

STATESIDE UNDERWRITING AGENCY INC.

5435 BULL VALLEY ROAD SUITE 212 MCHENRY, IL 60050

Cyber Liability Supplement Application THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

1. Name of Applicant: _____

Nature of Operations (please specify such as mortgage banker, architect, title agent or if other specify such): _____
2. Address: _____

City/State/Zip Code: _____

County: _____

Please circle or underline the appropriate response to questions 3-5 below:

3. Confirmation that you undertake at least weekly off site backups of data: Yes / No
4. Confirmation that you have automatically updating virus software in force across the network: Yes / No
5. Confirmation that you have at least basic password and protection in force to mitigate data exposure within your network: Yes / No

In order to eligible to Cyber Liability Coverage to be included in the package policy quoted or to be quoted, questions 3-5 must be answered affirmatively "YES". If "NO" is the response to any these questions, please respond below how the Applicant handles the issues addressed in specific question.

The undersigned authorized person, on behalf of the Applicant, attest that all Cyber claims have been reported if the Applicant is aware of them. The Applicant further understands that any claim submitted after the completion of this application shall render any terms provided void and Underwriters shall have the right to re-underwrite the Applicant. In addition, no information provided by this application or along with this application shall be deemed to report a claim. Such notice should be made as instructed by the policy.

The undersigned authorized person, on behalf of the Applicant, attests that to the best of his /her knowledge and belief the statements set forth herein are true. Although the signing of this Application Form does not bind the undersigned to effect insurance, the undersigned agrees that this application and the said statements shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

The undersigned authorized person on behalf of the Applicant declares that the above statements are true, that neither the undersigned person nor the applicant has suppressed or misstated facts and that at the present time the applicant has no reason to anticipate any claims being brought against the applicant or any representative of the applicant or knowledge of any Cyber Liability incident or claim, except as stated below, and agrees that this Application Form shall be the basis of the contract between the applicant and the Insurer and shall be deemed a part hereof.

The Applicant confirms by signing this application that the Applicant is not aware of any known or actual Cyber Liability Losses. If such loss(es) exist, please provide details here:

The Applicant understands that this supplemental application is for Cyber Liability Coverage. If other Cyber Liability Coverage is in place, this policy if issued will be excess of any other valid cyber liability insurance or indemnification.

DATE _____

APPLICANT COMPANY NAME: _____

NAME _____ TITLE _____

Signature/Print

Principle or Owner Only