# Renewal Application
## Cyber Insurance

NOTICE: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS. DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMIT OF LIABILITY AND WILL REDUCE, AND MAY EXHAUST, THE LIMIT AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS. THIS APPLICATION IS NOT A BINDER.

**IF A POLICY IS ISSUED, THIS APPLICATION, AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT, IS DEEMED ATTACHED TO AND MADE PART OF THE POLICY.**

*Answer every question. Where space is insufficient, attach a separate sheet. Complete any supplemental applications required.*

| NAMED INSURED | LAST 12 MONTHS GROSS REVENUE | NEXT 12 MONTHS GROSS REVENUE | COMBINED REVENUE OF ALL ENTITIES |
|---|---|---|---|
| | | | |

## What Has Changed

**1** In the past 12 months, have you changed your name, or been part of any merger, acquisition, or consolidation? ☐ Yes ☐ No

**2** Has any entity been added to or removed from the business since your last submission, including any subsidiary, joint venture, sister company, or trading name? ☐ Yes ☐ No
If Yes, name each entity added or removed:

**3** Has the nature of your operations changed, or have you begun deriving revenue from any activity you did not carry on at last renewal? ☐ Yes ☐ No
If Yes, describe the change:

**4** Check every statement that is true of your business today.

- ☐ You process, store, or handle payment card transactions
- ☐ You perform Technology Services for others for a fee, including data processing, internet services, data or application hosting, systems analysis, software support, network management, technology consulting or training, or systems installation and integration
- ☐ You create, develop, produce, or edit Content for publication, broadcast, or dissemination
- ☐ You collect fingerprints, voiceprints, retina or iris scans, or scans of hand or face geometry from anyone, including your own employees
- ☐ Your website or mobile app uses third-party tracking pixels, tags, advertising SDKs, session replay tools, or analytics scripts
- ☐ You operate operational technology, meaning industrial control systems, SCADA, building management systems, or connected production equipment
- ☐ None of these apply

**5** Do you depend on any third-party provider for website or application hosting, cloud services, data storage, or day-to-day IT management, including a managed service provider (MSP), that you could not operate without for more than 24 hours? ☐ Yes ☐ No
Name each such provider:

## Records Held

**6** What kinds of records do you hold about individuals? Check every one that applies.

- ☐ Names, contact details, or account numbers
- ☐ Health or medical information
- ☐ Biometric identifiers, such as fingerprint, face, or voice
- ☐ Social Security or government ID numbers
- ☐ Payment card details
- ☐ None of these

**7** How many individuals do you hold records about in total? Count each person once and include your own employees.

- ☐ 0 to 250,000
- ☐ 250,001 to 500,000
- ☐ 500,001 to 750,000
- ☐ 750,001 to 1,000,000
- ☐ 1,000,001 to 5,000,000
- ☐ 5,000,001 to 10,000,000
- ☐ Over 10,000,000

**8** How many of those individuals have health or medical information in their record?

- ☐ None
- ☐ 1 to 250,000
- ☐ 250,001 to 500,000
- ☐ 500,001 to 750,000
- ☐ 750,001 to 1,000,000
- ☐ 1,000,001 to 5,000,000
- ☐ 5,000,001 to 10,000,000
- ☐ Over 10,000,000

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## Security Controls

*Answer for every network you operate.*

| | Do you use this? | | If you do, is MFA enforced for all users? | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| **9 Multi-Factor Authentication (MFA). Answer both parts for every row.** | | | | |
| **a.** Email, including web-based email and access from personal or mobile devices | ☐ | ☐ | ☐ | ☐ |
| **b.** Virtual Private Network (VPN) | ☐ | ☐ | ☐ | ☐ |
| **c.** Remote desktop (RDP, RDWeb, RD Gateway), remote monitoring and management (RMM) tools, or other remote access | ☐ | ☐ | ☐ | ☐ |
| **d.** Cloud services and consoles, such as Microsoft 365, AWS, Azure, or Google Workspace | ☐ | ☐ | ☐ | ☐ |
| **e.** The accounts used to reach or restore your backups | ☐ | ☐ | ☐ | ☐ |
| **f.** Administrator, privileged, or network and cloud administration accounts | ☐ | ☐ | ☐ | ☐ |
| **g.** Remote access by vendors, contractors, and equipment manufacturers | ☐ | ☐ | ☐ | ☐ |

