



Catholic Mutual Group NetGuard® Plus Cyber Liability Insurance Program Renewal Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for NetGuard® Plus Cyber Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant.

1. GENERAL INFORMATION			
Name of Applicant			
Street Address		Phone	
City, State, Zip		Fax	
Website		Contact e-mail	
Applicant is a(an): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
2. REQUIRED ADDITIONAL INFORMATION			
a. Catholic Mutual Certificate number:			
b. Total number of employees:			
c. Total number of registered parishioners:			
d. Total number of students:			
e. Do you have a Catholic Charities operation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes":			
(1) Please provide annual revenue: Current Year: _____ Last Year: _____			
(2) Is this revenue included in Section 3. Revenues below?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Please provide the website address for this operation: _____			
f. Has the name of the Applicant changed, or has any merger or consolidation taken place, in the past 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details on a separate page.			
g. Have there been any material changes in the Applicant's security controls in the past 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details on a separate page.			
h. Has the Applicant acquired any subsidiaries, affiliated companies or entities in the past 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details on a separate page.			
3. REVENUES			
	Current Fiscal Year ending / (current projected)	Last Fiscal Year ending /	
Total gross revenues:	\$ _____	\$ _____	
4. RECORDS			
a. Do you collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please provide the approximate number of unique records:			
Paper records: _____ Electronic records: _____			
*Private or sensitive information includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers' license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.			
b. Do you 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. IT DEPARTMENT	
a. The Applicant's network security is: <input type="checkbox"/> Outsourced; provide the name of your network security provider: _____	
<input type="checkbox"/> Managed internally/in-house	
b. If the Applicant's network security is outsourced, please provide the email address for the main contact: _____	
6. RANSOMWARE CONTROLS	
If the answer to any question in this section is "No", coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for any "No" answers on a separate page.	
a. Do you pre-screen emails for potentially malicious attachments and links? If "Yes", select your email pre-screen provider: If "Other", provide the name of your email pre-screen provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Can your users access email through a web application or a non-corporate device? If "Yes", do you enforce Multi-Factor Authentication (MFA) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you allow remote access to your network? If "Yes", do you use MFA to secure all remote access to your network, including any remote desktop protocol (RDP) connections? If MFA is used, select your MFA provider: If "Other", provide the name of your MFA provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you use a next-generation antivirus (NGAV) product to protect all endpoints across your enterprise? If "Yes", select your NGAV provider: If "Other", provide the name of your NGAV provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you use an endpoint detection and response (EDR) tool that includes centralized monitoring and logging of all endpoint activity across your enterprise? If "Yes", select your EDR provider: If "Other", provide the name of your EDR provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you use MFA to protect all local and remote access to privileged user accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you use a data backup solution that has all of the following characteristics: (1) kept in a cloud service protected by MFA ; (2) runs daily; and (3) can be used to restore essential network functions within 3 days after a widespread malware or ransomware attack?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL COMMENTS (Use this space, or attach a separate page, if space is insufficient, to explain any answers in the above section and/or to list other relevant IT security measures you are utilizing that are not listed here.)	
7. INFORMATION AND NETWORK SECURITY CONTROLS	
If the answer to question 7.a. below is "No", coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for your "No" answer on a separate page.	
a. Do you use anti-virus software and a firewall to protect your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to question 7.b. below is "No", you may not qualify for coverage under this program unless you have both compensating controls described in 7.b.(1) and 7.b.(2) in place.	
b. Do you encrypt all sensitive and confidential information stored on your organization's systems and networks? If "No", are the following compensating controls in place: (1) Segregation of servers that store sensitive and confidential information? (2) Access control with role-based assignments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. PHISHING CONTROLS	
If the answer to any question in this section is "No", coverage cannot be bound under this program. If you desire an indication outside of the program, please provide details for any "No" answers on a separate page.	
Do all employees with financial or accounting responsibilities at your company complete social engineering training? If "Yes", does such training include phishing simulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

9. LOSS HISTORY	
<p>If the answer to any question in this section is "Yes", coverage cannot be bound under this program. If you desire an indication outside of the program, please complete a Claim Supplemental Form for each claim, allegation or incident.</p>	
<p>a. In the past 12 months, has the Applicant or any other person or organization proposed for this insurance:</p> <p>(1) Received any complaints or written demands or been a subject in litigation involving matters of privacy injury, breach of private information, network security, defamation, content infringement, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the ability of third parties to rely on the Applicant's network?</p> <p>(2) Been the subject of any government action, investigation or other proceedings regarding any alleged violation of privacy law or regulation?</p> <p>(3) Notified customers, clients or any third party of any security breach or privacy breach?</p> <p>(4) Received any cyber extortion demand or threat?</p> <p>(5) Sustained any unscheduled network outage or interruption for any reason?</p> <p>(6) Sustained any property damage or business interruption losses as a result of a cyber-attack?</p> <p>(7) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. In the past 12 months, has any IT service provider that the Applicant relies on sustained an unscheduled network outage or interruption lasting longer than 4 hours? If "Yes", did the Applicant experience an interruption in business due to such outage or interruption?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. Has the Applicant notified Tokio Marine HCC of all incidents or losses occurring, or claims, suits or demands received, in the past 12 months? If "No", please forward complete details to Tokio Marine HCC immediately.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> None to Report</p>
NOTICE TO APPLICANT	
<p>NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.</p> <p>The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.</p> <p>I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.</p>	
CERTIFICATION AND SIGNATURE	
<p>The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a NetGuard® Plus Cyber Liability Insurance risk have been revealed.</p> <p>It is understood that this application shall form the basis of the contract should the Underwriter approve coverage, and should the Applicant be satisfied with the Underwriter's quotation. It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.</p> <p>This application shall be deemed attached to and form a part of the Policy should coverage be bound.</p> <p>Must be signed by an officer of the company.</p>	
Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant

California Fraud Warning

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.