

Fidelity Bond and Management Liability Policy for Depository Institutions Application

NOTICE: THIS IS CLAIMS MADE AND REPORTED COVERAGE. EXCEPT AS OTHERWISE PROVIDED HEREIN, PARTS OF THIS POLICY ARE WRITTEN ON A CLAIMS MADE AND REPORTED BASIS AND COVER ONLY CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD, THE AUTOMATIC REPORTING PERIOD OR, IF EXERCISED, THE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE EXPENSES. RETENTIONS SHALL APPLY TO LOSS, INCLUDING DEFENSE EXPENSES.

PLEASE READ AND REVIEW THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Instructions:

1. Respond to all questions completely. Check responses as requested.
2. If space is insufficient, continue responses on your letterhead and attach as an addendum.
3. This Application must be completed, dated, and signed by the Chairman or the President of the Parent Company.
4. The term "Applicant" as used throughout this Application means the Parent Company named below and all entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

Parent Company (herein referred to as the Applicant): _____

Parent Company Address: _____

Total Number of Employees: _____ Total Number of Locations: _____

Subsidiaries, including all subsidiaries of subsidiaries:

Name	% Owned	Nature of business

If additional space is needed please provide by attachment.

Common Stock-Number of Shareholders: _____ If Publicly Traded, provide symbol & exchange: _____

Percentage of shares owned directly or beneficially by directors, officers, and employees: _____

Please list all shareholders owning 10% or more of the shares of the Parent Company including % owned by each:

1. Has there been any changes in the Chairman of the Board or Senior Management in the past 3 years other than for death or retirement? Yes ☐ No ☐

If yes, provide details by attachment.

2. In the next 12 months (or during the past 12 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) the following:

- a. Any actual or proposed merger, acquisition, or divestiture? Yes ☐ No ☐
- b. Any creation of a new business, subsidiary, or division? Yes ☐ No ☐
- c. Any registration for a public offering or a private placement of securities (stocks or bonds)? Yes ☐ No ☐
- d. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? Yes ☐ No ☐

If any of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base, and the surrounding circumstances.

3. During the past 3 years has there been a change in ownership of any Applicant or of the controlling holding company that resulted in a change in ownership of 10% or more of the outstanding voting stock? Yes ☐ No ☐ *If Yes, attach full details.*

4. Is the Applicant involved in sub-prime lending and/or accepting stated income loans, or invested in securities backed by sub-prime loans? Yes ☐ No ☐ If yes, please provide details including the value of the sub-prime and/or stated income loan portfolio and/or of the investments backed by sub-prime loans, the business partners involved in these activities, the current value of such investments, and the percentage of loans which are past due.

II. REGULATORY INFORMATION:

1. Has any Cease and Desist Order, Memorandum of Understanding, or similar agreement with any regulatory agency been issued, discussed, or adopted within the past 3 years or are any now pending or anticipated? Yes ☐ No ☐ If yes, please provide details, including the nature and plans to comply with an existing or pending order or agreement.

2. Were total adversely classified assets from the most recent regulatory exam in excess of 35% of capital? Yes ☐ No ☐

If yes, please attach a breakdown of the amounts classified per classification category and an action plan for reducing the amount of adversely classified assets.

3. Were there any violations of law cited as a result of the most recent regulatory exam? Yes ☐ No ☐ If yes, please provide details, including the corrective actions taken.

4. Have all criticisms from the most recent regulatory exams of the Applicant been reviewed by the Board of Directors and have appropriate corrective actions been taken? Yes ☐ No ☐ If no, please explain.

