

## Coalition Cyber Policy 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.

### NAMED INSURED

**WEBSITE AND EMAIL DOMAIN(S)** *Please list all website addresses including web and email domains*

ADDRESS	CITY	STATE	ZIP
INDUSTRY	NO. OF EMPLOYEES	REVENUE*	GROSS PROFIT / NET REVENUE*
		\$	\$

### IS NAMED INSURED ENGAGED IN ANY OF THE FOLLOWING BUSINESSES?

• Adult Content	NO	YES	• Payment Processing	NO	YES
• Cryptocurrency or Blockchain	NO	YES	• Managed Service Provider (MSP), Managed Security Service Provider (MSSP), or remote network administration services provider	NO	YES
• Gambling	NO	YES			

\* Expected over the next 12 months

## Loss History

**1** During the past three years, did *Named Insured* experience a cyber incident, claim or loss, whether insured or not, which could have been covered under a policy similar to the proposed insurance? This includes but is not limited to, any:

NO YES

- (i) actual or reasonably suspected data breach or security failure, including notifying consumers or third parties of a data breach or security failure;
- (ii) claims or complaints with respect to privacy injury, breach of information or network security, unauthorized disclosure of information, defamation, or content infringement;
- (iii) government action, investigation, or subpoena regarding any alleged violation of a privacy law or regulation; or
- (iv) actual or attempted extortion demand with respect to «policy.insured.name»'s data or computer systems.

(If Yes) Please provide details of all cyber incidents and claims, including:

**1a** the number of claims or incidents;

**1b** the total claims or loss amount, including incident response expenses; \$

**1c** whether any single claim amount or cyber incident loss was greater than \$25,000; \$

**1d** a description of each cyber incident or claim and the steps taken to remediate the issue(s)

## Loss History (continued)

**2** Does *Named Insured* have knowledge or information regarding any fact, circumstance, situation, or event that could reasonably give rise to a claim or loss under the proposed insurance? NO YES

(If Yes) please provide details

*If Named Insured has knowledge or information regarding any fact, circumstance, situation, or event that may give rise to a claim or loss under the proposed insurance policy, any claim or loss arising therefrom is excluded from the coverage.*

## Security Controls

**3** Does *Named Insured* implement encryption on laptop computers, desktop computers, and other portable media devices? NO YES

**4** Does *Named Insured* collect, process, store, transmit, or have access to any Payment Card Information (PCI), Personally Identifiable Information (PII), or Protected Health Information (PHI) other than employees of *Named Insured*? NO YES

**4a** (If Yes) What is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?

**4b** (If Yes) How many PII or PHI records does *Named Insured* collect, process, store, transmit, or have access to?

**5** Does *Named Insured* maintain at least weekly backups of all sensitive or otherwise critical data and all critical business systems offline or on a separate network? NO YES N/A

**6** For which of the following services do you enforce Multi-Factor Authentication (MFA)?

**6a** Email NO YES N/A - NO REMOTE ACCESS ALLOWED

**6b** Virtual Private Network (VPN) NO YES N/A - NO VPN ALLOWED

**6c** Remote Desktop Protocol (RDP), RDWeb, RD Gateway, or other remote access NO YES N/A - NO REMOTE ACCESS ALLOWED

**6d** Network / cloud administration or other privileged user accounts NO YES ON ADMINISTRATIVE ACCOUNTS AND ALL CLOUD SERVICES WHERE SUPPORTED

**7** Does *Named Insured* require a secondary means of communication to validate the authenticity of :

**7a** Funds transfer requests (ACH, wire, etc.) before processing a request in excess of \$5,000? NO YES N/A

**7b** Funds transfer requests (ACH, wire, etc.) before processing a request in excess of \$25,000? NO YES N/A

**7c** Any request to change banking details (ACH, wire, payroll distribution, etc.)? NO YES N/A

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**Security Controls (continued)**

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<b>8</b>	Will <i>Named Insured</i> have an active technology errors and omissions policy concurrent with this insurance policy?	NO	YES	N/A
<b>9</b>	Will <i>Named Insured</i> have an active errors and omissions or professional indemnity policy concurrent with this insurance policy?	NO	YES	N/A
<b>10</b>	Within the last 3 years has <i>Named Insured</i> been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications?	NO	YES	N/A
<b>10a</b>	(If Yes) Please explain?			
<b>11</b>	Does <i>Named Insured</i> enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right?	NO	YES	N/A

