



NetGuard® Plus Cyber Liability Insurance Cannabis Risk Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for NetGuard® Plus Cyber Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. You” and “Your”, as used in this application, means the Applicant.

1. GENERAL INFORMATION			
Name of Applicant:			
Street Address:			
City, State, Zip:	Phone:		
Website:	Fax:		
Primary Contact Name:	Primary Contact E-Mail:		
2. FORM OF BUSINESS			
a. Applicant is a(an): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____ If the Applicant is a corporation, is the corporation a public or private company? <input type="checkbox"/> Public <input type="checkbox"/> Private			
b. Date established:			
c. Description of operations:			
d. Total number of employees:			
e. State(s) where you operate:			
f. Do you maintain all proper licenses to sell medical and/or recreational cannabis, as required under all applicable state, city, county and local laws?			<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Please indicate by percentage the overall breakdown of your cannabis sales:			
<ul style="list-style-type: none"> • Direct to consumer: _____% • Wholesale: _____% <p style="text-align: center;">TOTAL 100%</p>			
h. Please attach a list of all subsidiaries, affiliated companies or entities owned by the Applicant. Please describe (1) the nature of operations of each such subsidiary, affiliated company or entity, (2) its relationship to the Applicant and (3) the percentage of ownership by the Applicant.			
i. Are any significant changes in the nature or size (e.g., more than 20% increase in revenue) of your business anticipated over the next 12 months? If “Yes”, please explain on a separate page.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. REVENUES			
	Current Fiscal Year ending / (current projected)	Last Fiscal Year ending /	Two Fiscal Years ago ending /
Total gross revenues:	\$	\$	\$
4. RECORDS			
a. Do you collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form? If “Yes”, please provide the approximate number of unique records: Paper records: _____ Electronic records: _____ <small>*Private or sensitive information includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers’ license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you collect, store, host, process, control, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person? If “Yes”, have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

5. POINT OF SALE CONTROLS (Please complete this section only if you process, store or handle payment card transactions.)	
a. Are you PCI-DSS Compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Estimated number of transactions processed through Point of Sale (POS) systems annually: _____	
c. Do you utilize end-to-end encryption on all POS systems and transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. INFORMATION SECURITY CONTROLS	
a. Do you use a cloud provider to store data or host applications? If "Yes", please provide the name of the cloud provider: _____ If you use more than one cloud provider to store data, please specify the cloud provider storing the largest quantity of sensitive customer and/or employee records (e.g., medical records, personal health information, social security numbers, bank account details and credit card numbers) for you.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you use 2-factor authentication to secure all cloud provider services that you utilize (e.g. Amazon Web Services (AWS), Microsoft Azure, Google Cloud)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you maintain a loyalty rewards program through which consumer data is stored? If "Yes", please describe on a separate page how such data is protected.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. COMPUTER AND NETWORK SECURITY	
a. Do you use anti-virus software and a firewall to protect your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you encrypt all sensitive and confidential information stored on your organization's systems and networks? If "No", are the following compensating controls in place: (1) Segregation of servers that store sensitive and confidential information? (2) Access control with role-based assignments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. RANSOMWARE CONTROLS	
a. Do you allow remote access to your network? If "Yes": (1) Do you use 2-factor authentication to secure all remote access to your network? (2) Do you utilize IP whitelisting to further protect remote access connections?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you disabled the Remote Desktop Protocol (RDP) and/or Remote Desktop Gateway (RDG) on all system endpoints and servers? If "No", is RDP and/or RDG protected by two-factor authentication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you use 2-factor authentication to secure all domain or network administrator accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you use 2-factor authentication to secure remote access to your email accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you use Endpoint Detection and Response (EDR) or a Next-Generation Antivirus (NGAV) software (e.g., CrowdStrike, Cylance, Carbon Black) to secure all system endpoints? If "Yes", please list your provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you use an email filtering solution designed to prevent phishing or ransomware attacks (in addition to any filtering solution(s) provided by your email provider)? If "Yes", please provide the name of your filtering solution provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you use a data backup solution for all critical data? If "Yes": (1) How frequently does it run? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (2) Which of the following best describes your data backup solution? <input type="checkbox"/> Local backup <input type="checkbox"/> Network drive <input type="checkbox"/> Tape backup <input type="checkbox"/> Off-site storage <input type="checkbox"/> Cloud backup <input type="checkbox"/> Other: _____ (3) Please list your data backup provider: _____ (4) Is your data backup solution: (a) physically disconnected from your network? (b) segregated with 2-factor authentication access control? (5) How long do you expect it to take to recover from backups in the event of a widespread malware or ransomware attack within your network? <input type="checkbox"/> 0-24 hours <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-6 days <input type="checkbox"/> 1 week or longer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