**10** Which multi-factor authentication product do you use, and what does it ask the user for?
Product _____ App code, text message, hardware key, or other _____

**11** Can employees access your systems or data from devices you do not manage?

| | | |
|---|---|---|
| **a.** Can employees reach your network, email, or data from personal devices that you do not manage? | ☐ Yes | ☐ No |
| **b.** Is your endpoint protection required on those devices? | ☐ Yes | ☐ No |

**12** How often do you back up sensitive or otherwise critical data and systems?

☐ Daily ☐ Weekly ☐ Monthly
☐ Quarterly ☐ Annually ☐ Less often than annually, or never

| | | |
|---|---|---|
| **13** Is at least one complete backup stored off site, either at a physical location separate from your business premises or with a cloud backup provider? | ☐ Yes | ☐ No |
| **14** Is at least one complete backup disconnected from your main network, so that it cannot be reached or altered from your production environment? A file-syncing service such as OneDrive, Dropbox, or Google Drive is not a disconnected backup. | ☐ Yes | ☐ No |

**15** Which of the following are true of your backups? Check every one that applies.

☐ Backups are encrypted
☐ Backups are immutable, meaning they cannot be altered or deleted once written
☐ Backups are secured with credentials separate from your other administrator accounts
☐ Backup and restoration are carried out to a documented, written plan
☐ None of these apply

| | | |
|---|---|---|
| **16** Have you successfully restored data from backup in the last six months? | ☐ Yes | ☐ No |

**17** If ransomware encrypted your systems today, how long would it take to restore essential operations from backup?

☐ 0 to 24 hours ☐ 1 to 3 days ☐ 4 to 6 days
☐ 1 week or longer ☐ We could not restore

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| | |
|---|---|
| **18** Do you apply critical and zero-day security patches within 7 days of the vendor releasing them? | ☐ Yes ☐ No |
| **19** Do you apply all other security patches within 30 days of the vendor releasing them? | ☐ Yes ☐ No |
| **20** Do you maintain a written patch management program that records who is responsible for patching, how patches are tested, and how deployment is verified? | ☐ Yes ☐ No |
| **21** Is encryption enabled on 100% of the laptops, desktops, and other portable devices used for the business? | ☐ Yes ☐ No |

**22** Which of the following is deployed across your servers and workstations?

☐ Endpoint detection and response (EDR, MDR, or XDR) ☐ Next generation antivirus (NGAV) only

☐ Traditional antivirus only ☐ None of these

*Product name*

| | |
|---|---|
| **23** Is the alerting from your endpoint protection software monitored 24 hours a day, 7 days a week, by a third party under a written agreement, such as a managed detection and response, managed security, or security operations center provider, rather than by your own staff?<br>Monitoring provider | ☐ Yes ☐ No |

## Funds Transfer and Social Engineering

In questions 24 to 26, a funds transfer means any payment or movement of money or financial assets out of the business, by any method and to anyone, including wire transfer, ACH, check, payroll, payment of a vendor or supplier invoice, purchase of gift cards, cryptocurrency transfer, corporate credit card payment, and app-based payments such as Venmo, Zelle, PayPal, or Cash App. A request means any instruction to make a payment, to change the amount, timing, or destination of a payment, or to alter or reissue an invoice, whether it comes from inside or outside the business.

Verify out of band means contacting the requester through a means of communication different from the one the request arrived by, using contact details you already held on file before the request arrived. A reply to the incoming email, or a call to a number given in the request, is not out of band.

