

GENERAL APPLICATION

CYBER SUITE PROGRAM



AMERICAN INTERNATIONAL COMPANIES®

1271 Ave of the Americas, FL 37
New York, NY 10020-1304

- ☐ Granite State Insurance Company
- ☐ Illinois National Insurance Co.
- ☐ New Hampshire Insurance Company

- ☐ National Union Fire Insurance Company of Pittsburgh, Pa.
- ☐ American Home Assurance Company

CYBER SUITE PROGRAM

I. RATING INFORMATION

Annual Aggregate applies. The basic limit is \$50,000. The limit may be increased.

The minimum deductible is \$1,000.

Liability coverages are provided on claims made basis.

Increased Cyber Limit ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000
Deductible ☐ \$ 1,000 ☐ \$ 2,500* ☐ \$10,000**

If electing \$500,000 or \$1,000,000 increased limits, the following questions apply:

1. Have you, at any time during the past 36 months, experienced a cyber incident (hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.) that cost you more than \$10,000 or experienced a lawsuit or other formal dispute (with either a private party or government agency) arising from a cyber incident? ☐ yes ☐ no
2. Do you use up-to-date anti-virus and anti-malware protection on all of your endpoints (desktops, laptops, servers, etc.)? ☐ yes ☐ no
3. Are all of your internet access points secured by firewalls? ☐ yes ☐ no
4. Do you restrict employees' and external users' IT systems privileges and access to personal information on a business-need-to-know basis? ☐ yes ☐ no
5. Do you perform backups of business-critical data and secure them against a ransomware or disaster event by saving them either offline or to a network that is segregated from your production environment? ☐ yes ☐ no
6. Do you encrypt all of your mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data? ☐ yes ☐ no
7. Do you provide awareness training for employees in data privacy and security issues (including legal liability issues and phishing)? ☐ yes ☐ no
8. Do you update and patch critical IT-systems and applications on at least a monthly basis? ☐ yes ☐ no
9. Do you have a multi-factor authentication solution implemented for all privileged user accounts and remote access? ☐ yes ☐ no
10. Do you have implemented an Endpoint Detection & Response (EDR)? ☐ yes ☐ no
If yes, name of the EDR solution. _____.

* Minimum deductible for \$250,000 limit is \$2,500

** Only available with limits of \$500,000 and \$1,000,000

II. Insurer History and Insurance Experience

A. In the last 5 years, has any insurer ever cancelled or nonrenewed any cyber insurance policy for the applicant?

☐ yes ☐ no

Date	Cancelled or nonrenewed?	Reasons	Type of Coverage	Insurer Name

B. INSURER HISTORY

For each separate policy provide the following:

Policy Type	Package	Property	Liability	Directors & Officers Liability	Employee Dishonesty (Fidelity)	Umbrella/Excess Liability	Equipment/Machinery (Boiler)	Cyber
Current Premium								
Year 1								
Year 2								
Year 3								
Year 4								
Year 5								

If prior insurer information is not available for most recent 5 full policy years, indicate applicable reason(s):

- ☐ New entity
☐ No prior coverage

C. OCCURRENCE, CLAIM and LOSS HISTORY Attach currently valued insurance company loss runs.

In addition to company loss runs, provide the following for any open claims and all losses paid or reserved over \$10,000.

Date	Description of Occurrence, Claim or Loss	\$ Paid	\$ Reserved	Claim Open?
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

III. Fraud Statement

[insert state specific fraud statement]

V. Authorization

I am an authorized representative of the applicant and certify that a diligent inquiry was made to obtain the answers to the questions on this application. To the best of my knowledge, I certify that the answers are accurate and complete.

I understand that the information provided in this application and related attachments were relied upon as the basis of coverage. Declarations and statements made relative to all coverage parts will be considered as incorporated in and constituting a part of the policy.

Signature: _____
 Signature of authorized representative is required.

Date: _____

Name: _____

Title: _____