5. During the past 36 months, has any Director or Officer been alerted to any of the following conditions:

- a. Concentration of credits which warrant reduction or correction? Yes ☐ No ☐
- b. Extensions of credit which exceed the legal lending limit? Yes ☐ No ☐
- c. Any violations of laws or regulations? Yes ☐ No ☐
- d. Any insider loans past due or classified? Yes ☐ No ☐

If any of the questions above were answered Yes, please attach full details

III. COMPANY PROFESSIONAL AND DEPOSITORY SERVICES LIABILITY: *Complete this section only if Company Professional and Depository Services Liability coverage is requested.*

1. If the Applicant offers or plans to offer any of the following services, please complete the following chart.				
	Does now	Plans to	Performed by a Vendor: Y or N	Annual Gross Revenue
Accounting or Tax Preparation Services*				
Actuarial Services*				

Data Processing Services				
Discount Brokerage Services				
Insurance Agent/Agency				
Insurance Company				
Investment Advisor/Financial Planning (other than by a Trust Department)				
Investment Banking Services				
Property Management Services				
Real Estate Agent/Agency				
Sale of Mutual Funds or Annuities				
Security Broker/Dealer Services				
Travel Agent/Agency				
Other non-bank operations, check if none <input type="checkbox"/> :				
*Note: Legal, actuarial, and accounting services, other than those performed for the Applicant, are not covered under the Professional and Depository Services Liability Insuring Agreement.				

2. If the Applicant provides a service listed above, other than through a vendor, is errors and omissions insurance, other than that covered by the policy for which application is being made, maintained for each of those services? Yes ☐ No ☐ If no, please attach a list of those services not so insured.
3. If a service listed above is provided through a vendor:
 - a. Does the Applicant require the vendor to have errors and omissions insurance and require proof of such insurance on an annual basis? Yes ☐ No ☐
 - b. Does the Applicant require that the vendor contract contain a hold harmless agreement and indemnification of the Applicant? Yes ☐ No ☐
4. Has any vendor used by the Applicant in the past 5 years filed bankruptcy? Yes ☐ No ☐ If yes, please provide details.

IV. LENDER LIABILITY: *Complete this section only if Lender Liability coverage is requested.*

1. Does the Applicant periodically audit the loan files of each loan officer to ensure compliance with loan underwriting policies and procedures? Yes ☐ No ☐ Check, if no significant problems were found. ☐
2. Has the Applicant purchased any loans or "books" of loans originated by other lenders during the past 3 years? Yes ☐ No ☐ If Yes, please provide details.
3. What percentage of the loan portfolio consists of participations accepted from other originating financial institutions? _____% If greater than 5%, please provide the names and locations of the originating institutions.
4. Are all participation loans underwritten to the same standards as the Applicant's originations? Yes ☐ No ☐ If No, please provide details.
5. Does the Applicant make loans outside of its defined trade territory? Yes ☐ No ☐ If yes, please provide the percentage of the loan portfolio and the steps taken to verify the collateral.

6. Does the Applicant have a mortgage banking operation? Yes ☐ No ☐ If yes, please provide the number of loan production offices: _____

V. TRUST LIABILITY: Complete this section only if Trust Liability coverage is requested.

1. Does the Applicant have a Trust Department? Yes ☐ No ☐ If so, please provide the information in Question 2 and complete our Trust Operations Questionnaire.
2. Provide the Total Assets under the Trust Department's management for the most recent two years in each respective category below for all Applicants:

Year	Custodial Accounts*	Non-Discretionary Accounts**	Managed/Discretionary Accounts***	Total Assets Under Management

*Trust Department has no investment or managerial responsibilities.

**Trust Department does not have investment discretion.

***Trust Department has investment discretion.

VI. EMPLOYMENT PRACTICES LIABILITY: Complete this section only if Employment Practices Liability coverage is requested.

1. Does the Applicant have a written manual of all personnel policies and procedures? Yes ☐ No ☐
a. If Yes, does it include an Employment-at-will statement? Yes ☐ No ☐
b. If Yes, does it include a Sexual Harassment Policy? Yes ☐ No ☐
c. If Yes, does it include a Discrimination Policy? Yes ☐ No ☐
2. Does the Applicant provide regular discrimination and harassment training prevention education? Yes ☐
No ☐
For all employees? Yes ☐ No ☐
For all managers/supervisors, tailored to their role as managers/supervisors? Yes ☐ No ☐
3. Does the Applicant provide annual written performance evaluations for all employees? Yes ☐ No ☐
4. Prior to terminating employees, does the Applicant seek outside legal counsel? Yes ☐ No ☐
5. In the past 12 months, have there been any branch or office closings, layoffs, terminations, or reorganizations? Yes ☐ No ☐ If Yes, provide details.
6. Are there any branch or office closings, layoffs, terminations, or reorganizations contemplated in the next 12 months? Yes ☐ No ☐ If yes, provide details.

