



AXIS CYBER TECHNOLOGY & MPL APPLICATION FOR SMALL BUSINESS

AXIS INSURANCE

10000 Avalon Blvd. Ste. 200

Alpharetta, GA 30009

Telephone: (678) 746-9000 | Toll-Free: (866) 259-5435 | Fax: (678) 746-9315

<https://www.axiscapital.com/insurance/cyber-technology-e-o>

SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SET FORTH IN THE REPORTING OF CLAIMS AND EVENTS SECTION. DEFENSE COSTS ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

APPLICATION

"Applicant" refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds. **If responses differ for any proposed insureds (including subsidiaries) please complete additional supplementals for those**

This Application and all materials submitted herewith shall be held in confidence.

The submission of this Application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.

If the policy applied for is issued, this Application, which shall include all Supplemental Applications and material and information submitted in connection with this Application, will be deemed attached to and will form a part of the policy.

INSTRUCTIONS

Respond to all questions completely, leaving no blanks. Check responses when requested.

This Application must be completed, dated, and signed by an authorized officer of the entity identified in the section entitled "Applicant Information".

A. APPLICANT INFORMATION

Organization Name:		Website(s):
Mailing Address:		Risk Manager Contact:
Business Activities:	Please describe the Applicant's business activities, services, and/or products:	
Revenue:	Annual total gross revenue (previous FY): \$	Annual total gross revenue projected (current FY): \$



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Operating Cost:	Annual operating cost for current fiscal year:	\$	
	Current fiscal year budget allocation to:	IT: \$	Cybersecurity: \$
Headcount:	Employees:		
Regions:	Projected revenue in and outside the US:	% US	% Non-US

B. ENVIRONMENT

1. Please identify the Applicant's environment:				<input type="checkbox"/> On-Premises	<input type="checkbox"/> Cloud services	<input type="checkbox"/> Data Center
1a. If cloud, please identify cloud-based elements/functions:	<input type="checkbox"/> Email (please identify):	<input type="checkbox"/> CRM/Sales	<input type="checkbox"/> Other:	<input type="checkbox"/> Storage (please identify):	<input type="checkbox"/> Accounting	
	<input type="checkbox"/> Calendar	<input type="checkbox"/> Collaboration		<input type="checkbox"/> Banking	<input type="checkbox"/> HR	
1b. Does the Applicant allow network access to:		<input type="checkbox"/> MSP (Tech) <input type="checkbox"/> MSSP (Security) <input type="checkbox"/> Consultants <input type="checkbox"/> Other:				
Additional Comments						

C. DATA

2. For of the following types of Personal Information, what is the approximate number of combined unique individuals whose information is collected, stored, used, or processed by the Applicant or a third party on behalf of the Applicant?

- PII:** Information that uniquely and reliably identifies an individual. (Name, email address, SSN, etc.).
- PHI:** Individual's health or medical information
- PCI:** Payment card information
- Biometric:** An individual's unique physical or behavioral characteristics. (Fingerprints, faceprints, hand scans, vein patterns, voice, and similar)

Estimated combined total records: | _____

3. Does the Applicant sell or share Personal Information?	□ Yes □ No
4. Does the Applicant store or process Personal Information on behalf of a third party?	□ Yes □ No
5. Does Applicant store/process Corporate Information? IP, trade secrets, nonpublic business, other "confidential" info.	□ Yes □ No

D. REGULATORY COMPLIANCE

6. The Applicant is required to be compliant with:	□ PCI □ HIPAA	The Applicant is compliant with:	□ PCI □ HIPAA
6a. If PCI, approx. # of transactions per year?		6b. If PCI, is a payment processor used?	□ Yes □ No



