McGOWAN
Program Administrators

Application for Cyber Coverage

1. Applicant Entity Name: _____ 2. Website: _____

3. Industry (pick): _____ 4. Operations (NAICS Code if known): _____

5. Gross Sales, a) Previous 12-24 mo _____ b) Previous 12 mo _____ c) Next 12mo _____

6. Main (corporate) Street Address: _____

City: _____ State: _____ Zip: _____

7a) Applicant Contact Name: _____ b) Email: _____

7c) Business Phone#: _____ 8. Employee Count: _____ 9. Domestic Sales (%): _____

10. Today's Date: _____ 11. Years in Business: _____

12. Is your network security managed internally or outsourced? Internally ☐ Outsourced ☐

13a) IT/Security Contact (MSP) Name: _____ b)Email: _____

c)Phone: _____ d) Name of Organization: _____

14. I authorize McGowan to work directly with the above Security contact to gather Underwriting information. Yes ☐

15. Desired Aggregate Limit of Liability: _____

Security

16. The applicant requires Multi-Factor Authentication turned on for which of the following services?
Access to email accounts ☐ Remote access to the network ☐
Access to systems controlled by an appointed security professional or administrator ☐

17. Does the applicant have processes in place to implement, within X days, critical or high category security, anti-virus and malware patches received from commercial software vendors onto all of its servers, laptops, desktops, routers, firewalls, phones and other physical devices?

Yes, already implemented or within 15 days ☐

Yes, within 30 days ☐

Yes, within 60 days ☐

Yes, but will take 60+ days ☐

No ☐

18. Does the applicant deploy a centralized antivirus solution to all endpoints, including alerting for endpoints failing to communicate or update? Yes ☐ No ☐

19. Does the applicant have formal processes for backing up at least weekly, archiving and restoring sensitive data and critical systems? Yes ☐ No ☐

Data Management

20. Does the applicant maintain personal identifiable information (PII)? Yes ☐ No ☐

20a. If yes, estimated number of records? <100k ☐ 100-500k ☐ 500k-1mil ☐ 1mil+ ☐

21. Does the applicant maintain personal healthcare information (PHI)? Yes ☐ No ☐

21a. If yes, estimated number of records? <100k ☐ 100-500k ☐ 500k-1mil ☐ 1mil+ ☐

21b. If yes, is applicant in compliance with Health Insurance Portability and Accountability Act (HIPAA) of 1996? Yes ☐ No ☐

22. Does the applicant maintain payment card information (PCI)? Yes ☐ No ☐

22a. If yes, is the applicant's payment processing fully outsourced? Yes ☐ No ☐

22b. If yes, estimated number of records? <100k ☐ 100-500k ☐ 500k-1mil ☐ 1mil+ ☐

23. Does the applicant collect store, host, process control, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA or any other biological physical or behavioral characteristics that can be used to uniquely identify a person? Yes ☐ No ☐

23a. If yes, have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws? Yes ☐ No ☐

24. Does the applicant always obtain the necessary rights, licenses, releases, and consents prior to publishing any multimedia material provided to you by others? Yes ☐ No ☐

25. Does the applicant enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right? Yes ☐ No ☐

26. Has the applicant ever been subject to a regulatory action, investigation, or inquiry as a result of the handling of sensitive data, including but not limited to a civil investigation demand, consent order, or investigation by an Attorney General (or equivalent) or other industry body? Yes ☐ No ☐

27a. If yes, is the matter still open? Yes ☐ No ☐

27b. If the matter is closed, were there any findings or fines? Yes ☐ No ☐

27c. If yes, please describe: _____

28. Do the applicant's business activities involve gambling, adult content, cryptocurrency, or blockchain-related business? Yes ☐ No ☐

28a. If yes, please describe: _____

History

Have you or any of the applicant's principals, partners, directors, risk managers, or employees during the last three years, sustained any loss or had any claim made against them, whether insured or not, involving the type of insurance(s) being requested in this application? Yes ☐ No ☐

If yes, what is or was the expected total financial impact to the applicant and its insurer?

_____

Please provide full details: _____

During the last three years, have you become aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance(s) being requested in this application? Yes ☐ No ☐

If yes, please provide full details:

_____

_____

Is there a policy currently in force? Yes ☐ No ☐

If yes, please provide:

a) Limit: _____

b) Deductible: _____

c) Expiring Premium: _____

d) Carrier: _____

e) Expiration Date: _____

The undersigned is the Chief Information Officer, Risk Manager, General Counsel, Chief Operations Officer, Chief Executive Officer or their functional equivalents 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 or 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 of Individual completing this Application: _____

Signature: _____ Date: _____