Fusion InsurSec 360 Application

FUSION

Underwriting Application — Risks with Revenues of $250,000,000 or Less

NOTICE

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

GENERAL INFORMATION

Business Name:

Street Address:

City, State, Zip:

Website(s):

BUSINESS INFORMATION

Year Established:

Description of Operations:

NAICS Code:

Total Number of Employees:

Projected Revenues:

Prior 12 Months Revenues:

RISK MANAGEMENT CONTACT

Name:

Title:

Email Address:

Is your network security outsourced or handled by an in-house team?

SECTION A — MINIMUM SECURITY REQUIREMENTS

To be completed by all Applicants. Please answer all questions (check Yes, No, or N/A as applicable):

	Yes	No	N/A
Full backups are taken at least once a month.	☐	☐	
Do you allow remote access?	☐	☐	
If so, is remote access protected by MFA?	☐	☐	☐
Do you have MFA in place for Email access?	☐	☐	
Do you have MFA in place for Backups?	☐	☐	
You are not in the Cannabis, Opioid Manufacturing, Adult Entertainment, Cryptocurrency, Debt Collection, or Social Media Industries.	☐	☐	
Antivirus is installed on all workstations and servers and updated regularly.	☐	☐	
No losses in the past five (5) years costing more than $25,000.	☐	☐	

SECTION B — CYBER CRIME REQUIREMENTS

To be completed by all Applicants. Please confirm the following statements (check Yes, No, or N/A as applicable):

	Yes	No	N/A
A documented process is in place that requires at least two employees to review & authorize any transactions greater than $25,000.	☐	☐	☐
A call back provision is in place for transfers greater than $25,000 or any changes to payment details.	☐	☐	☐
Social Engineering & Phishing Training is provided to staff annually.	☐	☐	☐
No Cyber Crime losses in the past five (5) years costing more than $25,000.	☐	☐	☐

Additional Information:

SECTION C — REVENUES GREATER THAN $25,000,000

Complete this section if Projected Revenues exceed $25,000,000. Please confirm the following statements (check Yes or No):

	Yes	No
Annual testing of backup procedures is performed.	☐	☐
Mandatory information security training is carried out annually.	☐	☐
Emails are scanned for potentially malicious attachments and links.	☐	☐
Critical security patches are deployed within 30 days of vendor release.	☐	☐

Additional Information:

SECTION D — REVENUES GREATER THAN $50,000,000

Complete this section if Projected Revenues exceed $50,000,000. Please confirm the following statements (check Yes or No):

	Yes	No
Cloud servers require MFA for login when Personally Identifiable Information (PII) is stored on the cloud.	☐	☐
If a merchant service agreement is in place, you are PCI compliant.	☐	☐

Additional Information:

SECTION E — REVENUES GREATER THAN $100,000,000

Complete this section if Projected Revenues exceed $100,000,000. Please confirm the following statements (check Yes, No, or N/A as applicable):

	Yes	No	N/A
End of Life systems are not connected to the Internet, or extended service plans have been purchased from the vendors.	☐	☐	
An approved EDR solution is deployed on all workstations and servers.	☐	☐	
Generic passwords on local admin accounts are removed.	☐	☐	
Operational Technology (OT) is protected by MFA and segmentation from IT networks.	☐	☐	☐

Additional Information:

SECTION F — LIMITS GREATER THAN $3,000,000

Complete this section if the requested Policy Aggregate Limit exceeds $3,000,000. Please confirm the following statements (check Yes or No):

	Yes	No
MFA is required for all remote network access, email access, and cloud systems.	☐	☐
The Applicant does not store payment card data anywhere on the network.	☐	☐

Additional Information:

SECTION G — UNLAWFUL COLLECTION QUESTIONS

To be completed by all Applicants. Please answer all questions (check Yes or No):

	Yes	No
Does your organization collect Biometric data?	☐	☐
Does your organization use tracking technology, such as Metapixel?	☐	☐

Additional Information:

WARRANTY

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 an event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true, and I have not suppressed or misstated any material fact. I also agree that this application shall be the basis of the contract with the Underwriters.

SIGNATURE & ACKNOWLEDGEMENT

The Applicant has read the preceding and understands that completing 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 have been revealed. By signing below, the Applicant consents to the Insurer conducting non-intrusive scans of the Applicant's internet-facing systems/applications for common vulnerabilities. It is understood that this application shall form the basis of the contract should the Underwriter approve coverage and 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 that would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter. This application shall be deemed attached to and form a part of the Policy should coverage be bound. **Must be signed by an officer of the company.**

APPLICANT'S NAME: **TITLE:**

SIGNATURE: **DATE:**

NOTICE TO APPLICANT

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the policy's effective date, nor will coverage apply to any claim or circumstance identified or that should have been identified in the loss history questions of this application.

Fraud Warning Language:

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 insurance application is guilty of a crime and may be subject to restitution, fines, confinement in prison, or any combination thereof.

Alaska — Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

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 insurance application is guilty of a crime and may be subject to fines and confinement in prison.

California — 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 to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant about a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware — Any person who knowingly, and with the intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

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, 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.

Indiana — A person who knowingly and with the intent to defraud an insurer file a statement of claim containing any false, incomplete, or misleading information commits 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 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 insurance application 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 to defraud the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

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 insurance application is guilty of a crime. They may be subject to fines and confinement in prison.

Minnesota — A person who files a claim intending to defraud or helps commit fraud against an insurer is guilty of a crime.

New Hampshire — Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 insurance application is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio — Anyone who intends to defraud or knows that he is facilitating fraud against an insurer applies 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 applying or (2) by filing a claim containing a false statement as to any material fact to it 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 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.

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 insurance application 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 to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Texas — 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.

Utah — Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah worker's compensation claims only.

Virginia — It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud 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 to defraud 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 insurance application is guilty of a crime and may be subject to fines and confinement in prison.

All Other States — 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 insurance application is guilty of a crime and may be subject to restitution, fines, confinement in prison, or any combination thereof.