VII. FIDUCIARY LIABILITY: Complete this section only if Fiduciary Liability coverage is requested

1. Please provide the following information for all **plans**, except welfare benefit plans, sponsored by the Applicant.

Plan Name	Type of Plan *	Most Recent Asset Value	Plan Status**	Investment Manager or Trustee

* Defined Benefit (DB), Defined Contributions (DC), ESOP (E), Self-Funded Welfare Benefit Plan (W), Other (O) – Attach explanation

** Active (A) Frozen (F) Sold (S) Terminated (T) – Include date of freeze, sale, or termination

Note: if any plan is an ESOP, then please complete the below Supplemental Questions for ESOP's.

2. Premium to be paid by Employer: ☐ Trust of Plan: ☐
3. Has any **plan** been terminated, partially terminated, or restructured (including the conversion of a defined benefit pension plan to a defined contribution pension plan) in the past 3 years, or does the Applicant plan to terminate, partially terminate, or restructure (including the conversion of a defined benefit pension plan to a defined contribution pension plan) any **plan** in the next 12 months? Yes ☐ No ☐
If yes, please provide details including whether or not benefits will be reduced as a result of such transaction.
4. Do all **plans** conform to ERISA's participation, vesting, benefit accrual, break in service, reporting disclosure, joint and survivor provisions, and minimum funding requirements and standards? Yes ☐ No ☐ If no, please attach full details.
5. Has any **plan** had a transaction in violation of ERISA during the past 3 years? Yes ☐ No ☐ If yes, please attach details.
6. Is any **plan** under examination by or is any issue related to a **plan** pending before the Department of Labor, the Internal Revenue Service, the Pension Benefit Guarantee Corporation, or any court? Yes ☐ No ☐ If yes, please attach details.

Supplemental Questions for ESOP's

- a. Please indicate how the ESOP acquired its securities:
- ☐ Sponsoring employer contributed stock to the ESOP
- ☐ Sponsoring employer sold stock to the ESOP
- ☐ Shareholders sold stock to the ESOP
- b. Is the ESOP leveraged? Yes ☐ No ☐
If yes, please provide the remaining balance of the loan. \$ _____
- c. If the Applicant's stock is not publicly traded, was an independent evaluation of the stock value made prior to the contribution or sale of the stock to the ESOP? Yes ☐ No ☐
If yes, please provide details including who made the evaluation and a copy of the report.

If no, please advise how the value of the stock was determined.
- d. When **plan** participants leave the Applicant, is the cash distribution they receive determined by an independent evaluation? Yes ☐ No ☐ If no, please advise how the value of the distribution is determined.

VIII. FIDELITY BOND: *Complete this section only if the Fidelity Bond is requested.*

Provide the following:

- a. Number of Employees: _____
- b. Number of Servicing Contractors: _____
- c. Total number of locations: _____
- d. Number of all ATMs: _____