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**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, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

**CONSENT FOR ELECTRONIC COMMUNICATION**

YOU AGREE TO RECEIVE INSURANCE-RELATED COMMUNICATIONS AND THE USE OF AN ELECTRONIC SIGNATURE FOR ALL DOCUMENTS RELATED TO YOUR INSURANCE POLICY, INCLUDING (BUT NOT LIMITED TO) ANY LEGAL NOTICES OR DISCLOSURES, VIA ELECTRONIC MEANS, IN ACCORDANCE WITH [COALITION'S ELECTRONIC SIGNATURE AND DISCLOSURES POLICY](#). YOU CAN WITHDRAW YOUR CONSENT ANYTIME. PLEASE REVIEW [COALITION'S PRIVACY POLICY](#), WHICH GOVERNS YOUR USE OF COALITION'S PRODUCTS AND SERVICES.

BY SIGNING BELOW, THE UNDERSIGNED HAS AGREED THAT THEY READ COALITION'S ELECTRONIC SIGNATURE AND DISCLOSURE POLICY AND PRIVACY POLICY.

**SIGNED BY:**

SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME OF AUTHORIZED REPRESENTATIVE:

JOB TITLE

POLICY HOLDER EMAIL

SECURITY CONTACT EMAIL

SECURITY CONTACT PHONE NUMBER

## NOTICE TO APPLICANTS

**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 restitution, fines or confinement in prison, or any combination thereof.

**NOTICE TO ARIZONA APPLICANTS:** For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for 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 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 Agencies.

**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:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KANSAS APPLICANTS:** A 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 is guilty of fraud.

**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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines 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 purposes 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 MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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 HAMPSHIRE APPLICANTS:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**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 such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with the intent to defraud or knowing that he 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:** 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 any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act and may subject such person to criminal and civil penalties.

**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 AND WEST VIRGINIA 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, VIRGINIA AND 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 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.

**Entity Licenses**

Coalition IS, Inc.                      National Producer number ("NPN")                      18419475

<b>Entity Name</b>	<b>State</b>	<b>P&amp;C License</b>	<b>Surplus Lines License #</b>
Coalition IS, Inc.	Alabama	791146	791146
Coalition IS, Inc.	Alaska	100144781	100144781
Coalition IS, Inc.	Arizona	3000108841	3000108841
Coalition IS, Inc.	Arkansas	3000103764	3000103764
Coalition IS, Inc.	California (resident)	0L76155	0L76155
Coalition IS, Inc.	Colorado	539028	539028
Coalition IS, Inc.	Connecticut	2562016	2564769
Coalition IS, Inc.	District of Columbia	3000106662	3000106662
Coalition IS, Inc.	Delaware	3000111636	3000111636 (Business License)
Coalition IS, Inc.	Florida	L100906	L100906
Coalition IS, Inc.	Georgia	196479	N/A
Coalition IS, Inc.	Hawaii	454818	456400
Coalition IS, Inc.	Idaho	623195	N/A
Coalition IS, Inc.	Illinois	3000118749	3000118749 (Business License)
Coalition IS, Inc.	Indiana	3250026	3253936
Coalition IS, Inc.	Iowa	1002294565	1002294565 (Business License)
Coalition IS, Inc.	Kansas	821489162-000	821489162-000 (Business License)
Coalition IS, Inc.	Kentucky	959194	959194
Coalition IS, Inc.	Louisiana	734964	734964
Coalition IS, Inc.	Maine	AGN289240	AGN289240 (Business License)
Coalition IS, Inc.	Maryland	3000132010	3000132010
Coalition IS, Inc.	Massachusetts	2028878	2032388
Coalition IS, Inc.	Michigan	113163	113163
Coalition IS, Inc.	Minnesota	40531952	40531952 (Business License)
Coalition IS, Inc.	Mississippi	15031878	15031878 (Business License)
Coalition IS, Inc.	Missouri	8410479 (Business License)	N/A
Coalition IS, Inc.	Montana	3000117198	3000117198
Coalition IS, Inc.	Nebraska	100270681	100270681
Coalition IS, Inc.	Nevada	3249968	3253650
Coalition IS, Inc.	New Hampshire	2373806	2373806
Coalition IS, Inc.	New Jersey	1648368	1648368
Coalition IS, Inc.	New Mexico	3000132370	3000132370
Coalition Insurance Services, Inc.	New York	PC-1472466 - Agent BR-1472466 - Broker	EX-1472466-R
Coalition IS, Inc.	North Carolina	1000532874	1000532874
Coalition IS, Inc.	North Dakota	3000126195	3000126195
Coalition IS, Inc.	Ohio	1153091	1153274
Coalition IS, Inc.	Oklahoma	100298249	100298249
Coalition IS, Inc.	Oregon	3000112920	3000112920
Coalition IS, Inc.	Pennsylvania	815731	817452
Coalition IS, Inc.	Rhode Island	N/A	N/A
Coalition IS, Inc.	South Carolina	212785 (Business License)	N/A
Coalition IS, Inc.	South Dakota	10019754	10019754 (Business License)
Coalition IS, Inc.	Tennessee	2367792	2367792 (Business License)
Coalition IS, Inc.	Texas	2199630	2205589
Coalition IS, Inc.	Utah	622762	623246
Coalition IS, Inc.	Vermont	3250168	3250168 (Business License)
Coalition IS, Inc.	Virginia	142233	142233
Coalition IS, Inc.	Washington	953788	953788
Coalition IS, Inc.	West Virginia	100244997	N/A
Coalition IS, Inc.	Wisconsin	3000108852	3000108852 (Business License)
Coalition IS, Inc.	Wyoming	340720	342916

