DUAL

RANSOMWARE SUPPLEMENTAL APPLICATION

Name of Applicant: _____

E-MAIL SECURITY

1. Do you pre-screen e-mails for potentially malicious attachments and Links? Yes ☐ No ☐
2. Do you have an e-mail "quarantine service" accessed by all users? Yes ☐ No ☐
3. Do you have the capability to determine if an attachment is malicious prior to the delivery to the end-user? Yes ☐ No ☐
4. Do you have a "Sender Policy Framework" related to incoming e-mails? Yes ☐ No ☐
5. Is Phishing Training conducted for all staff? Yes ☐ No ☐
   If so, how often? _____
6. Do you use Multi-Factor Authentication (MFA) when accessing e-mail remote? Yes ☐ No ☐
7. If your organization uses *Office 365* do you utilize the Threat Protection add on? Yes ☐ No ☐

INTERNAL SECURITY

8. Do you use an "End Point Protection" Product across your organization? Including Detection and Response? Yes ☐ No ☐
9. Do you use Multi-Factor Authentication (MFA) to protect all users? Yes ☐ No ☐
10. What percentage of your organization is covered by scheduled vulnerability Scans? Yes ☐ No ☐
11. In what time frame do you install critical patches across your organization? _____
12. Do your users have local administrative "rights" on their computers? Yes ☐ No ☐
13. Is a Password Management Software (such as "Dashlane") provided? Yes ☐ No ☐
14. Are your security operations "in-house" or "outsourced"? _____

BACK-UP AND RECOVERY POLICIES

15. Are all back up systems encrypted? Yes ☐ No ☐
16. Are your back up files kept offline, or in a Cloud Service? _____
17. Have you tested restoration and recovery of key server configurations and data from backups in the last six (6) months Yes ☐ No ☐
18. Are you able to test the integrity of backups prior to restoration to be Confident it is free from malware? Yes ☐ No ☐

If your organization takes any additional steps to detect and prevent ransomware attacks (*e.g., Segmentation of your network, software tools, external security services, etc.*) please list below:

I understand and acknowledge that the statements and answers are true, accurate and complete and that the information submitted in this supplement becomes a part of the DUAL Cybersecurity Insurance application and is subject to the same representations, fraud warnings and conditions.

Signature: _____

Title: _____

Date: _____