e. Number of Safe Deposit Boxes: _____

1. Does the Applicant require all officers, employees, and volunteers to be away from work at least 7 consecutive days? Yes ☐ No ☐ If no, please provide details.
2. Has the Applicant audited the loan files of each loan officer to ensure compliance with loan underwriting policies and procedures within the past 18 months? Yes ☐ No ☐ If any significant problems have been found as a result of such audits, please provide complete details, including the officer involved and the type of issues uncovered. Check, if no significant problems were found. ☐
3. Does the Applicant use an anti-phishing monitoring service? Yes ☐ No ☐
4. Is multi-factor authentication used on all wire transfer requests? Yes ☐ No ☐
5. Is out of band (a source other than that by which a request is made) verification done any time there is a request for an administrative change to an account? Yes ☐ No ☐ Are customers informed of such changes? Yes ☐ No ☐
6. Does the contract for commercial accounts include a statement that the customer accepts the level of the Applicant's on-line security? Yes ☐ No ☐
7. Are internet protocol reputation tools used to block connections to banking servers from suspect IP addresses? Yes ☐ No ☐
8. Do the Applicant's systems have transaction profiling, fraud detection, and monitoring to detect out of pattern transactions? Yes ☐ No ☐
9. Is there a policy of calling the customer any time an out of pattern transaction is detected? Yes ☐ No ☐
10. Are procedures in place to ensure that the passwords and privileges of terminated employees and contractors are immediately revoked? Yes ☐ No ☐
11. Has the Applicant experienced a security breach that resulted in unauthorized access to confidential data in the past 3 years? Yes ☐ No ☐
12. Are written agreements in place with all customers who request wire transfers via telephone, facsimile, or email? Yes ☐ No ☐ **Note: Written agreements are a condition precedent for Fraudulent Transfer Instructions Insuring Agreement.**
13. Are call back procedures in place for all wire transfers requested via telephone, facsimile, or email? Yes ☐ No ☐ What is the call back limit? _____ **Note: Call back procedures are a condition precedent for the Fraudulent Transfer Instructions Insuring Agreement.**

Corporate Deception Fraud: *Complete this section only if Corporate Deception Fraud coverage is requested.*

1. Does the Applicant have procedures in place to verify the authenticity of invoices and other payment requests received from a vendor? Yes ☐ No ☐

2. Does the Applicant have procedures in place to verify the receipt of inventory, supplies, goods, or services against an invoice *prior* to making payment to a vendor? Yes ☐ No ☐
3. Does the Applicant confirm all change requests regarding vendor account information (*including all bank account information, invoice changes, telephone or telefacsimile numbers, location, and contact information*) by a direct call to the vendor using only the telephone number provided by the vendor **before** the change request was received? Yes ☐ No ☐ **NOTE: This control must be implemented prior to Corporate Deception Fraud coverage being provided with the Fidelity Bond. Please indicate the time frame for implementation if this control is not already in place.**
4. Does the Applicant refrain from implementing any vendor change requests until **after** the vendor has responded to the Applicant's inquiry change request authenticity? Yes ☐ No ☐ **NOTE: This control must be implemented prior to Corporate Deception Fraud coverage being provided with the Fidelity Bond. Please indicate the time frame for implementation if this control is not already in place.**
5. Does the Applicant confirm such change requests made by a vendor with an individual at the vendor other than the individual who requested the change? Yes ☐ No ☐ **NOTE: This control must be implemented prior to Corporate Deception Fraud coverage being provided with the Fidelity Bond. Please indicate the time frame for implementation if this control is not already in place.**
6. Does the Applicant have procedures in place to verify the authenticity of any payment or funds transfer request received from an internal company source such as an officer, another employee, subsidiary, location, or department? Yes ☐ No ☐
7. Are the procedures to verify internal payments or transfer of funds request performed consistently across all subsidiaries, business units, departments, and locations? Yes ☐ No ☐
8. Have all employees who have the ability to pay or transfer funds been trained in the verification procedures, how to detect fraud, and been made aware of the adverse consequences that result from failing to follow the proper procedures? Yes ☐ No ☐
9. Do internal payment or funds transfer requests in excess of \$25,000 require supervisory approval from a supervisor other than the person allegedly making the request? Yes ☐ No ☐
10. Has the Applicant sustained any corporate deception fraud loss with the past 3 years? Yes ☐ No ☐
If yes, please provide details, including the total amount of loss, the amount recovered from insurance and corrective actions taken.

