

Cyber supplemental application

THRIVE RISK MANAGEMENT INSURANCE SOLUTIONS, INC. | CA LICENSE #6012320

Complete this supplemental for Thrive to review and use for quoting. Requested terms are not a quote or policy. A market may request additional information or its own application. Submitting does not bind coverage.

Your business

Legal business name (include all entities seeking coverage)

DBA / trade name (optional)

Primary website (enter None if there is no website)

Email domain if different, and additional websites (optional)

Street address

City

State (two-letter abbreviation)

ZIP code

Contact email

Contact phone

Requested coverage

Requested terms are for quoting only. Leave limits or deductible blank if you want an advisor to help.

Requested effective date

Requested policy limit (\$) (optional)

Requested deductible (\$) (optional)

Your operations & data

Count each person once, even if you hold several types of information about them. Include records stored by third-party service providers.

NAICS code (optional)

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Describe your business operations

Current fiscal year projected revenue (\$)

Estimated number of unique personal, health or payment-card records stored or processed

Does the business engage in any of these activities? Select all that apply.

- ☐ Adult content
- ☐ Cannabis
- ☐ Cryptocurrency or blockchain
- ☐ Debt collection agency
- ☐ Gambling
- ☐ Managed IT service provider (MSP or MSSP)
- ☐ Remote network administration services provider
- ☐ Payment processing
- ☐ None of the above

Security controls

MFA means multi-factor authentication: a second verification step in addition to a password. Choose Unknown if you need your IT team to confirm.

Do you back up critical data at least weekly and protect or store those backups separately from your production environment?
Answer Yes or No.

Is MFA enforced for all email access?

Yes / No / N/A / Unknown

Is MFA enforced for all employee and third-party remote access to your network?

Yes / No / N/A / Unknown

Is MFA enforced for internal use of privileged accounts?

Yes / No / Unknown

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Claims & circumstances

In the past three years, has the applicant or any person or organization proposed for this insurance, including subsidiaries, experienced a cyber event, loss or claim within the scope of the coverage being requested?

Answer Yes or No.

Complete this question only if the preceding answer is Yes.

Total amount incurred for those events (\$)

Complete this question only if the preceding answer is Yes.

Describe each event, loss or claim, including dates and remedial actions.

Is the applicant or any person or organization proposed for this insurance, including subsidiaries, aware of any fact, circumstance, situation, event, regulatory action or wrongful act that could reasonably give rise to a cyber event, loss or claim within the requested coverage?

Answer Yes or No.

Complete this question only if the preceding answer is Yes.

Describe the circumstances.

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Application notices — read before signing

General Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and substantial civil penalties. (Not applicable in AL, AR, AZ, CA, CO, DC, FL, ID, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.) If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

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.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: 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.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: 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, or a denial of insurance benefits.

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MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 there to commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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, or denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Representation statement

The undersigned authorized officer, owner or manager of the Applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this Application and the effective date of the insurance, he / she (undersigned) will, for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorizations or agreements to bind the insurance.

Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and the application is deemed to be attached to and shall become a part of the policy.

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Review & signature

Applicant name — authorized officer, owner or manager

Title

IT security contact name

IT security contact email

Date

Applicant signature (type your name)

Producer use only

Producer signature (optional)

Producer date (optional)