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E. CONTROLS

7. Indicate the policies the Applicant has in place: <input type="checkbox"/> A written information security policy ? If yes, has it been updated in last 2 years? <input type="checkbox"/> A written incident response plan (IR) ? If yes, when was it last tested?			
8. What type of endpoint security solution(s) is employed?		<input type="checkbox"/> Next Gen Antivirus: <input type="checkbox"/> Endpoint Detection & Response (EDR) <input type="checkbox"/> Managed/Extended Detection and response (MDR/ or XDR) <input type="checkbox"/> Other:	
8a. Identify product, and est. percent of endpoints covered:		Name:	% covered: %
9. Is Remote Desktop Protocol (RDP) or similar remote-control solution enabled?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. If yes, is the solution available:		<input type="checkbox"/> Internally only <input type="checkbox"/> Externally (public) <input type="checkbox"/> Only after remote connection/VPN	
10. Indicate administrators (staff/vendor, MSP, etc.) controls:		<input type="checkbox"/> Separate accts. <input type="checkbox"/> Vault <input type="checkbox"/> PAM <input type="checkbox"/> Other:	
11. Identify the time to address Zero-Day/Critical risk vulnerabilities:		<input type="checkbox"/> <24 hrs. <input type="checkbox"/> 1-7 Days <input type="checkbox"/> 8 -14 Days <input type="checkbox"/> >14 days	
12. Identify email controls used:		<input type="checkbox"/> SPF <input type="checkbox"/> DKIM <input type="checkbox"/> DMARC <input type="checkbox"/> 3 rd party email service (if any):	
13. Does the Applicant have any End-of-Life software or systems present in environment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
13a. If yes, identify other controls:		<input type="checkbox"/> Decommission plans in place <input type="checkbox"/> Segmented <input type="checkbox"/> Other:	
14. Are phishing simulations completed:		<input type="checkbox"/> Yes: x2/yr. or > <input type="checkbox"/> Yes: annually or less <input type="checkbox"/> No	
15. Please indicate if SOC/SEIM used:		<input type="checkbox"/> SOC <input type="checkbox"/> SEIM	
16. Does the Applicant require multifactor authentication (MFA) for the following access?		<input type="checkbox"/> All Admin/Privileged access (On-prem AND remote) <input type="checkbox"/> All access to cloud-based solutions <input type="checkbox"/> Remote access into network <input type="checkbox"/> Remote access by vendors/contractors <input type="checkbox"/> Access to backups <input type="checkbox"/> Access to RDP or similar <input type="checkbox"/> Access to cloud email (i.e.:MS365)	
Additional Comments:			

F. BACK UP & RECOVERY

17. Indicate backup frequency:		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Greater than monthly	
18. Indicate security measures on backups: (Select all that apply)		<input type="checkbox"/> Encryption <input type="checkbox"/> Malware scanning <input type="checkbox"/> Separate accounts to access <input type="checkbox"/> Other:	



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19. Where are backups stored? (Select all that apply)	<input type="checkbox"/> On premises <input type="checkbox"/> Offline storage <input type="checkbox"/> Offsite storage/cloud
20. In the event of a network interruption is the Applicant's Recovery Time objective (RTO) 10 days <?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Has this RTO been tested in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

G. CRIME

22. Does the Applicant employ a protocol to confirm transfer instructions including a call back, email, secondary approval, or an alternative method of authenticating the instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22a. Please describe:	

H. MEDIA

23. What type of content does the Applicant publish or post on its website? (Select all that apply)	<input type="checkbox"/> Content created by the Applicant <input type="checkbox"/> Licensed third party content <input type="checkbox"/> Streaming video or music content <input type="checkbox"/> No website <input type="checkbox"/> Unlicensed third-party content (message boards, reviews)
23a. Is all content posted to your website(s) reviewed in advance by an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I. TECH E&O AND MPL
 Respond to the questions in this section only if applying for Tech E&O and/or MPL coverage

24. Annual total gross revenue from technology services and products, if applying for Tech E&O coverage:	Previous FY: \$	Current FY: \$
24a. Annual total gross revenue from professional services the Applicant wishes to insure under MPL coverage:	Previous FY: \$	Current FY: \$
25. Provide the following for the Applicant's 3 largest client engagements, by the revenue derived from the engagement, during the last 5 years:		
Client Name	Services:	Revenue
1.	1.	1.
2.	2.	2.
3.	3.	3.
26. Please describe the technology services and products the Applicant wishes to insure, if applying for Tech E&O coverage?		