IX. CYBER AND PRIVACY LIABILITY: *Complete this section only if Cyber and Privacy Liability is requested.*

General Information

1. Name and Title of Data Security Event Contact: _____
Telephone: _____ Email: _____

2. Please complete the following chart for the Applicant:

	Prior Year	Current Year
Gross U.S. Revenue		
Gross Non-U.S. Revenue		

3. Please estimate the number of unique individual records in the care, custody, or control of Applicant and all subsidiaries and proposed insured entities. If none, please check this box. ☐

Record Type	Number of Records			
Non Public Personal Information (PII) excluding Financial Account records and PHI records	Less than 500K	<input type="checkbox"/>	1M – 5M	<input type="checkbox"/>
	500K-999K	<input type="checkbox"/>	More than 5M	<input type="checkbox"/>
Protected Health Information (PHI)	Less than 500K	<input type="checkbox"/>	1M – 5M	<input type="checkbox"/>
	500K-999K	<input type="checkbox"/>	More than 5M	<input type="checkbox"/>
Financial Account records	Less than 500K	<input type="checkbox"/>	1M – 5M	<input type="checkbox"/>
	500K-999K	<input type="checkbox"/>	More than 5M	<input type="checkbox"/>
Corporate Information of a third party	Less than 500K	<input type="checkbox"/>	1M – 5M	<input type="checkbox"/>
	500K-999K	<input type="checkbox"/>	More than 5M	<input type="checkbox"/>
EU Residents Personal Data	Less than 500K	<input type="checkbox"/>	1M – 5M	<input type="checkbox"/>
	500K-999K	<input type="checkbox"/>	More than 5M	<input type="checkbox"/>

Network and Data Security Policies

- Does the Applicant have a data security policy documenting and communicating how information is protected by the organization? ☐ YES ☐ NO
- Does the Applicant implement a network and data security policy which is reviewed annually? ☐ YES ☐ NO
- Does the Applicant comply with local, state, federal, and international security and privacy laws affecting the Applicant's business? If "Yes," please describe how often compliance reviews are completed? ☐ YES ☐ NO

- Has the Applicant implemented policies and procedures based on those reviews to ensure compliance with these security and privacy laws? If "No," please explain. ☐ YES ☐ NO

- Does the Applicant engage independent 3rd parties to validate any of the network and data security policies and procedures? ☐ YES ☐ NO
If "Yes," please indicate which policies and procedures. _____
- Does the Applicant have a program in place to test and audit security controls? ☐ YES ☐ NO
If "Yes," how frequently does the Applicant test the controls? _____

Employee Compliance and Training

- How often does the Applicant provide security awareness training for employees? _____

2. Does the Applicant perform background screening for all employees and independent consultants? ☐YES ☐NO
3. Does the Applicant provide phishing awareness training for all employees? ☐YES ☐NO
4. Does the Applicant revoke employee computer access when an employee is terminated? ☐YES ☐NO

Password Security

1. Does the Applicant require employee passwords of at least eight characters that include at least one number and a special character? ☐YES ☐NO
2. Do the Applicant's employee passwords expire and require new authentication at least every 90 days? ☐YES ☐NO
3. Does the Applicant require remote users to be authenticated and encrypted prior to gaining access to internal networks and computer systems? ☐YES ☐NO
4. Does the Applicant require employees to use two factor or multifactor authentication on all mobile devices that have access to internal networks or computer systems? ☐YES ☐NO

PCI Compliance

1. Does the Applicant process, store, or transmit credit card data? ☐YES ☐NO
If "Yes," please complete questions 2-4.
2. What is the total estimated number of annual credit card transactions? _____
3. Is the Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS) based on the Applicant's merchant level? ☐YES ☐NO
If "No," please explain. _____
4. When was the date of the last PCI independent third party assessment (If applicable)? _____