**24** Do you verify out of band before any of the following?

| | |
|---|---|
| **a.** Processing a funds transfer request over $5,000 | ☐ Yes ☐ No |
| **b.** Processing a funds transfer request over $25,000 | ☐ Yes ☐ No |
| **c.** Changing bank account details held on file, changing the payment method, or paying an invoice that differs from the supplier's usual amount, bank details, or payment method | ☐ Yes ☐ No |
| **25** For a funds transfer request over $25,000, do you require authorization from a second person before the transfer is processed? | ☐ Yes ☐ No |
| **26** Does every employee who can request, approve, or execute a payment complete social engineering and business email compromise training at least once every 12 months?<br>Date of the most recent training (MM/DD/YYYY): | ☐ Yes ☐ No |

## Previous Cyber Incidents

*If the answer to any question below is Yes, give details for each claim, allegation, or incident in the space provided.*

**27** In the past 12 months, has the Applicant or any other entity to be insured experienced or received any of the following?

| | |
|---|---|
| **a.** A Network Event: unauthorized access to or use of your Network, malware, ransomware, or a denial of service attack | ☐ Yes ☐ No |
| **b.** A Data Event: theft, loss, or unauthorized disclosure of personal or confidential information, or notification of any person or regulator of a breach | ☐ Yes ☐ No |
| **c.** A Cyber Extortion Threat or ransom demand | ☐ Yes ☐ No |

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| | |
|---|---|
| **d.** A Cyber Crime loss: funds transfer fraud, social engineering, invoice manipulation, business email compromise, telephone fraud, or impersonation of your business, whatever the amount and whether or not you were reimbursed | ☐ Yes ☐ No |
| **e.** A Media or intellectual property claim: defamation, invasion of privacy, or infringement of copyright, trademark, trade dress, or domain name rights | ☐ Yes ☐ No |
| **f.** A claim, demand, or regulatory inquiry relating to tracking pixels, session replay, wiretapping, biometric identifiers, unsolicited communications, or the accessibility of your website | ☐ Yes ☐ No |
| **g.** An interruption to your Computer Systems lasting longer than four hours, from any cause | ☐ Yes ☐ No |
| **28** Is there any pending Claim or Regulatory Proceeding against you relating to a Network Event, a Data Event, or the provision of Technology Services? | ☐ Yes ☐ No |
| **29** Have you reported to Evolve every incident, loss, claim, demand, or notifiable circumstance arising in the past 12 months? | ☐ Yes ☐ No |

*Give details for anything answered Yes above. For each matter, state the date, what happened and what caused it, the amount paid or reserved to date, and what has been changed to prevent it from happening again.*

## Declaration and Signature

I declare that, after inquiry, the statements and particulars given here are true, accurate, and complete, and that no material fact has been suppressed or misstated. I am authorized to sign on behalf of the Applicant and every other entity to be insured.

The Policy does not cover any circumstance of which the C-Suite was aware, and could reasonably foresee as giving rise to a Claim, prior to the Continuity Date. Nothing given here constitutes notice of a Claim, an incident, or a circumstance.

Evolve relies on these statements in deciding whether to renew and on what terms, and they will form the basis of the contract. We will not seek to rescind the Policy or decline coverage on the basis of non-disclosure or misrepresentation except where it was reckless or deliberate.

If anything given here changes before the renewal effective date, the Applicant will notify Evolve immediately. Signing does not bind Evolve to renew, or the Applicant to purchase, any insurance.

### SIGNED BY

| SIGNATURE | DATE (MM/DD/YYYY) |
|---|---|
| | |
| **PRINT NAME OF AUTHORIZED REPRESENTATIVE** | **TITLE** |
| | |

## Notice to Applicants

**NOTICE TO ALL APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another 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 may subject that person to criminal and civil penalties. The state-specific warnings below apply in addition.

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO ALASKA APPLICANTS:** 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.

**NOTICE TO ARIZONA APPLICANTS:** 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.

**NOTICE TO ARKANSAS APPLICANTS:** 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.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: 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.

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

**NOTICE TO INDIANA APPLICANTS:** 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.

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**NOTICE TO KANSAS APPLICANTS:** A 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 a 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 is guilty of fraud.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DELAWARE APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and n 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.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act and may subject such person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO PUERTO RICO APPLICANTS:** 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 a fine of not less than five thousand dollars and not more than ten thousand dollars, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

**NOTICE TO RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO TEXAS APPLICANTS:** 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.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information in an application for insurance is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VERMONT APPLICANTS:** 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.

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