

The Hartford Life Sciences EliteSM Cyber Coverage Application

With respect to the liability coverages, the policy is claims made. Coverage applies only to a claim first made against the insureds during the policy period and which has been reported to the insurer in accordance with the applicable notice provisions. Coverage is subject to the insured's payment of the applicable retention. Payments of defense costs are subject to, and reduce, the available limit of liability. Please read the policy carefully and discuss the coverage with your insurance agent or broker.

With respect to first party expenses, the policy is wrongful acts first discovered. Coverage under the policy applies only to wrongful acts first discovered by a specified insured during the policy period and reported in accordance with the applicable notice provisions.

1. General Information

Name of Insured (as it should appear on the policy):

Mailing Address:

Website URL:

2. Exposure Information

What's the type and volume of sensitive third-party (not including employees) data stored or processed by the applicant?

Basic personal information (e.g.: name, email, address, phone number, password):		Volume:
Personally identifiable information (e.g.: SSN, driver's license, ID card, passport, tax payer ID):		Volume:
Financial account information (e.g.: bank account or other financial account information):		Volume:
Protected health information (e.g.: health status information):		Volume:
Payment card information (e.g.: credit or debit card number, expiration date, CVV):		Volume:

3. Security Information

What's required to access the applicant's network and applications?

What's the extent of the applicant's firewall utilization?

What's the extent of the applicant's anti-malware protection?

Does the applicant use anti-spam, email and web content filters?

What's the extent of the applicant's use of retired or unsupported systems?

What best describes the applicant's patch management procedure?

How often are the applicant's critical systems and data files backed up?

4. Data Protection Information (Complete only if any third-party data volume is stated in exposures)

How does the applicant store sensitive third-party information?

How is access to sensitive third-party information granted and controlled?

What's the extent of protection of sensitive third-party information:

- a. Stored in the applicant's data repositories?
- b. In motion across the applicant's network or in transit across open public networks?
- c. Stored on portable devices?
- d. Accessed through user portals operated by or on behalf of the applicant?
- e. Stored with a cloud service provider?

5. Claim and Incident Information

Has the insured experienced any wrongful act, cyber extortion threat, network intrusion, network outage, claim, or circumstance that may result in a claim (as defined in the policy) in the past 36 months?

Yes

No

If yes, please describe in the box below.

6. Warranty, Authorized Signature and Continuing Duty to Update

The person signing the application is authorized to make the above representations on behalf of the applicant, and a representation that the information is accurate. Signing this application does not bind coverage. The applicant's acceptance of the company's quotation is required before insurance coverage is bound and a policy issued. The application must be signed and dated by an authorized representative of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge that all of the foregoing statements in this application and the information included in all applications, supplements, attachments, supporting information and replies to underwriter inquiries:

1. are true, accurate and complete; and
2. will be relied upon by The Hartford in determining the acceptability of the application and the premium amount to be charged; and
3. will be considered an integral part of the resultant insurance contract

The undersigned further agrees that the applicant has a continuing duty, through date of policy inception, to update this application, including all supplements, attachments and replies to underwriter inquiries.

Fraud Warning Statements

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties. Arkansas, Louisiana, 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.

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.

California applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

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.

Maine, Tennessee, Virginia, 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.

Arbitration Statement

Applicable to Utah applicants: if the policy will contain an arbitration clause: any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

The Undersigned Authorized Officer of the Applicant Declares and Acknowledges That:

Insured:	Title:
Insured Signature:	Date:
Agent/Broker Name:	

Additionally Required Applicants in Florida, Iowa & New Hampshire:

Agent:	Address:
Name of Agency:	Date:
Agent License #: (Required: Florida only):	Agent Signature: (Required: Florida & New Hampshire only)

To submit this application:

Appointed agents should submit this application online through ICON in The Hartford's Electronic Business Center (EBC). Access EBC at <https://ebc.thehartford.com>

For other submission options, contact your local sales representative or underwriter. You may also speak to a representative from our Business Insurance Service Center at [866-467-8730](tel:866-467-8730).

Learn more about our Life Sciences capabilities at
TheHartford.com/LS



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