HIPAA Compliance

1. Does the Applicant process, store or transmit protected health information (PHI)? ☐YES ☐NO
If "Yes," please complete questions 2-3.
2. Has the Applicant assessed its compliance with HIPAA Privacy, Security, and Breach notice rules in the last year? ☐YES ☐NO
If "Yes," please indicate whether self-assessment or independent third party vendor: _____
3. Is the Applicant compliant with HIPAA Privacy, Security, and Breach notice rules? ☐YES ☐NO

Outsourcing Activities

1. Does the Applicant use Third Party Service Providers (Vendors) for any of the following:

Provide Name of Vendor

- | | | | |
|--|------------------------------|-----------------------------|-------|
| a. Information Security Management | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| b. Co-location Services, Disaster Recovery | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| c. Data Archiving and Recovery | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| d. Application Service Provider | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| e. Website Hosting | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| f. Credit Card Processing | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| g. Human Resource/Benefit Management | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| h. Cloud Service Provider (SaaS, PaaS, IaaS) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |

- | | |
|--|--|
| 2. Does the Applicant require Vendors to demonstrate information security protections that meet Applicant's security requirements? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Does the Applicant perform due diligence on each Vendor to ensure that its safeguards meet the Applicant's data security standards? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Does the Applicant audit all Vendors to ensure they are meeting acceptability standards? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Does the Applicant contractually require Vendors to defend and indemnify the Applicant if they contribute to a confidentiality or privacy breach? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Does the Applicant require Vendors to maintain liability insurance? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Security Measures and Protection Procedures

- | | |
|---|--|
| 1. Does the Applicant have an individual dedicated to managing its website and network security? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If "Yes," please name the individual and describe that person's responsibilities. | |
| _____ | |
| 2. Does the Applicant encrypt data: | |
| a. Stored on mobile devices and portable media? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. "At rest" within the computer databases? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. Stored on backup media (tapes, outside network storage, etc.)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Does the Applicant have written and established policies for: | |
| a. The encryption of internal and external communications? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. The permanent deletion of data on any unused computer device? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. Security controls preventing unauthorized access to mobile devices? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Does the Applicant have physical access controls to its buildings? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Are firewalls at the perimeter of the Applicant's network? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Are firewalls in front of sensitive resources inside the Applicant's network? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Does the Applicant utilize antivirus/anti-malware software on all computers? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Has the Applicant implemented a network based Intrusion Detection system? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. Does the Applicant have a centralized process for the maintenance, monitoring, and analysis of audit logs? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

10. Does the Applicant perform vulnerability scanning/penetration testing for:
- a. Internal and External Systems ☐ YES ☐ NO
 - b. Web Applications ☐ YES ☐ NO
11. How frequently does the Applicant deploy critical (software/firmware) updates, patches/hot-fixes, or Service Packs? Please describe: _____
12. Does the Applicant enforce a “least privilege” approach to access of sensitive data? ☐ YES ☐ NO
13. Does the Applicant enforce network segmentation or segregation into security zones to protect sensitive data? ☐ YES ☐ NO

Incident Response & Business Continuity

1. Does the Applicant implement a written incident response plan addressing the following areas: ☐ YES ☐ NO
- If “No,” please explain. _____
- a. Unauthorized Network Intrusion ☐ YES ☐ NO
 - b. Privacy/Confidentiality Breach ☐ YES ☐ NO
 - c. Denial of Service Attack ☐ YES ☐ NO
 - d. Network Interruption ☐ YES ☐ NO
 - e. Ransomware or Electronic Extortion ☐ YES ☐ NO
2. How often does the Applicant test its incident response plan? _____
3. Does the Applicant have a formal business continuity/disaster recovery plan? ☐ YES ☐ NO
4. Has the Applicant tested its BCP/DRP during the past year? ☐ YES ☐ NO
5. How long does it take to restore the Applicant’s operations after a denial of service attack or other network interruption/disruption? Please explain. _____
6. How often does the Applicant back up critical data? Please explain. _____
7. Does the Applicant have a process for managing the maximum lifecycles of systems/network equipment? ☐ YES ☐ NO
8. Does the Applicant institute a formal change control policy for its Information Technology Systems? ☐ YES ☐ NO
9. Does the Applicant’s business continuity/disaster recovery plan address a cloud outage? ☐ YES ☐ NO
10. What is the estimated time to restore cloud dependent operations that are dependent on that cloud provider’s services? _____

