Fusion InsurSec 360 Application

FUSION

Indication Application — Risks with Revenues of $25,000,000 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:	

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 — 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:** _____