



DUAL Cyber Defense and CyberTech Defense Renewal Application

Please answer all the following 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. PLEASE TAKE CARE IN FILLING OUT THIS FORM.

General Information

- 1.) Name of Applicant _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
- 1A.) Insured Name _____
 Insured Email _____ Company URL _____
- 2.) Most recent fiscal year revenue _____ Year ending _____
 Previous fiscal year revenue _____ Year ending _____

Network Security, Privacy & Media

- 3.) Approximate number of Personally Identifiable Individuals (PII*) records retained within your computer network, systems, databases and file records as of today? _____

*PII is defined as a personally identifiable record on a person that can be used to identify, contact or locate a single individual.

- 4.) Since your completion of the previous application for these coverages; has there been, or do you anticipate happening in the forthcoming 12 months, any of the following?
 Any significant change to the nature, service or operation of your business? Yes ___ No ___
 Any mergers, acquisitions or consolidations? Yes ___ No ___
 Any change to your responses regarding Network Security Controls? Yes ___ No ___
 Any change to your responses regarding Privacy Controls? Yes ___ No ___
 Any change to your responses regarding Media Controls? Yes ___ No ___

If Yes, to any of the above, please explain: _____

Technology E&O

- 5.) Since your completion of the previous application for this coverage; has there been, or do you anticipate happening in the forthcoming 12 months, any signification change to your responses regarding Technology Services & Products?
 Yes ___ No ___

If Yes, please explain: _____

Network Access Authentication and System Backup Procedures

- 6.) Do you use multi-factor authentication for all user access to company systems and networks including company email?
 Yes ___ No ___
- 7.) Are computer system and network data backups stored in either an offsite or offline location with no connection to your main operating systems? Yes ___ No ___



8.) Do you test the implementation process of your computer system and network data backups on at least a quarterly basis to ensure their reliability? Yes ____ No ____

E-Theft/Cyber Crime

9.) Since your completion of the previous application for this coverage; has there been, or do you anticipate happening in the forthcoming 12 months, any signification change to your responses regarding Out-of-Band authentication and dual authorized individuals for all funds, goods or service requests? Yes ____ No ____

If Yes, please explain: _____

Historical Information

10.) Are you aware of any incidents, claims or circumstances pertaining to these coverages, where DUAL or authorized representatives have not already been notified? Yes ____ No ____

Data Protection

By accepting this insurance, you consent to DUAL Commercial 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 – Cybersecurity Policy Statement of Fact

By accepting this insurance, you confirm that the facts contained in the application 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 managers, or employees to enable you to answer the questions accurately.

Name _____

Sign _____

Date _____