9. PHISHING CONTROLS	
<p>a. Do any of the following employees at your company complete social engineering training:</p> <p>(1) Employees with financial or accounting responsibilities?</p> <p>(2) Employees without financial or accounting responsibilities?</p> <p>If “Yes” to question 9.a.(1) or 9.a.(2), does such training include phishing simulation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Does your organization send and/or receive wire transfers?</p> <p>If “Yes”, does your wire transfer authorization process include the following:</p> <p>(1) A wire request documentation form?</p> <p>(2) A protocol for obtaining proper written authorization for wire transfers?</p> <p>(3) A separation of authority protocol?</p> <p>(4) A protocol for confirming all payment or funds transfer instructions/requests from a new vendor, client or customer via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer before the payment or funds transfer instruction/request was received?</p> <p>(5) A protocol for confirming any vendor, client or customer account information change requests (including requests to change bank account numbers, contact information or mailing addresses) via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer before the change request was received?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
10. MEDIA	
<p>a. Does the Applicant use material provided by others, such as content, music, graphics or video streams?</p> <p>If “Yes”, does the Applicant always obtain the necessary rights, licenses, releases & consent for the use of the materials provided by others?</p> <p>Please describe below your process for obtaining necessary rights, licenses, releases & consent for the use of the materials provided by others (attach a separate page, if necessary).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Please describe the Applicant’s procedures for removing potentially defamatory or infringing material (attach a separate page, if necessary).</p>	
11. LOSS HISTORY	
<p>If the answer to any question below is “Yes”, please complete a Claim Supplemental Form for each claim, allegation or incident.</p>	
<p>a. In the past 3 years, has the Applicant or any other person or organization proposed for this insurance:</p> <p>(1) Received any complaints or written demands or been a subject in litigation involving matters of privacy injury, breach of private information, network security, defamation, content infringement, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the ability of third parties to rely on the Applicant’s network?</p> <p>(2) Been the subject of any government action, investigation or other proceedings regarding any alleged violation of privacy law or regulation?</p> <p>(3) Notified customers, clients or any third party of any security breach or privacy breach?</p> <p>(4) Received any cyber extortion demand or threat?</p> <p>(5) Sustained any unscheduled network outage or interruption for any reason?</p> <p>(6) Sustained any property damage or business interruption losses as a result of a cyber-attack?</p> <p>(7) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Do you or any other person or organization proposed for this insurance have knowledge of any security breach, privacy breach, privacy-related event or incident or allegations of breach of privacy that may give rise to a claim?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. Has any employee ever been disciplined for mishandling data or otherwise tampering with your computer network?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d. In the past 3 years, has any service provider with access to the Applicant’s network or computer system(s) sustained an unscheduled network outage or interruption lasting longer than 4 hours?</p> <p>If “Yes”, did the Applicant experience an interruption in business as a result of such outage or interruption?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
NOTICE TO APPLICANT	
<p>The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in questions 11.a. through 11.d of this application.</p> <p>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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.</p>	

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 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, and that I agree that this application shall be the basis of the contract with the Underwriters.

CERTIFICATION AND SIGNATURE

The Applicant has read the foregoing and understands that completion of 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 as a NetGuard® Plus Cyber Liability Insurance risk have been revealed.

It is understood that this application shall form the basis of the contract should the Underwriter approve coverage, and should 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 which 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.

Print or Type Applicant's Name

Title of Applicant

Signature of Applicant

Date Signed by Applicant