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26a. Please describe the professional services the Applicant wishes to insure under MPL coverage:			
27. Does the Applicant use subcontractors, independent contractors or other third party vendor to provide its services or products?			<input type="checkbox"/> Yes <input type="checkbox"/> No
27a. What percentage of the Applicant's services or products are provided by outsourcing?			
28. Does the Applicant have standard written agreements with the vendors for all vendor services and products?			<input type="checkbox"/> Yes <input type="checkbox"/> No
28a. Do the standard agreements require vendor to defend and indemnify the Applicant against liability for harm caused by the vendor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
28b. Do the standard agreements require vendor to purchase liability insurance naming the Applicant as an additional insured for vicarious liability?			<input type="checkbox"/> Yes <input type="checkbox"/> No
29. What percentage of the Applicant's services or products are provided subject to a written agreement with the client?			
29a. Do the written agreements include the following limitations of liability:			
Disclaimer of consequential or indirect damages:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disclaimer of warranties:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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30. Are non standard agreements, or deviations from the Applicant’s standard agreement (either with vendors or clients), reviewed by an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Does the Applicant use third party or open source software code or software code in the provision of its technology services and products, if applying for Tech E&O coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31a. Does the Applicant perform a legal review and clearance of all third party and open source software code before use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31b. Please describe the legal review and clearance processes:	

J. CLAIMS AND EVENTS

32. During the last 3 years, has the Applicant:	
<ul style="list-style-type: none"> • Experienced any fraudulent transfer or transfer instruction, social engineering, business email compromise or phishing attack? (If "Yes", please provide detail in Additional Comments below) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Experienced any privacy/security or crime incident or any media liability or technology liability or professional liability incident? (If "Yes", please provide detail in Additional Comments below) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Received notice of any claim, complaint or demand alleging or arising out of liability that may trigger any insurance applied for herein. (If "Yes", please provide detail in Additional Comments below) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Does any director, officer or employee of the Applicant, its parent company or any of its subsidiaries or affiliates have knowledge or information about any fact, circumstances, incident, event or transaction that may give rise to a claim, complaint or demand that may trigger any insurance applied for herein?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have any of these matters been reported to another insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments:	



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REPRESENTATIONS AND SIGNATURE

By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

- 1. The statements and answers given in and all materials submitted with this Application are true, accurate and complete.
2. No facts or information material to the risk proposed for insurance have been misstated or concealed.
3. These representations are a material inducement to the Insurer to provide a proposal for insurance.
4. Any policy the Insurer issues will be issued in reliance upon these representations.
5. The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities, products and services.
6. The Applicant will report to the Insurer immediately in writing any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission this Application.
7. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

WARNING
PLEASE REVIEW THE STATE FRAUD STATEMENT CONTAINED AT THE END OF THIS APPLICATION APPLICABLE TO THE STATE IN WHICH THE APPLICANT RESIDES.
Any person who, with intent to defraud or knowingly facilitates a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

This Application must be signed by the Applicant's Chief Executive Officer, President, Chief Information Officer, Chief Technology Officer, Chief Security Officer, Chief Operating Officer, Chief Financial Officer or General Counsel or Risk Manager, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.

Name _____

Name (Signature) _____

Title _____

Date _____



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TO BE COMPLETED BY PRODUCERS ONLY:

RETAIL PRODUCER		WHOLESALE PRODUCER	
Producer Name:		Producer Name:	
City, State:		City, State:	
Telephone No.:		Telephone No.:	
License No.:		License No.:	

Producer Signature: _____

STATE FRAUD STATEMENT

ALABAMA

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.

ARKANSAS

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

For your protection, California law requires the following warning 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.

COLORADO

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 Division of Insurance within the Colorado Department of Regulatory Agencies.

DISTRICT OF COLUMBIA

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

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.



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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.

KENTUCKY

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.

LOUISIANA

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

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

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.

NEW JERSEY

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

NEW MEXICO

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

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.



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OHIO

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

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON

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.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

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

PENNSYLVANIA

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.



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PUERTO RICO

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 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 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.

RHODE ISLAND

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.

TENNESSEE

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.

VERMONT

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.

VIRGINIA

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

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.

WEST VIRGINIA

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.