



# AdmiralPro Delta® TEC RENEWAL PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

**NOTICE TO APPLICANT:** By signing this application you agree the answers you give us in this application and any other information you give us as part of the application process are:

1. Accurate & Complete.
2. Given to us to issue you an insurance policy.
3. Material to our decision-making process in issuing you an insurance policy.
4. A significant part of what we relied upon in making our decision in issuing you an insurance policy. You must agree to notify us, through your insurance brokerage, if during the policy term any material changes to your operations occur.

## SECTION I – GENERAL INFORMATION

1) Legal Name of Applicant:

2) Please list all subsidiaries:

3) Applicant's address:

4) FEIN:

5) Where can we find you on the internet? (Please list all URLs registered in your name)

6) Desired coverage for the coming policy term:

Limits of Liability: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Desired Deductible: \$ \_\_\_\_\_

Coverages	Yes
E&O	
3 <sup>rd</sup> Party Cyber	
1 <sup>st</sup> Party Cyber	
Media	

Coverages	Yes
Business Interruption	
Payment Card Industry	
Cyber Extortion	

Is this insurance required by contract?

Yes    No

If Yes, submit a copy of the contract including the scope of work document.

7) Have you experienced any mergers, acquisitions or divestitures in the last five years? Yes    No  
 If Yes, provide the entity name, date of transaction and type of transaction.

Entity Name: \_\_\_\_\_ Date: \_\_\_\_\_ Transaction Type: \_\_\_\_\_  
 Entity Name: \_\_\_\_\_ Date: \_\_\_\_\_ Transaction Type: \_\_\_\_\_

8) REVENUES: (Revenue can be sales, capital funding, grants, etc.)

	Actual Prior Year	Current FY Projection	Next Year Projection
U.S. Revenue	\$	\$	\$
Foreign Revenue	\$	\$	\$
Total Revenue	\$	\$	\$
Capital Funding	\$	\$	\$

9) Do you have foreign office locations and/or foreign employees? Yes    No  
 If Yes, provide details including list of countries, number of employees and revenue associated with each:

10) Largest Contract Details:

Industry of Client	Services Rendered	Project Duration	Revenue Derived

11) How is your organization comprised? List the number of each.

Principals, Partners Officers	
Technical Personnel	
Independent Contractors	
Clerical & Support	
Sales & Marketing	
Other:	

11) How many of the following comprise your IT network and systems?

Servers	
Desktop Computers	
Laptop Computers	
Mobile Devices (Including Tablets & Phones)	
Wearable Devices	

12) Do you currently maintain General Liability insurance? Yes    No  
 If Yes, provide the below information:

Limits of Liability	\$                      / \$
Expiration Date	
SIR/Deductible	\$
Retro Date(s)	
Insurance Company	
Premium	\$

13) If you are seeking General Liability Coverage for the coming policy term, specify the following:

Limits of Liability: \$                      / \$                      Desired Deductible: \$

Coverages	Yes
Occurrence	
Claims Made	
Products & Completed Operations	
Premises/Operations	

**SECTION II – RANSOMWARE**  
**SECTION A – SECURITY CONTROLS**

- 1) Do you employ:
- a. Endpoint Detection and Response (EDR) security tools? Yes    No
  - b. Multi-Factor Authentication for the following:
    - Critical Information Yes    No
    - Remote Access Yes    No
    - Administrator and privileged user accounts Yes    No
    - Personal devices accessing the network Yes    No
    - Independent contractors and vendors accessing the network Yes    No
    - Non-critical information and applications Yes    No
  - c. Are workstations prohibited from local admin rights? Yes    No
    - All the time or case by case?
    - Do you manage privileged accounts using tooling such as CyberArk or other? Yes    No

How many users have persistent privileged accounts for endpoints (defined as those who have entitlements to configure, manage, and support endpoints)?  
 Please describe compensating security controls for these specific persistent privileged accounts:

d. Network segmentation to separate critical systems, applications and data from non-critical? Yes    No

- |  |     |    |
|--|-----|----|
| 2) Do you route all outbound web requests through a web proxy which monitors for and blocks potentially malicious content? | Yes | No |
| 3) Are external emails tagged as such to alert your employees that the email originated from outside of your organization? | Yes | No |
| 4) Do you utilize Microsoft Office 365?  | Yes | No |
| If Yes, does this include Office 365 Threat Protection add-on?   | Yes | No |

