



Ransomware Prevention Supplement Risk eBusiness Cyber Risk Policy

This form must be completed by the individual responsible for the company's IT security.

Company _____

Please indicate which of the following applies:

- I am employed by and oversee IT security for the Company
- I am employed by a MSSP or similar vendor currently providing IT security services under contract with the Company.

Please provide the name of your firm _____

Please respond to each of the following

	Yes	No
1. The Company conducts quarterly "phishing" training, tracks the failure rate, and takes action to reduce it.	<input type="checkbox"/>	<input type="checkbox"/>
2. Advanced end point detection, protection and response tools are installed on all endpoints that access company resources. The above solution is provided by _____	<input type="checkbox"/>	<input type="checkbox"/>
3. The company utilizes 24/7/365 endpoint security monitoring. The above solution is provided by _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Multi-Factor Authentication (MFA) is in use for access to all critical Internet facing systems, email, remote access, and privileged accounts. If no , where is MFA configured _____	<input type="checkbox"/>	<input type="checkbox"/>
5. The Company's policy is to push general patches within 30 days and critical patches within 14 days.	<input type="checkbox"/>	<input type="checkbox"/>
6. The Company has a process in place to monitor and respond to zero-day vulnerabilities within 5 days or less.	<input type="checkbox"/>	<input type="checkbox"/>
7. Emails from outside of the organization are "tagged" or otherwise marked for identification as external (or equivalent).	<input type="checkbox"/>	<input type="checkbox"/>
8. The Company applies the "principle of least privilege" (i.e. bare minimum privileges necessary to perform its function) across the enterprise.	<input type="checkbox"/>	<input type="checkbox"/>
9. The Company maintains a password policy which requires regular resets, minimum length, and minimum complexity (for example special characters).	<input type="checkbox"/>	<input type="checkbox"/>
10. The Company maintains a Business Continuity Plan (BCP) and Incident Response Plan (IRP) to address network security incidents (including but not limited ransomware events).	<input type="checkbox"/>	<input type="checkbox"/>
11. The Company uses "air gapping" backups (i.e. physically isolating backups on networks/computers/cloud/tapes that are not connected to the corporate network or easily accessed from a corporate device) as part of its strategy to ensure the integrity and reliability of applications and data.	<input type="checkbox"/>	<input type="checkbox"/>
12. The BCP and IRP above are tested at least annually and includes testing the ability to restore from air gapped backups.	<input type="checkbox"/>	<input type="checkbox"/>

Fraud Warnings

Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia: Any person who knowingly (*or willfully*)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (*or willfully*)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applies in MD Only.*

Colorado: 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 Agencies.

Florida and Oklahoma: 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 (*of the third degree*)*.

**Applies in FL Only.*

Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits fraud.

Kentucky, New York, Ohio, Pennsylvania: 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 (*not to exceed five thousand dollars and the stated value of the claim for each such violation*)*. **Applies in NY Only.*

Maine, Tennessee, Virginia, Washington: 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 and denial of insurance benefits. **Applies in ME Only.*

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Consent to Communications

By signing below you consent to receive cyber risk threat intelligence updates and other cyber risk related loss prevention/risk management advisories from us.

Representations and Signatures

The undersigned declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person and entity proposed for this insurance to facilitate the proper and accurate completion of this application. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this application and the effective date of the Policy, which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this application does not bind the undersigned to purchase the insurance.

It is agreed by the Company and the Insured Persons that the particulars and statements contained in this application and any information provided herewith (*which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto*) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed that the statements in this application or any information provided herewith are their representations, they are material, and any Policy issued is in reliance upon the truth of such representations.

Name (Printed) _____

Email Address _____

Phone # _____

Title _____

Signature _____

Date _____