



## AXIS CYBER SUPPLEMENTAL APPLICATION FOR RETAILERS

**AXIS Insurance**  
10000 Avalon Blvd., Ste. 200  
Alpharetta, GA 30009

**Telephone: (678) 746-9000**  
**Toll-Free: (866) 259-5435**  
**Facsimile: (678) 746-9315**

Website: <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.**

### Supplemental Application

"Applicant" refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.

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.

If space is insufficient, continue responses on your letterhead.

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

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### RETAILER SUPPLEMENT

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| <b>Applicant Name &amp; Mailing Address:</b> |  |
|--|--|



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|--|---|--|
| <b>POS System</b>  | Please describe the components of the applicant's POS system or other systems that collect, store and process PCI (PCI system). |  |
|  |   |  |
| Was the applicant's POS system installed by a third party certified under the PCI SSC Qualified Integrator & Reseller Program?         |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| Is the POS system segregated on an isolated network?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <b>Transactions</b>  | Number of transactions processed annually through the applicant's POS systems?  |  |
| Number of transactions processed annually online?  |   |  |
| Percentage of the applicant's POS system that is EMV compliant?  |   | %  |
| Is the POS system operated or maintained by a PCI DSS compliant third party?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| Does the applicant employ a payment processor who is PCI DSS compliant?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <b>Encryption &amp; Tokenization</b>   | Are any of the following implemented for PCI? Select all that apply   |  |
| <input type="checkbox"/> Encryption in transit   | <input type="checkbox"/> Tokenization   | <input type="checkbox"/> Point to point encryption                       |
|  |   | <input type="checkbox"/> Encryption at rest                              |
|  |   | <input type="checkbox"/> End to end encryption                           |
| Does the applicant hold decryption keys for PCI?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| Is PCI decrypted at any point internally?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <b>Non IT Third Party Vendor Services</b>  | Identify the five non IT third party vendors providing the most critical business processes to the applicant's business.        |  |
| 1  | 2   |  |
| 3  | 4   |  |
| 5  |   |  |
| Does the applicant review the information security and privacy controls of each of its IT, cloud-based and non IT third party vendors? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| Does the applicant audit the information security and privacy controls of each of its IT, cloud-based and non IT third party vendors?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| How frequently are the audits performed?   |   | <input type="checkbox"/> Semi annually <input type="checkbox"/> Annually |
| Is third party vendor access to the applicant's network or data restricted on a least privilege basis?                                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |



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|   |   |                                    |  |  |
|---|---|------------------------------------|--|--|
| Please describe any other restrictions on third party vendor access to the network or data.   |   |                                    |  |  |
|   |   |                                    |  |  |
| Is third party vendor access to the applicant's data or network reviewed?   |   |                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How frequently are the reviews performed? At least:   |   |                                    |  | <input type="checkbox"/> Continuously                    |
| <input type="checkbox"/> Weekly   | <input type="checkbox"/> Monthly  | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semi annually | <input type="checkbox"/> Annually                        |
| <b>Contracts</b>  | Does the applicant have written agreements with all third parties having access to the applicant's network or data? |                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do all the written agreements require the third party to defend or indemnify the applicant against liability because of a security or privacy incident on the third party's network or caused by the third party? |   |                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do all the written agreements require the third party to procure insurance applicable to the applicant in the event of a security or privacy incident on the third party's network or caused by the third party?  |   |                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any of the written agreements limit the third party's liability in the event of a security or privacy incident on the third party's network?   |   |                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Additional Comments</b>  |   |                                    |  |  |

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### **REPRESENTATIONS AND SIGNATURE**

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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.



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- 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.
- 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

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:



## ***AXIS CYBER SUPPLEMENTAL APPLICATION FOR RETAILERS***

### **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.

#### **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 Colorado division of insurance within the 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.

#### **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.



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### **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.

### **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:



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- 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.

### **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.

### **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.



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### **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.