If you answered No to any of the above questions, or you use an alternative product to MS Office 365, provide an explanation as to why this measure has not been implemented:

## SECTION B – INTERNAL TRAINING AND PROCEDURES

- |  |     |    |
|--|-----|----|
| 5) Do you conduct at least quarterly employee <u>training</u> related to:                                    |     |    |
| a. Company Incident Reporting Procedures   | Yes | No |
| b. Document Management   | Yes | No |
| c. Internet and Email Use  | Yes | No |
| d. Passwords   | Yes | No |
| e. Responsibility for Company Data   | Yes | No |
| 6) Do you conduct at least annual employee cyber competence <u>testing</u> such as:                          |     |    |
| a. Social engineering attacks (i.e. Phishing, baiting, scareware, etc.)                                      | Yes | No |
| b. Physical security (locked and secured computer devices)   | Yes | No |
| 7) Do you require encryption of PII/PHI files while:   |     |    |
| a. In transit  | Yes | No |
| b. At rest   | Yes | No |
| c. How are your encryption keys protected?   |     |    |
| 8) Do you have rapid (immediate) account access termination procedures for employees that leave the company? | Yes | No |

If you answered No to any of the above questions, provide an explanation as to why this measure has not been implemented:

## SECTION C – DATA BACKUP AND RECOVERY

- |  |     |    |
|--|-----|----|
| 9) Do you maintain an incident response plan which includes business continuity mitigation procedures in the event of a ransomware threat? | Yes | No |
| 10) Is backup access subject to separate authorization credentials which are maintained separately from common system credentials?         | Yes | No |
| 11) Are backup files encrypted?  | Yes | No |

12) Do you test the successful restoration and recovery of key server configurations and data from backups? Yes    No  
If Yes, how often?

If you answered No to any of the above questions, provide an explanation as to why this measure has not been implemented:

Please include any additional information that may be relevant to the Ransomware Section (optional):

### SECTION III – PRIOR CLAIMS AND CIRCUMSTANCES

1) Has any insurer declined, cancelled or non-renewed any similar insurance for which you are applying? Yes    No  
If Yes, provide complete details:

2) After inquiry, is the applicant, any predecessor, or any other person for whom coverage is requested been subject to any actions or investigations by any regulatory or administrative body for violations arising out of your advertising or electronic communication activities? Yes    No  
If Yes, provide complete details:

3) After inquiry, is the applicant, any predecessor, or any other person for whom coverage is requested, aware of any actual or alleged fact, circumstance, incident, error or omission that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not, which might directly or indirectly involve the applicant(s), or might give rise to a claim or regulatory proceeding against you? Yes    No  
If Yes, provide complete details:

4) In the past five (5) years:  
a. Have any claims, suits, or regulatory proceedings been made or brought against you? Yes    No  
If Yes, provide complete details:

- b. Have you experienced any:
- i. Security incidents, security breaches or cyber-attacks? Yes No
  - ii. Actual or attempted extortion demand with respect to your computer systems? Yes No
  - iii. Unexpected outage of a computer network, application or system lasting greater than four (4) hours? Yes No
- c. Have you experienced an actual or suspected data breach or cyber-attack? Yes No  
If Yes, provide a detailed description of the event(s) and remediation action(s) taken:
- d. Have you received any complaints concerning the content of your websites or electronic communications? Yes No  
If Yes, provide complete details:
- e. Have you been accused of, made aware of, or had a claim as a result of actual or alleged infringement upon another's domain name, trademark, copyright, services mark or similar intellectual property? Yes No  
If Yes, provide complete details:

\*For each and every claim, click the link to complete the [Supplemental Claim Information Form](#).

## Fraud Notices

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** 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.

**Applicable in CO:** 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.

**Applicable in FL and OK:** 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.

**Applicable in KS:** 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 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 a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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.

**Applicable in ME, TN, VA, and WA:** 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.

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

**Applicable in OR:** 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.

**Applicable in PR:** 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.

**Applicable in all other States:** 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

**Other State Notices**

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

***If you prefer not to return the questionnaire with an electronic signature, please print and sign.***