☐ Documented Business Continuity Plan
- ☐ Documented Disaster Recovery Plan
- ☐ Documented Incident Response Plan

12. Do You want to purchase coverage for Enhanced Business and Contingent Business Income inclusive of System Failure?

☐ Yes ☐ No

If You answered Yes, please fill out the following:

12.1. Please indicate how frequently You, or Your outsourced service, backup sensitive/critical data and critical systems:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Less frequently than Annually or Never

12.2. Please identify which of the following business continuity measures Your organization has in place:

<input type="checkbox"/> Documented Business Continuity Plan <input type="checkbox"/> Documented Disaster Recovery Plan <input type="checkbox"/> Documented Incident Response Plan
13. Do You want to purchase coverage for Dedicated Breach Costs? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do You want to purchase Service Fraud and Cryptojacking coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No

VI. NOTICE TO APPLICANT (PLEASE READ CAREFULLY)

For the purpose of this Application, the undersigned authorized officer of the organization named in Section II. of this Application declares that, to the best of the organization's knowledge, the statements herein are true, accurate and complete. The insurer is authorized to make any inquiry in connection with this Application. Signing this Application does not bind the insurer to issue, or the applicant to purchase, any insurance policy issued in connection with this Application, digital or otherwise. Certain questions and answers included in this Application are not part of an applicant's digital application, if applicable. The applicant declares that all questions and answers contained in this Application, to the best of the organization's knowledge, are true, accurate and complete.

The information contained in and submitted with this Application is on file with the insurer. The insurer will have relied upon this Application and its attachments in issuing the Policy.

If the information in this Application materially changes prior to the effective date of the Policy, the applicant will promptly notify the insurer, who may modify or withdraw the quotation.

The undersigned declares that the individuals and entities proposed for this insurance have been notified that the limit of liability is reduced by amounts incurred as "Defense Expenses" (as defined in the Policy), and such expenses will be subject to the deductible amount.

Misrepresentation of any material fact in this Application may be grounds for the rescission of this Policy.

VII. TERMS AND CONDITIONS (PLEASE READ CAREFULLY)

I affirm that Autonomy Insurance Services, LLC dba Koop Insurance has advised me to carefully read the terms, conditions, limitations, exclusions and any applicable endorsements of the Commercial Cyber Insurance Policy that I am applying for, when such documents are made available to me. I affirm that the information that I have provided throughout the application for this insurance is, to the best of my knowledge, true, accurate, and complete. I understand that any non-disclosure, misrepresentation or non-payment of premium may result in cancellation of or non-renewal of this policy.

I understand and agree that my application for this Commercial Cyber Insurance Policy will be submitted electronically and the policy documents related to this insurance, including any notices and updates thereto (collectively, the "Policy Documents"), will be made available to me electronically. Autonomy Insurance Services, LLC dba Koop Insurance is authorized to send, and I agree to accept delivery of, all Policy Documents electronically; accordingly, I understand that I will not be receiving copies of the Policy Documents by standard mail unless required by the department of insurance of the state in which the Policy is issued. If I decide that I no longer wish to receive the Policy Documents electronically, I shall contact Autonomy Insurance Services, LLC dba Koop Insurance at client@koop.ai to request that the Policy Documents be sent to me by non-electronic delivery.

It is my responsibility to provide Autonomy Insurance Services, LLC dba Koop Insurance with a valid and current email address and to check that email address regularly for important Policy Documents from Autonomy Insurance Services, LLC dba Koop Insurance.

I have read Autonomy Insurance Services, LLC dba Koop Insurance Terms of Use, Insurance Fraud Warnings, and any other documents provided to me as part of this application.

Applicant's Signature

Applicant's Name and Title

Date

FRAUD WARNINGS

General Fraud Warning

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 fines and confinement in prison. (Not applicable in AL, AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, HI, KS, KY, LA, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, PA, PR, TN, VA, WA)

Alabama Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska Fraud Warning

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona Fraud Warning

For Your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas Fraud Warning

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 fines and confinement in prison.

California Fraud Warning

For Your protection, California law requires that You be made aware of the following: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Warning

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.

Delaware Fraud Warning

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia Fraud Warning

WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Warning

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.

Idaho Fraud Warning

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana Fraud Warning

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Hawaii Fraud Warning

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas Fraud Warning

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky Fraud Language

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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.

Louisiana Fraud Warning

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 fines and confinement in prison.

Maine Fraud Warning

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.

Maryland Fraud Warning

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

Minnesota Fraud Warning

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire Fraud Warning

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Fraud Warning

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

New Mexico Fraud Warning

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.

New York Fraud Warning

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.

Ohio Fraud Warning

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.

Oklahoma Fraud Warning

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.

Oregon Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on Your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either: 1. Material to the risk assumed by us; or 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on Your part must either be fraudulent or material to our interests.

Misstatements, misrepresentations, omissions or concealments on Your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania Fraud Warning

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.

Puerto Rico Fraud Warning

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of 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 not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Fraud Warning

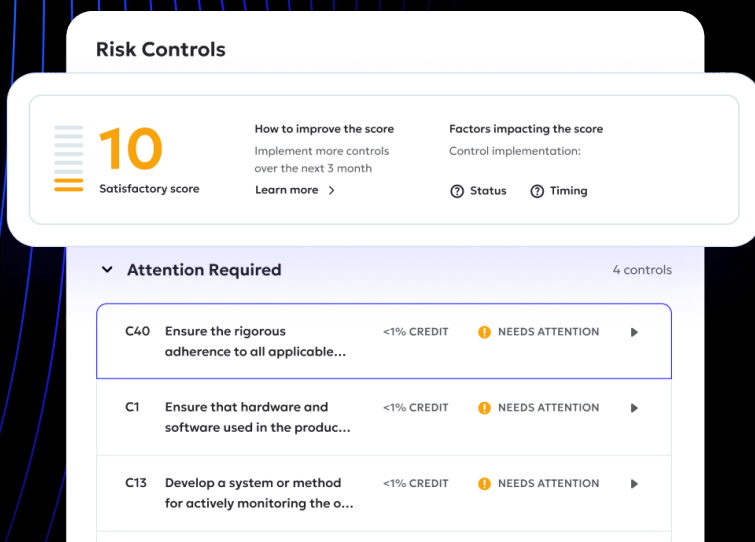
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

ERM Automation

Enterprise Risk Management (ERM) Automation is a pioneering tool designed for Technology companies to improve security posture, simplify enterprise compliance, and save on insurance costs.



Never miss a contractual requirement



Easily implement risk controls



Instill trust with advanced reporting



Save on your insurance program

Customers can **save over 30% on insurance** by automating their ERM plan with Koop Insurance



Customers can sign up for **ERM Automation** for free at www.koop.ai