



## Great American Risk E-Business Cyber Loss and Liability Insurance Policy Under 25M

**NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED IN WRITING DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

1. Company's Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Name of CISO/IT Contact \_\_\_\_\_  
CISO/IT Contact Email Address \_\_\_\_\_  
CISO/IT Contact Phone Number \_\_\_\_\_  
Name of Third Party Provider (*insert Not Applicable if a Third Party Provider is not used*) \_\_\_\_\_  
Contact and Email of Third Party Provider \_\_\_\_\_
2. Type of Business \_\_\_\_\_
3. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Primary Web Address \_\_\_\_\_
5. Year Business Started \_\_\_\_\_ Number of Employees \_\_\_\_\_

**Please use the addendum portion of this application to provide any additional information necessary.**

Additional Entity	Nature of Operations	Relationship to the Company with the Percentage of Common Ownership

**Complete each question for the remainder of this application with ALL entities above in mind.**

6. Nature of Operations \_\_\_\_\_
7. Financial Background: \_\_\_\_\_

### Provide the Following

Gross Revenues	Prior Fiscal Year Gross Revenues	Current Fiscal Year Gross Revenues	Projected Fiscal Year Gross Revenues
US Domestic			
Foreign			
Total			

### Data Security and Governance

Yes No

8. Estimated volume of **Protected Information** the company processes or stores \_\_\_\_\_
9. Indicate which of the following controls the company has implemented and consistently enforces with respect to electronic funds transfer. (*Check all that apply*)  
☐ Callback procedures to verify funds transfer requests or changes to banking information  
☐ Dual sign-off prior to funds transfers exceeding \$10,000  
☐ No Wire Transfer exceeds \$10,000  
☐ Other (*Please describe*) \_\_\_\_\_
10. Is phishing (email or text) or vishing (phone) training conducted for all staff? ☐ Yes ☐ No
11. Is Endpoint Detection and Response (ERD) used? ☐ Yes ☐ No

**Data Security and Governance Continued**

	Yes	No
12. Is an email filtering tool in place to detect and/or block SPAM, malicious links and attachments?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is multi factor authentication (MFA) required to access Email?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is multifactor authentication (MFA) required to remotely connect to the network, all critical internet facing systems and privilege accounts?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are backups disconnected from the network or stored with a cloud provider?	<input type="checkbox"/>	<input type="checkbox"/>

**Insurance Information**

	Yes	No
16. Has the company experienced any of the following situations within the last three years?		
<b>Privacy Incident</b> and/or claims?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Network Incident</b> and/or claims?	<input type="checkbox"/>	<input type="checkbox"/>
<b>System Failure Incident</b> and/or claims?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cyber Crime Incident</b> and/or claims?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Media Incident</b> and/or claims?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes to any of the above</b> , please provide detail in a separate attachment a description of the incident including relevant dates, the number and type of records involved, the total dollar amount of expenses in connection with the incident, a summary of the company's response to the incident, and subsequent changes made to prevent the likelihood of future events.		
17. Is the company aware of any fact, circumstance, or situation involving the company that it has a reason to believe will cause a <b>Privacy Incident, Network Security Incident, System Failure Incident, Cyber Crime Incident, Media Incident or Claim</b> ? (NOTE: Current Great American policyholders need not respond to this Question)	<input type="checkbox"/>	<input type="checkbox"/>

It is understood and agreed that if the company responded yes to the question above, there is no coverage for any **Privacy Incident, Network Security Incident, System Failure Incident, Cyber Crime Incident, Media Incident or Claim** based upon, arising out of, or in any way involving any such fact or circumstance.

**Application Addendum**

Please use this section to supplement the information provided above regarding the company's Information Security program:

**Fraud Warnings**

**Alabama, Arkansas, Louisiana, New Mexico, Rhode Island, and West Virginia:** 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 fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

**Colorado, Maine, Tennessee, Virginia, 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 may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, 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 policy- holder 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.

**California:** For your protection, California law requires the following 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.

### Fraud Warnings *Continued*

**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.

**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 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 the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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.

**Applicable in other states:** Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

### Representations and Signatures

The undersigned declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person and entity proposed for this insurance to facilitate the proper and accurate completion of this application. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this application and the effective date of the Policy, which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this application does not bind the undersigned to purchase the insurance.

It is agreed by the Named Insured and the Insured that the particulars and statements contained in this application and any information provided herewith (*which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto*) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed that the statements in this application or any information provided herewith are their representations, they are material, and any Policy issued is in reliance upon the truth of such representations.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Agent Name \_\_\_\_\_ Agent Signature \_\_\_\_\_

**NOTE: This Application, including any material submitted herewith will be treated in strictest confidence.**

### Great American Insurance Group Cyber Risk Division

**Cincinnati, OH**

301 E. 4th Street

Cincinnati, OH 45202

Visit our website for more information.