



# CyberPro Application Form

As used throughout this application, "you" means the person signing the application, as well as the entity seeking insurance and the applicant's principals, partners, directors, risk managers, or employees that are in a supervisory role. The questions contained in this application pertain to all persons or entities seeking insurance, and not just the signatory.

Please answer all the questions on this form. Before any question is answered, please carefully read the declaration at the end of the application form, which you are required to sign. Underwriters will rely on the statements that you make on this form. In this context, ANY INSURANCE COVERAGE THAT MAY BE ISSUED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.

## 1. General Information

Name	
Address	
Industry	
Website home page (including subsidiaries)	
Gross Revenue: Last Fully Completed	
Gross Revenue: Projected	
Please advise approximate number of Personally Identifiable Information (PII*) records stored on your network, database or system. <small>*PII is defined as a personally identifiable record that can be used to identify, contact or locate a single individual</small>	

## 2. Technology Services Errors & Omissions

Do your services include any of the following:

- |                                    |                                     |                                   |
|------------------------------------|-------------------------------------|-----------------------------------|
| Adult Entertainment                | Games Development                   | Payment Processing/Funds Transfer |
| Bitcoin Exchange/Mining            | Gaming/Lottery Services             | Payment Card Management           |
| Credentialing/Background Screening | Hardware or physical product design | Digital Wallet                    |
| Crowd Funding/Investment Platform  | Health Exchange Industrial          | Mobile Marketing                  |
| Debt Collection                    | Process Control Medical             | Music or Video Streaming          |
| Downloads/Streaming/Sharing        | Diagnostic Services                 | Social Media                      |
| Hardware integrated software       | Medical/Healthcare Billing          | Dating Services                   |

N/A



Do you provide services/products to the following industries:	
Aviation Marine Rail	Utilities Energy Military/Defense Emergency Services
	<b>N/A</b>
Please confirm that you enter into written contracts at all times.	<b>N/A</b>
Where you develop software, please confirm that this has been reviewed by legal counsel prior to release.	<b>N/A</b>
<b>3. Miscellaneous Professional Services Errors &amp; Omissions</b>	
Do you provide any of the following services; legal, financial, architectural, real estate or medical?	<b>N/A</b>
Please confirm that you enter into written contracts with your clients at all times?	<b>N/A</b>
<b>4. Security and Privacy</b>	
If you store sensitive information or PII on laptops and portable media devices, please confirm that the data is encrypted?	
Do you have access control procedures and hard drive encryption to prevent unauthorized access on your databases, servers and data files?	
Do you have a business continuity plan and data backup or recovery procedures in force to avoid business interruption due to system failure for all mission critical systems?	
Please confirm up-to-date compliance with relevant regulatory and industry frameworks (eg. Gramm-Leach Bliley Act, Health Insurance Portability & Accountability Act, Payment Card Industry (PCI) Data Security Standard).	
<b>5. Multimedia</b>	
Do you have procedures in place to review media content prior to release on your website and take down procedures in respect of any user generated content?	
<b>6. Claims and Expiring Information</b>	
During the last three years have you:	
<ul style="list-style-type: none"> <li>a) Sustained any unscheduled network outages, intrusion, corruption or loss of data?</li> <li>b) Received notice or become aware of any privacy violations or been subject to any disciplinary, regulatory actions, sanctions or penalties?</li> <li>c) Been involved in a lawsuit, claim or settled any allegations of a suit?</li> <li>d) Become aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance being requested in this application?</li> </ul>	
Retroactive coverage on your current policy. Note that this impacts pricing.	

### Data Protection

By accepting this insurance you consent to Ascent Underwriting using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.



**IMPORTANT – CyberPro Policy Statement of Fact**

By accepting this insurance you confirm that the facts contained in the proposal form are true. These statements, and all information you or anyone on your behalf provided before we agree to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, we will be entitled to treat this insurance as if it had never existed. You should keep this Statement of Fact and a copy of the completed proposal form for your records.

This application must be signed by the applicant. Signing this form does not bind the company to complete the insurance. With reference to risks being applied for in the United States, please note that in certain states, any person who knowingly and with intent to defraud any insurance company or other person submits an application for insurance containing any false information, or conceals the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized principal, partner, director, risk manager, or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow principals, partners, directors, risk manager, or employees to enable you to answer the questions accurately.

Name	
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Position	
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Print & Sign	
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Date	
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