TRIVORA

CYBER PULSE APPLICATION

NOTICE: This policy's liability insuring agreements provide coverage on a claims-made and reported basis and apply only to claims that are first made against the insured during the policy period or extended reporting period, if purchased, and reported to the insurer in accordance with the terms of the policy. The limit of liability available to pay judgments or settlements will be reduced and may be exhausted by amounts incurred for legal defense and claims expenses. Furthermore, amounts incurred for legal defense and claims expenses will be applied against the retention. Please read the policy carefully.

If a policy is issued, this application will attach to and become part of the policy. Therefore, it is important that all information provided is accurate, truthful, and complete.

Applicant Details

1. **Applicant / Company Name:**

2. **Mailing Address** **Street:**

Address Line 2:

City: **State:** **Zip Code:**

3. **Domain(s):**

Revenue & Operations

4. **Industry / NAICS**

5. **Does the organization operate in, or derive revenue from, any of the following industries or activities?** ☐ Yes ☐ No

- Adult content
- Airlines, Airports, Air Transport, or Air Traffic Control
- Cannabis
- Casinos, Gambling, or Sports Betting
- Collection Agency
- Cryptocurrency and/or NFTs
- Credit Monitoring
- Data Aggregation or Lead Generation
- Franchisor and/or Franchisee
- Firearms, Weapons, or Ammunition Manufacturing
- Gig Economy
- Insurance Carriers or Reinsurers
- Managed Service Provider (MSP) and/or Managed Security Service Provided (MSSP)
- Nuclear Activities / Facilities
- Payment Processing Provider and/or Credit Card Issuance
- Political Organizations, Political Related Services, or Voting Machines
- Satellite Operation or Telecommunication
- Search Engines or Web Search Portals
- Social Media, Dating Website, or Crowdfunding Platforms
- Streaming Services (Podcasts, Music, Gaming)

6. **Projected 12-Month Top-Line Revenue:** $

7. **Number of Employees:** #

Claims & Incident History

8.	**Within the past three (3) years**, has the applicant experienced any cyber, privacy, or media-related incident, allegation, claim, loss, or regulatory inquiry (whether insured or not), including any security breach, ransomware event, unauthorized access, data loss, privacy violation, or defamation/content matter, and does the Applicant confirm it has disclosed all known claims, incidents, or circumstances related to the proposed insurance?	☐ Yes ☐ No
8a.	**Total Number of Claims or Incidents** within the past three (3) years	#
8b.	**Total Claims / Loss Amount** within the past three (3) years	$

Data & Financial Practices

DATA HANDLING

9.	Does the Organization knowingly use any of the following technologies on its websites, platforms, or livestreams: session replay, keystroke-capture, chatbots that transmit user inputs to third-party vendors, or tracking tools that evade cookie blockers?	☐ Yes ☐ No
10a.	Approximately how many individuals' sensitive-data records (e.g., PII, PHI, financial account information) does the organization collect, process, store or otherwise maintain? *Estimates are acceptable*	☐ 0–50,000 ☐ 50,001–500,000 ☐ 500,001–2,500,000 ☐ 2,500,001–10,000,000 ☐ 10,000,001+
10b.	Does the organization encrypt sensitive data, both in transit and at rest?	☐ Yes ☐ No

FINANCIAL CONTROLS

11.	Does the Applicant require a secondary means of communication to validate the authenticity of funds transfers (ACH, wire, banking changes, etc.) requests before processing a request in excess of $25,000?	☐ Yes ☐ No

Security Practices & Controls

AUTHENTICATION METHODS

12.	Does the organization enforce multi-factor authentication (MFA) for the following:	
12a.	Email (including: all access methods, including internal, remote, webmail, mobile, and cloud-hosted email access)	☐ Yes ☐ No
12b.	Remote Network / Virtual Private Network (VPN) Access *(Select N/A if organization does not utilize any remote network / VPN technologies)*	☐ Yes ☐ No ☐ N/A
12c.	All Administrator and Privileged User Accounts *(Select N/A if organization does not utilize admin or privileged user accounts)*	☐ Yes ☐ No ☐ N/A

BACKUP PRACTICES

13a.	Are backups maintained for critical business systems and data?	☐ **Yes** ☐ **No**
13b.	How often does the organization back up all sensitive and critical information?	☐ **Continuous / Near real-time** *(e.g., Replication, CDP)* ☐ **Daily** *(At least once every 24 hours)* ☐ **Weekly** ☐ **Monthly** ☐ **Infrequent / Ad-Hoc**
14a.	Are backups segregated from the primary network and inaccessible from production systems, and/or configured as immutable?	☐ **Yes** – Both segregated and immutable ☐ **Partial** – Either segregated or immutable (but not both) ☐ **No** – Neither segregated nor immutable
14b.	Is multi-factor authentication (MFA) required to access, manage, or restore backups?	☐ **Yes** ☐ **No**
14c.	Have backup restoration procedures been tested within the past 12 months?	☐ **Yes** ☐ **No**
14d.	Can critical business systems be restored from backups within 72 hours?	☐ **Yes** ☐ **No**

ENDPOINT PROTECTION PRACTICES

15a.	Does the organization deploy an Endpoint Protection Platform (EPP) or Next-Generation Antivirus (NGAV) solutions to protect endpoint devices?	☐ **Yes** ☐ **No**
15b.	Does the organization utilize and deploy Endpoint Detection and Response (EDR) tools for monitoring and responding to endpoint threats?	☐ **Yes** ☐ **No**
15c.	Does the organization have 24/7 security monitoring and incident response capabilities through an internal or outsourced Security Operations Center (SOC)?	☐ **Yes** ☐ **No**

Signature Section

The undersigned authorized representative of the applicant declares (1) this application form has been completed after reasonable inquiry, (2) the statements set forth herein are true and complete to the best of his/her knowledge, and (3) that these declarations are a material inducement to the insurer to provide a proposal for insurance. The undersigned authorized representative agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she 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.

Should there be a material misstatement or misrepresentation by the applicant in this application form or in any other materials furnished to the insurer as part of the underwriting process, including without limitation, any supplemental applications or questionnaires, the insurer specifically and generally reserves its rights to disclaim any claim or incident that was based upon, arises out of, or is in any way relating to that material misstatement or misrepresentation. Additionally, the insurer reserves the right to rescind the policy in accordance with the laws of any applicable jurisdiction.

Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing 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 the person to criminal and civil penalties.

Signed By:

SIGNATURE	DATE (MM/DD/YYYY)

PRINT NAME OF AUTHORIZED REPRESENTATIVE

JOB TITLE (ONLY BY AUTHORIZED CISO, CEO, CFO OR EQUIVALENT)

EMAIL

NOTICE TO APPLICANTS

NOTICE TO APPLICANTS IN STATES NOT LISTED BELOW: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing 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 the person to criminal and civil penalties.

NOTICE TO ALABAMA APPLICANTS: 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 application for insurance is guilty of a crime and may be subject to fines and confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS 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.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA 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, or a denial of insurance benefits.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Notice to Oregon Applicants: Any person with the intent to knowingly defraud makes any misstatements, misrepresentations, omissions or concealments concerning a material fact to an insurance company or other person in connection with an application for insurance may be guilty of insurance fraud and subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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 VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: 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.

NOTICE TO WEST VIRGINA 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.