

# CYSURANCE ATTESTATION STATEMENT



## I attest that:

All information submitted in the statement below, any application, attachments or supplemental information which is provided, is true, current, and complete to my best knowledge and belief as of the date of the affirmed electronic signature.

Further, I reasonably expect all the statements below to remain true for the duration of the Policy Period. I fully understand that any significant misstatement in this application for Cyber Insurance may constitute cause for denial of the application or termination of the resulting Policy by the Insurer or its authorized representatives.

### ☒ It is TRUE that the Company's Core Products or Services DO NOT include any of the following:

- Automated Clearing House
- E-Commerce provider
- Electronic Funds Transfer (EFT)
- Payment Processor
- Hardware/Software Developers
- Broadcasting, Online Content and Publishing
- Cannabis/ Marijuana products, services or related
- Construction Hardware & Software Development
- Mining Hardware & Software Development
- Forestry Hardware & Software Development
- Agriculture Hardware & Software Development
- Credit Intermediary Companies
- Dating Websites Companies
- Domain Name Registrars
- Financial and Trading Software and Hardware Developers
- Gambling and Gambling Software
- Internet Service Providers (ISP)
- Life Science Hardware & Software Development
- Medical Hardware & Software Development
- Motion Pictures and Sound Recording
- National Bank, Large Financial Institution
- Pornography & Adult Content
- Social Networking Websites and Companies
- Utility Hardware & Software Development

### ☒ It is TRUE that the following IT Controls have been (or are in the process of) being put into place:

- Basic antivirus or firewall software is installed.
- Multifactor authentication required on company email accounts.
- Legal review of my company's trademarks and domain names was obtained.
- If my company accepts credit card payments, it is PCI compliant.
- If my company is subject to HIPAA regulation, it is HIPAA compliant.
- If my company is a financial institution, public entity, or is in the business of managing money for others:
  - We require that all outgoing payments or funds transfers be subject to segregations of duties between initiation and authorization, such that no one individual can control the entire process.
  - We require that all outgoing payments or funds transfers be subject to dual authorization by at least one supervisor after being initiated by a third employee.
  - We confirm all changes to vendor/supplier details (including routing numbers, account numbers, telephone numbers, and contact information) by a direct call using only the contract number previously provided by the vendor/supplier before the request was received.



**The following statements are ALL TRUE**

- The company requires Multi-Factor Authentication and VPN deployment for all customers by contract.
- The company requires endpoint Monitoring, Detection, and Encryption.
- The company has legal indemnification and damage limits in its contracts.
- The "Insured Class of Business" on this Proposal is reasonably accurate for my company.
- The "Revenue Estimate" on this Proposal fairly reflects forecast of revenue for the upcoming twelve (12) months.
- On an annual basis, my company stores, transmits, or has access to the private information of fewer than one (1) million individuals (including customers, employees, and custodial data of others), and stores, transmits, or has access to fewer than one (1) million financial transaction records.
- I am not a current customer of the proposed insurance carrier, nor have I authorized the purchase of, been cancelled, declined, or have received a quote from same within the last 90 Days.
- I do not (and have not) had SolarWinds Orion implemented in our environment for the last 365 days. (If this is NOT TRUE, additional underwriting questions will be provided.)

**The following statement is TRUE:**

I affirm that within the past three (3) years, there have been no Incidents or Claims to which the policy being purchased would apply. Additionally, I am not aware of any fact, circumstance, or situation that could reasonably be expected to give rise to an Incident or Claim to which the Policy would apply.