



Ransomware Supplemental Application (> \$50M Revenue) Canada

Instructions for Completing this Application

Please answer all questions fully. Please provide additional information in the comments section below for any questions answered "No".

Upon completion the Application must be signed and dated by an authorized representative of the Applicant.

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO ANY APPLICATION FOR INSURANCE SUBMITTED TO AND ACCEPTED BY THE COMPANY FOR THE PURPOSE OF UNDERWRITING APPLICANT'S REQUEST FOR COVERAGE.

EMAIL SECURITY & TRAINING

1. Does the applicant strictly enforce Sender Policy Framework (SPF) on incoming emails? ☐ Yes ☐ No
2. Does the applicant tag external emails to alert employees that the message oriented outside the organization? ☐ Yes ☐ No
3. Does the applicant utilize an Advance Email Threat Protection add-on? (Example: Microsoft Defender for O365, ProofPoint, Fortinet Secure Email Gateway, Cisco Email Security or similar solution?) ☐ Yes ☐ No
4. Does the applicant conduct cyber security awareness training for all employees twice a year? ☐ Yes ☐ No
5. Does the applicant conduct phishing training for all employees twice a year? ☐ Yes ☐ No

NETWORK SECURITY

6. Does the applicant have a formal Vulnerability Management Program that includes automated vulnerability scanning tools? ☐ Yes ☐ No
7. Does the applicant conduct a penetration test at least annually to assess the security of its external facing systems? ☐ Yes ☐ No
8. Does the applicant apply critical patches within 7 days of release? ☐ Yes ☐ No
9. Does the applicant implement compensating controls for End of Life Devices (EOL) such as preventing devices to be connected to the internet, increased monitoring or extended support purchased from Microsoft? (if No EOL Systems in place answer "Yes") ☐ Yes ☐ No
10. Does the applicant utilize an Advanced Endpoint and Response (EDR) tool on all endpoints and servers? ☐ Yes ☐ No

11. Does the applicant utilize Multifactor Authentication (MFA) for remote access to the network (including email) and for all Cloud resources like Office 365? (SSO/SAML is acceptable) ☐ Yes ☐ No
12. Does the applicant utilize MFA for all Remote Desktop Protocol (RDP) and Virtual Desktop Instances (VDI) accessible from the internet? (If not directly accessible from the internet answer "Yes") ☐ Yes ☐ No
13. Does the applicant utilize a Security Information Event Management System (SIEM) that is monitored by a Security Operations Center (SOC) 24 x 7? ☐ Yes ☐ No
14. Does the applicant utilize a Privileged Access Management (PAM) System to control access to all administrative accounts in the environment? ☐ Yes ☐ No
15. Does the applicant ensure employees utilize least privilege at all times and do not operate as a local administrator? ☐ Yes ☐ No

BUSINESS CONTINUITY

16. Does the applicant have an incident response plan that is tested on an annual basis? ☐ Yes ☐ No
17. Does the applicant have formalized data backup and recovery procedures in place which are required to be tested periodically to ensure successful recovery efforts? ☐ Yes ☐ No
18. Does the applicant store backups physically offsite and offline to safeguard against infection from attackers? (If cloud storage utilized for backups answer "Yes") ☐ Yes ☐ No
19. Does the applicant protect their backups with non-domain credentials or MFA? ☐ Yes ☐ No
20. Does the applicant have a formal vendor management program that includes a review of such third parties at least once a year to ensure that the appropriate network security controls are in place? ☐ Yes ☐ No

Additional Comments:

APPLICANT REPRESENTATION

(To Be Completed by Applicant)

The Applicant Representation applies to all coverages that have been completed as part of this Application.

The Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby are true, accurate, and complete, and that no material facts have been suppressed or misstated. The Applicant acknowledges a continuing obligation to report to the CNA Company (the "Company") to whom this Application is made, as soon as practicable, any material changes in all such information after signing the Application and prior to issuance of the policy. The Applicant further acknowledges that the Company will have the right to withdraw or modify any outstanding quotations and/or authorizations or agreement to bind the insurance based upon such changes.

Further, the Applicant understands and acknowledges that:

- a. Completion of this Application and any supplemental applications or forms does not bind the Company to issue;
- b. If a policy is issued, the Company has relied upon, as representations, this Application, any supplemental application, and other statements furnished to the Company in conjunction with this Application;
- c. All supplemental applications, statements, and other materials furnished to the Company in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof;
- d. This Application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- e. If a policy is issued, the limit of liability contained in the policy will be reduced and may be completely exhausted by the payment of loss, defence costs, and expenses. In such event the Company will not be liable for loss, defence costs, and expenses to the extent that such loss, expenses, and defence costs exceed the limit of liability of this policy;
- f. If a policy is issued, defence costs and expenses incurred will be applied against the deductible or retention amount as provided in the policy;
- g. The Applicant's failure to report to its current insurance company:
 - i. any claim made against it during the current policy term; or
 - ii. any act, omission, or circumstances which the Applicant is aware of that may give rise to a claim; before expiration of the current policy may create a lack of coverage.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

APPLICANT

By: _____
Signature and Title* Printed Name of Authorized Representative

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.