Electronic Publishing Liability Coverage

1. Does the Applicant post to any of its websites or social media sites:
- a. Content under license from a Third party? ☐ YES ☐ NO
 - b. User generated content (video, photographs, chat rooms, etc.) ☐ YES ☐ NO
 - c. Streaming music or video? ☐ YES ☐ NO
2. Does the Applicant have processes to identify any of the following prior to publishing any of the above mentioned content:
- a. Copyright Infringement ☐ YES ☐ NO

- b. Trademark Infringement ☐YES ☐NO
- c. Libel & Slander (Including Trade Libel) ☐YES ☐NO
- d. Invasion of Privacy ☐YES ☐NO
- 3. Does the Applicant have a formal process to respond to complaints regarding content that is libelous, infringing, controversial, or violates a third party's right of privacy? ☐YES ☐NO
- 4. Does the Applicant have and enforce a take-down procedure in accordance with the DMCA safe harbor provisions? ☐YES ☐NO

X. LOSSES, PENDING LITIGATION, AND CLAIMS HISTORY:

All Applicants

- 1. During the past 3 years, has the Applicant had any actual or potential claims, litigation, losses, administrative charges or proceedings (EEOC, NLRB, etc.), government actions, or investigations involving the Applicant or any past or present director, trustee, officer, or employee? ☐YES ☐NO
- 2. Is the Applicant or any past or present director, officer, or employee a defendant in any lawsuit which could materially affect the financial condition of the Applicant? ☐YES ☐NO
- 3. Are there any claims or potential claims that have not been reported to the insurer involving the Applicant or any past or present director, trustee, officer, or employee? ☐YES ☐NO

New Applicants Only

- 4. Is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event, or transaction which could reasonably be expected to give rise to any claim or loss that would fall within the scope of the proposed coverage? ☐YES ☐NO

If "Yes" to question 4 above, please provide a complete description of the facts, circumstances, situations, events, or transactions in an addendum to this application.

The Applicant understands and agrees that if any fact, circumstance, situation, event or transaction exists, whether or not disclosed, the proposed insurance will not afford coverage for any claim or loss arising from such fact, circumstance, situation, event, or transaction.

- 5. During the past 3 years, have there been any Fidelity Bond losses in excess of \$5,000, whether reimbursed or not? ☐YES ☐NO
- 6. *Cyber and Privacy Liability Applicants only:* Has the Applicant had any actual or potential claims, litigation, or losses during the past 3 years arising from Information Security, Network Security, or Electronic Publishing activities? ☐YES ☐NO
- 7. *Cyber and Privacy Liability Applicants only:* Has the Applicant been subject to any government action, investigation, or subpoena regarding any alleged violation of a privacy law or regulation during the past 3 years? ☐YES ☐NO

If "Yes" to any of the answers in this section X. LOSSES, PENDING LITIGATION, AND CLAIMS HISTORY, please provide a complete description of the incident in an addendum to this application, including costs, losses, or damages incurred or paid, and any corrective measures to respond to such incident.

FRAUD STATEMENT:

NOTICE: IN SOME STATES, ANY PERSON WHO KNOWINGLY AND INTENTIONALLY FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR INTENTIONALLY CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND IS PUNISHABLE BY LAW.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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 SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT ANY PERSON WHO PRESENTS A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS GUILTY OF A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

FRAUD STATEMENT TO IDAHO APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES, A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO MINNESOTA APPLICANTS: ANY PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO OHIO APPLICANTS: ANY PERSON WHO, WITH 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY ABE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND INTENTIONALLY FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR INTENTIONALLY CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY BE PUNISHABLE BY LAW.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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 INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE.

Applicant: _____

By: _____
Signature and Title Date

(Must be signed by either the Chairman or the President)