CRC Group
Wholesale & Specialty

REDY Cyber Application

GENERAL INFORMATION

1. Full Name of Applicant: _____
2. Mailing Address: _____
3. Physical Address: _____
4. Nature of business (industry): _____
5. NAICS: _____
6. Total Employee Count: _____
7. Do you have a company website: ☐ Yes ☐ No
8. Company Website: _____
9. Revenue: _____
10. Cyber Effective Date: _____

UNDERWRITING QUESTIONS

1. Do you engage in any of the following business activities? (select all that apply)
   - ☐ Adult Content
   - ☐ Cannabis
   - ☐ Cryptocurrency or Blockchain
   - ☐ Debt Collection Agency
   - ☐ Gambling
   - ☐ Managed IT sSrvice Provider (MSP or MSSP)
   - ☐ Payment Processing (e.g., as a payment processor, merchant acquirer, or Point of Sale system vendor)
   - ☐ Data Aggregation
   - ☐ Managed Care
   - ☐ None of the Above
2. Do you store, transmit, collect, or process any of the following information, not including employee information?
   - ☐ Personal Information
   - ☐ Healthcare Records
   - ☐ Payment Card Information
   - ☐ None of the Above

   a. Estimated number of records categorized as Personalized Identifiable Information (PII): _____
   b. Estimated number of healthcare records: _____
   c. Estimated number of payment card transaction records annually: _____
3. Do you prevent unauthorized employees from initiating wire transfers? ☐ Yes ☐ No
4. When do you require a secondary means of communication to validate the authenticity of funds transfers (ACH, wire, etc.) requests before processing a request?
   - ☐ For Requests Above $25,000
   - ☐ For Requests Above $5,000
   - ☐ For ALL Requests
   - ☐ None of the Above
5. Do you verify vendor/supplier bank accounts before adding to accounts payable systems? ☐ Yes ☐ No
6. Do you maintain secured backups of sensitive or otherwise critical data? ☐ Yes ☐ No

   a. How frequently are backups made?
      - ☐ Weekly or More
      - ☐ Monthly
      - ☐ Quarterly
      - ☐ Biannually
      - ☐ At Least Annually

   b. Are backups stored either offline or with a cloud service provider?
      - ☐ Offline
      - ☐ Cloud Service Provider
      - ☐ Other
7. Which of the following actions do you take to protect sensitive data?
   - ☐ De-identify Sensitive Data at Rest
   - ☐ Encrypt Sensitive Data in Emails Sent to External Parties
   - ☐ Encrypt Sensitive Data at Rest (Including On Laptops, Computers, And Other Portable Media Devices)
8. Do you have sensitive information stored on the cloud? ☐ Yes ☐ No

9. Which of the following uses do you enforce multi-factor authentication (MFA) for employees, contractors, and partners?
   ☐ Email ☐ Remote Access ☐ Network Authentication; Virtual Private Network
   ☐ Network Authentication for Only Admin/Privileged Users ☐ Mission Critical Systems

10. Do you provide mandatory information security training to all employees at least annually? ☐ Yes ☐ No
    If not, are you willing to implement it during the policy period? _____

11. Do you have review procedures to prevent or remove content, including third-party content, that may infringe on intellectual property or privacy rights after publication? ☐ Yes ☐ No

12. Within the last 3 years have you been subject to any complaints concerning the content of your website, advertising materials, social media, or other publications? ☐ Yes ☐ No

13. Do you utilize in-house or outside legal counsel for review of material for the purpose of reviewing any copyright, trademark, or other intellectual property exposures? ☐ Yes ☐ No

14. What is your estimated number of biometric records annually? _____

15. Do you have Endpoint Detection and Response (EDR) solution in place that covers 100% of their environment? ☐ Yes ☐ No

    a. Which of the following Endpoint Detection and Response (EDR) products do you use?

    ☐ CROWDSTRIKE FALCON INSIGHT EDR
    ☐ Cybereason Endpoint Detection & Response (EDR)
    ☐ Cycraft XSensor
    ☐ Cynet AutoXDR
    ☐ Fortinet FortiEDR
    ☐ IBM Security QRadar EDR
    ☐ MalwareBytes Endpoint Detection & Response (EDR)
    ☐ Microsoft Defender for Endpoint (E5)
    ☐ Palo Alto Networks Cortex XDR
    ☐ SentinelOne Singularity EDR
    ☐ Symantec Endpoint Detection & Response (EDR)
    ☐ Trellix Endpoint Detection & Response (EDR)

16. Are backups subject to any of the following measures?
    ☐ MFA ☐ Segmentation ☐ Virus/Malware Scanning ☐ Test
    ☐ Immutable ☐ Encryption ☐ Online or Designated Cloud Service

17. Do you have a formal 30-day patching cadence, with critical and zero-day patching applied within 7 days? ☐ Yes ☐ No

18. Do you create content as part of your services for others? ☐ Yes ☐ No

19. Have you experienced an actual or attempted cyber extortion demand? ☐ Yes ☐ No

20. Do you have revenue generating operations outside of your domiciled country? ☐ Yes ☐ No

21. How often do you apply updates to critical IT-systems and applications?
    ☐ Weekly or More ☐ Monthly ☐ Quarterly ☐ Biannually ☐ At Least Annually ☐ None of the Above

22. During the last 5 years, have you suffered a security breach requiring customer or third-party notification according to state or federal regulations? ☐ Yes ☐ No

23. Do you have an incident response plan - tested and in-effect - setting forth specific action items and responsibilities for relevant parties in the event of cyber incident or data breach matter? ☐ Yes ☐ No

24. Which of the following do you use to protect company devices?

☐ Anti-virus ☐ Anti-malware ☐ Endpoint Protection Software ☐ Firewall

25. Which of the following safety precautions do you employ on incoming emails?

☐ Screening for Malicious Attachments ☐ Screening for Malicious Links ☐ Tagging External Emails

26. Have you ever experienced any incidents, situations, allegations, or losses that have resulted in or could reasonably give rise to a claim, loss, or any legal or regulatory actions against you that would fall within the scope of a cyber insurance policy for which you are applying? ☐ Yes ☐ No

27. Are you aware of any circumstances that could reasonably give rise, to a claim, loss, or any legal or regulatory actions against you that would fall within the scope of a cyber insurance policy for which you are applying? ☐ Yes ☐ No

28. Do you, or any employees, predecessors, subsidiaries, or any other affiliate proposed for this insurance, possess knowledge of pending or completed investigative, administrative, or governmental regulatory proceedings, actions, or notices? ☐ Yes ☐ No

Print or Type Applicant's Name:_____ Title of Applicant: _____

Signature of Applicant: _____ Date Signed by Applicant: _____