### Individual Licenses

Joshua Motta                      National Producer Number ("NPN")                      18337852

Entity Name	State	P&C License	Surplus Lines License #
Joshua Motta	Alabama	789983	789983
Joshua Motta	Alaska	100143994	100143994
Joshua Motta	Arizona	18337852	18337852
Joshua Motta	Arkansas	18337852	18337852
Joshua Motta	California (resident)	0L58116	0L58116
Joshua Motta	Colorado	537099	537099
Joshua Motta	Connecticut	2558945	2563248
Joshua Motta	Delaware	3000100750	3000100750
Joshua Motta	Florida	W406000	W406000
Joshua Motta	District of Columbia	3000100725	3000100725
Joshua Motta	Georgia	3140308	3140308
Joshua Motta	Hawaii	453733	455830
Joshua Motta	Idaho	622028	622026
Joshua Motta	Illinois	18337852	18337852
Joshua Motta	Indiana	3242922	3252541
Joshua Motta	Iowa	18337852	18337852
Joshua Motta	Kansas	18337852	18337852
Joshua Motta	Kentucky	958851	958851
Joshua Motta	Louisiana	732406	732406
Joshua Motta	Maine	PRN288994	PRN288994
Joshua Motta	Maryland	3000100749	3000100749
Joshua Motta	Massachusetts	2026975	2029459
Joshua Motta	Michigan	811208	811208
Joshua Motta	Minnesota	40530928	40530983
Joshua Motta	Mississippi	10492880	10492880
Joshua Motta	Missouri	8409487	8409487
Joshua Motta	Montana	3000115261	3000115261
Joshua Motta	Nebraska	18337852	18337852
Joshua Motta	Nevada	3249453	3252548
Joshua Motta	New Hampshire	2373404	2373404
Joshua Motta	New Jersey	1640546	1640546
Joshua Motta	New Mexico	18337852	18337852
Joshua Motta	New York	Sublicensee of agency	Sublicensee of agency
Joshua Motta	North Carolina	18337852	18337852
Joshua Motta	North Dakota	18337852	18337852
Joshua Motta	Ohio	1152643	1152648
Joshua Motta	Oklahoma	100294770	100294770
Joshua Motta	Oregon	18337852	18337852
Joshua Motta	Pennsylvania	812298	816881
Joshua Motta	Rhode Island	3000100704	3000100704
Joshua Motta	South Carolina	18337852	18337852
Joshua Motta	South Dakota	40448457	40448457
Joshua Motta	Tennessee	2365948	2365948
Joshua Motta	Texas	2190682	2201568
Joshua Motta	Utah	616863	622826
Joshua Motta	Vermont	3242856	3253093
Joshua Motta	Virginia	1037324	1037324
Joshua Motta	Washington	953442	953442
Joshua Motta	West Virginia	18337852	18337852
Joshua Motta	Wisconsin	18337852	18337852
Joshua Motta	Wyoming	338974	342604