



BEAZLEY DIGITAL BBR APPLICATION- NEW BUSINESS

NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS IN ACCORDANCE WITH THE TERMS THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

PLEASE READ THIS POLICY CAREFULLY.

Please fully answer all questions and submit all requested information.

GENERAL INFORMATION:

Full Name of Business: _____

Practice Address: _____ State of Incorporation: _____

City: _____ State & Zip: _____

Employee Count: _____ Date Established: _____

Website URL(s): _____

Breach Response Contact: _____ Telephone: _____

E-mail: _____

Business Description: Dental Practice

Does the Applicant provide data processing, storage, or hosting services to third parties? Yes No

Number of Dentists in Practice: _____ Full Time // _____ Part Time

REVENUE INFORMATION:

For Applicants in Healthcare: Net Patient Services Revenue plus Other Operating Revenue

For all other Applicants, please provide Gross Revenue information.

NOT APPLICABLE

	Most Recent Twelve months: (ending: _____)	Previous Year	Next Year (estimate)
US Revenue	USD: _____	USD: _____	USD: _____
Non-US Revenue	USD: _____	USD: _____	USD: _____
Total	USD: _____	USD: _____	USD: _____

Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes within the past twelve (12) months?

Please explain any significant changes in the nature or size of the Applicant's business in the past 12 months or anticipated in the next 12 months: _____

If none, check "none": None

Please describe any completed or agreed merger, acquisition, or consolidation completed or agreed in the last 12 months or contemplated in the next 12 months: _____

If none, check "none": None

PRIVACY AND COMPUTER & NETWORK SECURITY

Please identify the types of personal information of individuals that you collect, process or store (check all that apply) along with an estimate of the number of records held for each type of information:

Type of Information	Number of Records (Estimated)
<input type="checkbox"/> Social Security Numbers	<input type="checkbox"/> <100K <input type="checkbox"/> 100K-250K <input type="checkbox"/> 500K-1M <input type="checkbox"/> >1M
<input type="checkbox"/> Consumer Financial Information	<input type="checkbox"/> <100K <input type="checkbox"/> 100K-250K <input type="checkbox"/> 500K-1M <input type="checkbox"/> >1M
<input type="checkbox"/> Payment Card Information	<input type="checkbox"/> <100K <input type="checkbox"/> 100K-250K <input type="checkbox"/> 500K-1M <input type="checkbox"/> >1M
<input type="checkbox"/> Protected Health Information	<input type="checkbox"/> <100K <input type="checkbox"/> 100K-250K <input type="checkbox"/> 500K-1M <input type="checkbox"/> >1M
<input type="checkbox"/> Biometric Information	<input type="checkbox"/> <100K <input type="checkbox"/> 100K-250K <input type="checkbox"/> 500K-1M <input type="checkbox"/> >1M
<input type="checkbox"/> Other: _____	<input type="checkbox"/> <100K <input type="checkbox"/> 100K-250K <input type="checkbox"/> 500K-1M <input type="checkbox"/> >1M

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Does the Applicant require third parties with which it shares personally identifiable or confidential information to indemnify the Applicant for legal liability arising out of the release of such information due to the fault or negligence of the third party? Yes No

Does the Applicant have and require employees to follow written computer and information systems policies and procedures? Yes No

Does the Applicant use the following controls:

Commercially available Firewall protection: Yes No

Commercially available Anti-Virus protection: Yes No

RANSOMWARE CONTROLS

Do you allow remote access to your network? Yes No

If yes:

Do you use multi-factor authentication (MFA) to secure all remote access? Yes No

Do you require a virtual private network (VPN)? Yes No

Do you permit users remote access to web-based email (e.g., Outlook Web Access (OWA))? Yes No

If yes: Do you enforce MFA for access to web-based email?

Yes No

Do you regularly (at least annually) provide cyber security awareness training, including anti-phishing, to all staff who have access to your organisation's network or confidential/personal data?

Yes No

Do you implement critical patches (within 2 months)?

Yes No

Do you scan incoming emails for malicious attachments and/or links?

Yes No

Do you protect all of your devices with anti-virus, anti-malware, and/or endpoint protection software?

Yes No

Do you regularly back-up critical data (within 2 months)?

Yes No

Are your backups kept separate from your network ('offline'), or via a third-party cloud service provider designed for this purpose?

Yes No

Are your backups encrypted?

Yes No

Have you tested the successful restoration and recovery of key server configurations and data from backups in the last 6 months?

Yes No

Do you use Office 365?

Yes No

If yes: Do you use the Office 365 Windows Defender/Advanced Threat Protection add-on or a similar product?

