

## Cyber Insurance Application

### 1) Apply for Protection:

Application:  New  Renewal

Requested Aggregate Limit: \_\_\_\_\_ Requested Term: \_\_\_\_\_ End: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip / County: \_\_\_\_\_

Tel / Fax: ( ) - / ( ) - \_\_\_\_\_

Website Address: \_\_\_\_\_

Contact / Title: \_\_\_\_\_ / \_\_\_\_\_

Contact Tel / Email: ( ) - / \_\_\_\_\_

Business Description: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ (#Full Time)

Gross Revenue: \_\_\_\_\_ / \_\_\_\_\_  
Prior Fiscal Year Current Projected Year

Agent/Regional Representative: \_\_\_\_\_ Tel: ( ) - \_\_\_\_\_

#### Additional Required Information

1. Does the applicant maintain computer security that includes a) firewall, b) anti-virus / anti-malware, c) automatic patch/vulnerability software updates, d) access controls that include passwords, at a minimum?  

Yes      No
2. Has the applicant experienced any cyber related incident, fine or penalty in the past five (5) years that could have resulted in a claim under this policy?  

Yes      No
3. Does applicant have any knowledge of an incident, event or circumstances that may result in a claim or loss under this policy?  

Yes      No
4. How many customer records do you maintain? (estimate) \_\_\_\_\_
5. **Optional eCrime question if applying for Cyber ProTech:** Does the applicant provide social engineering, CEO fraud/phishing and other types of fraudulent transfer request /scheme, annual training to all employees engaging and/or responsible for wire transfers? *For inquiries regarding this question, please contact BIZLock at 844-432-5625 or customerservice@bizlock.net*  

Yes      No
6. **Optional eCrime question if applying for Cyber ProTech:** Does the applicant have and use procedures requiring that all wire transfer requests and instructions be confirmed via a secondary verification source or path using a different method of communication than per the original request? *For inquiries regarding this question, please contact BIZLock at 844-432-5625 or customerservice@bizlock.net*  

Yes      No
7. **Premium Credit Option:** A cyber liability insurance premium credit will apply subject to having each of the following cyber risk management items. Namely, does the applicant have and maintain i) administrative privileges restricted on all PCs/Workstations, ii) 2-Factor and/or MFA (multi-factor authentication) enabled and used on all cloud based email access and remote systems access (RDP); iii) administrative audit and mailbox audit logging enabled on Microsoft Exchange Servers (e.g. M365) and iv) data backup with processes and procedures to ensure the integrity of data backup at least every 90 days?  

Yes      No

## 2) Notice to 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO 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 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 AUTHORITIES. **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 IN THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 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 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 (365:15--1---10, 36 §3613.1).

**NOTICE TO OREGON 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 ACT, WHICH MAY BE A CRIME 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 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 VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED IS A DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND HEREBY ACKNOWLEDGES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT, AND COMPLETE TO HIS/HER BEST KNOWLEDGE AND BELIEF. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

**3) Authorization/Payment:**

I UNDERSTAND AND AGREE TO ALL OF THE TERMS AND CONDITIONS PROVIDED IN THE CUSTOMER AGREEMENT LOCATED AT: <https://bizlock.net/customer-agreement>. I CONFIRM THAT I HAVE READ THE ENTIRE AGREEMENT AND EACH OF THE LINKS, PAGES AND SUB-PAGES CONNECTED TO THE AGREEMENT THAT RELATE TO THE FULFILLMENT OF MY PROGRAM, INCLUDING STATE INSURANCE DISCLOSURES, APPLICABLE INSURANCE TAX, AND OTHER TERMS AND RESTRICTIONS PROVIDED THEREIN. I UNDERSTAND AND CONSENT TO HAVE MY BENEFITS AND MY INSURANCE POLICY DOCUMENTATION PROVIDED TO ME IN ELECTRONIC FORMAT, EXCLUSIVELY ONLINE AS PROVIDED IN THE CUSTOMER CENTER. I ACKNOWLEDGE THAT MY BENEFITS AND MY INSURANCE SHALL ONLY BECOME EFFECTIVE UPON THE ACCEPTANCE OF THIS APPLICATION, WHICH EFFECTIVE DATES SHALL BE PROVIDED IN THE CERTIFICATES OF INSURANCE PROVIDED ONLINE AND AS SUPPORTED BY A WRITTEN CONFIRMATION DELIVERED BY EMAIL NOTIFICATION.

I UNDERSTAND THAT ANY INSURANCE POLICIES PROVIDED THEREIN ARE BASED, IN PART, ON THE CUSTOMER AGREEMENT LOCATED AT <https://bizlock.net/customer-agreement> AND THAT THE INSURANCE HAS SPECIFIC TERMS, LIMITATIONS AND EXCLUSIONS THAT RESTRICT COVERAGE, WHICH COVERAGE MAY VARY BY STATE AND/OR NOT BE AVAILABLE IN MY STATE. IN RESPECT OF THE DATA RISK LIABILITY INSURANCE, THE COVERAGE IS "CLAIMS MADE" AND I SPECIFICALLY CONFIRM THAT I HAVE READ, UNDERSTOOD AND AGREE TO MY STATE INSURANCE DISCLOSURE AS PRESENTED TO ME AT <https://bizlock.net/customer-agreement>, WHICH RELATES TO EXCESS AND/OR SURPLUS LINES INSURANCE, WHICH IN SUMMARY, STATES THE INSURANCE COMPANY WITH WHICH THIS COVERAGE IS BEING PLACED IS NOT LICENSED BY (YOUR) STATE AND IS NOT SUBJECT TO ITS SUPERVISION. IN THE EVENT OF INSOLVENCY OF THE INSURANCE COMPANY, LOSSES UNDER THE POLICY WILL NOT BE PAID BY ANY STATE INSURANCE GUARANTY OR INSOLVENCY FUND. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT THE INSURANCE IS UNDERWRITTEN BY A RATED COMPANIES AND PROVIDED TO ME THROUGH IDENTITY FRAUD, INC., THE LICENSED PROGRAM ADMINISTRATOR, AND THAT NEITHER IDENTITY FRAUD, INC., NOR ANY INSURER HAS ANY OBLIGATION TO PROVIDE MY PROGRAM TO ME. I HEREBY ATTEST TO, REPRESENT AND WARRANT THAT THE DISCLOSURES MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY MISREPRESENTATIONS MAY PRECLUDE COVERAGE, AS I UNDERSTAND THAT THIS FORM IS NOT ONLY AN APPLICATION FOR ENROLLMENT IN THE PROGRAM BUT ALSO AN APPLICATION FOR INSURANCE AND THAT IT MAY BECOME PART OF MY POLICY(S).

I agree to the above terms and confirm I am a duly authorized officer of the company and hereby apply to be enrolled in the IFI program as selected in Step 1. I authorize payment as follows:          Checking          Savings          Credit/Debit          Agency Bill

Name on Card / Account: \_\_\_\_\_

Card / Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

If Checking or Savings, include: \_\_\_\_\_ 

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Bank NameBank ABA Routing Number

Billing Address, if different then physical address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Authorized Representative Signature)                  \_\_\_\_\_ (Name and Title)                  \_\_\_\_\_ / /  
Date (Month / Day / Year)