Admiral INSURANCE GROUP | a Berkley Company

RANSOMWARE SUPPLEMENTAL APPLICATION

Full Name of Applicant:

FEIN:

SECTION I – 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) a. How often do you patch?

Server infrastructure:

Desktop/laptop infrastructure:

b. If you are a software company, how often do you issue patches?

c. Are you responsible for patching any systems for customers? ◯ Yes ◯ No

If Yes, how frequently?

3) Do you route all outbound web requests through a web proxy which monitors for and blocks potentially malicious content? ◯ Yes ◯ No

4) Are external emails tagged as such to alert your employees that the email originated from outside of your organization? ◯ Yes ◯ No

5) 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 II – INTERNAL TRAINING AND PROCEDURES

1) Do you conduct at least yearly employee training 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

2) Do you conduct at least annual employee cyber competence testing such as:

a. Social engineering attacks (i.e. Phishing, baiting, scareware, etc.) ◯ Yes ◯ No

b. Physical security (locked and secured computer devices) ◯ Yes ◯ No

3) 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?

4) 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 III – DATA BACKUP AND RECOVERY

1) Do you maintain an incident response plan which includes business continuity mitigation procedures in the event of a ransomware threat? ◯ Yes ◯ No

2) a. How often are networks backups performed?

b. How often are these backups tested?

c. Are the backups stored offsite? ◯ Yes ◯ No

3) Is backup access subject to separate authorization credentials which are maintained separately from common system credentials? ◯ Yes ◯ No

4) a. Where do your servers reside?

☐ Cloud ☐ On Premises

c. If cloud, which vendor(s) do you use?

d. Are your production servers separated in different locations? ◯ Yes ◯ No

5) Are backup files encrypted? ◯ Yes ◯ No

6) 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 this questionnaire (optional):

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.