Yes No

Please check which similar product you are using:

- AppRiver
- Avanan Cloud Email Security
- Barracuda Essentials
- Microsoft Defender
- Mimecast Email Security with Threat Protection
- Proofpoint Email Security and Protection
- Proofpoint Essentials for Small Business
- SpamTitan Email Security
- Symantec Email Security Cloud
- Other (please describe): _____

NOT APPLICABLE

Do you have any end of life or end of support software on your network?

Yes No

If yes: Is the software segregated from the rest of the network?

Yes No

Please list any additional compensating controls your organization has implemented in addition to the above:

FRAUDULENT INSTRUCTION

Does the Applicant require a review of all changes to vendor/supplier records by a supervisor before any change to the record is processed?

Yes No

Does the Applicant provide periodic anti-fraud training to employees concerning the detection of phishing and other social engineering scams? Yes No

Before processing a wire transfer, does the company confirm the request by a secondary means of communication? Yes No

Please check below each procedure used to authenticate funds or securities transfer instructions prior to transfer:

- Call the customer or client at a predetermined number
- Send a text message to the customer or client at a predetermined number
- Receipt by the Applicant of a code known only to the customer or client
- Other (please describe):

Has the Applicant received fraudulent emails within the last twelve months, purporting to be from customers, vendors, or employees, intending to direct transfers of the Applicant's funds? Yes No

If yes, please provide a brief summary of each incident:

BUSINESS EMAIL COMPROMISE

Check "Yes" next to the option below that applies to your organization's email application:

On Premise Yes No

Hosted/Cloud Based Yes No

If Hosted/Cloud Based, which one?

If Hosted/Cloud Based, have you enabled all default logging for email, including audit logging and mailbox auditing? Yes No

If Hosted/Cloud Based, have you implemented one or more of the following email authentication standards: DMARC, DKIM, or SPF? Yes No

Do you use email to store, process, and/or transmit sensitive information including Personally Identifiable Information and/or Personal Health Information? Yes No

Do you have a formalized email retention policy? Yes No

If yes, what is the maximum duration of email retention per the policy? _____

DEPENDENT BUSINESS INTERRUPTION

If you rely on third party cloud hosting to conduct any parts of your business, do you have an alternative solution in the event of a provider failure? Yes No
 We do not rely on third party cloud hosting

If elements of your website(s) are hosted or operated on third party systems, can you conduct business offline (without access to or use of your website(s)) without a material reduction in your business operations? Yes No
 Our website(s) are not hosted by third parties

If you rely on a third-party eCommerce platform or payment processor to conduct business, do you have an alternative solution that will maintain continuity of business operations in the event of a provider failure?

- Yes No
 We do not rely on third party eCommerce platforms or payment processor to conduct business

PAYMENT CARDS

Does the Applicant (or a third-party on their behalf) accept payment cards for goods sold or services rendered? (if "no", skip to Media Controls section)

- Yes No

If yes, please state the Applicant's approximate percentage of revenues from payment card transactions within the past twelve (12) months:

_____ %

Is the Applicant or their credit card processor (e.g., PayPal, Square, etc.) PCI compliant?

- Yes No

If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion: _____

MEDIA CONTROLS

Please describe the media activities of the Applicant or by others on behalf of the Applicant:

- Television Radio Print Applicant's Website(s) Internet Advertising
 Social Media Marketing Materials Audio or Video Streaming
 Other (please describe): _____

Does the Applicant have a formal review process in place to screen any published or broadcast material (including digital content) for intellectual property and privacy compliance prior to any publication, broadcast, distribution, or use?

- Yes No

Are such reviews conducted by, or under the supervision, of a qualified attorney?

- Yes No

Does the Applicant allow user generated content to be displayed on its website(s)?

- Yes No

PRIOR CLAIMS AND CIRCUMSTANCES

Does the Applicant or any other proposed insured (including any director, officer or employee) have knowledge of or any information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance?

- Yes No

If yes, please provide details: _____

During the past five years has the company:



Please check if the Applicant does not have any claims or circumstances to report within the past five years (If checked, please skip questions A – D).

- A. Received any claims or complaints with respect to privacy, breach of information or network security, or unauthorized disclosure of information? Yes No
- B. Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? Yes No
- C. Notified customers or any other third party of a data breach incident involving the Applicant? Yes No
- D. Experienced an actual or attempted extortion demand with respect to its computer systems? Yes No

SIGNATURE SECTION

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDERWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. FOR NORTH CAROLINA APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER 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 OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, AND RHODE ISLAND APPLICANTS: 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.



SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

NOTICE TO VERMONT APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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. THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signed: _____

Date: _____

Print Name: _____

Title: _____

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa please provide the Insurance Agent's name and signature only.

Agent's Signature: _____

Agent's Printed Name: _____

Florida Agent's License Number: _____

*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance - Producer