$100M & Below
Small Business Application

NexGen Cyber

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS. Whenever used in this Application, the terms "you," "your(s)," or "Applicant" shall mean the Named Insured to be identified on the Declarations and all Subsidiaries, unless otherwise stated. This refers individually and collectively to all proposed insureds, including any entity for whom this insurance is intended. All responses shall be deemed made on behalf of all proposed insureds. If responses differ for any proposed insureds (including Subsidiaries), please complete additional supplementals for those entities.

Company Name:	Website:
Company Address:	
Effective Date:	
Last 12 Months Gross Revenue:	Number of Employees:

Security Controls

	Yes	No	N/A
1. For which of the following services do you enforce Multi-Factor Authentication (MFA)?			
Email	○	○	○
Virtual Private Network (VPN)	○	○	○
Remote Desktop Protocol (RDP), RDWeb, RD Gateway, or other remote access	○	○	○
Data Backups	○	○	○
Cloud provider services (e.g. Amazon Web Services (AWS), Microsoft Azure, Google Cloud)	○	○	○
Network / Cloud administration and other privileged user accounts	○	○	○
2. Does the Applicant have formal 30-day patching cadence, with critical and zero-day patching applied within 7 days?	○	○	
3. Does the Applicant implement encryption on laptop computers, desktop computers, and other portable devices?	○	○	
4. Does the Applicant maintain at least weekly backups of all sensitive or otherwise critical data?	○	○	

5. Which best describes your data backup solution?

- ☐ Backups are kept locally but separate from your network (offline/air-gapped backup solution)
- ☐ Backups are in a dedicated cloud backup service
- ☐ You use a cloud-syncing service
- ☐ Other – please describe:

	Yes	No
6. Does the Applicant require secondary means of communication to validate the authenticity of:		
a. Funds transfer requests (ACH, wire, etc.) before processing a request in excess of $5,000?	○	○
b. Any request to change banking details (ACH, wire, payroll distribution, etc.)?	○	○
7. Do all employees involved in transferring funds on behalf of the organization:		
a. Have MFA enabled for all email access?	○	○
b. Complete social engineering training on an annual basis?	○	○

8. Please check the total number of Personally Identifiable Information (PII) and Protected Health Information (PHI) records the Applicant controls, collects, hosts, stores, processes or shares:

- ☐ 0 – 100,000
- ☐ 100,001 – 250,000
- ☐ 250,001 – 500,000
- ☐ 500,001 – 750,000
- ☐ 750,001 – 1,000,000
- ☐ More than 1,000,000. Total Record Count:

Previous Cyber Incidents

9. In the past three years, has your company experienced any of the following:	Yes	No
a. Received a claim or complaint regarding privacy, data protection or network security?	○	○
b. Been the subject of any government action, investigation, or other proceedings regarding any alleged violation of privacy law or regulation?	○	○
c. Notified any persons of any security breach or privacy breach?	○	○
d. Received any cyber extortion demand or threat relating to your data and/or computer systems?	○	○
e. Experienced a social engineering event or cyberattack that resulted in a loss over $10,000?	○	○

If "Yes" to any of the above please provide claim details including cause of loss, costs incurred to date, and action taken to prevent reoccurrence.

Primary Contact Details

Please provide contact details for the individual within your organization who is primarily responsible for IT security:

Name:	Phone:
Title:	Email:

☐ Opt-in to enable Network Vulnerability Scanning critical alert notifications

Important Notice

Evolve MGA will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. The insurance for which you are applying will not cover incidents known to any proposed insured prior to the policy's effective date. Additionally, coverage will not extend to any claim or circumstance disclosed or reasonably should have been disclosed in this application.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals material facts commits a fraudulent insurance act, which is a crime.
The Applicant acknowledges that the limit of liability may be reduced or exhausted by claim expenses, and in such cases, the Insurer will not be liable for expenses exceeding the limit of liability.

I DECLARE that the above statements and details are true after thorough inquiry, and I have not withheld or misrepresented any material fact. I agree that this application will constitute the basis of the contract with the Underwriters. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data.

Name:	Position:
Signature:	Date (MM/DD/YYYY):

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