

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for e-MD® / MEDEFENSE® Plus Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant unless noted otherwise below. Please refer to the attached Cyber Glossary for an explanation of the cyber security terms that appear in bold face type.

1. GENERAL INFORMATION

Name of Primary Applicant:

Business Address:

Phone:

Description of operations:

2. ADDITIONAL ENTITIES

Names of all additional entities seeking coverage under the policy. Include each entity's description of operations and relationship to you, including any percentage of ownership.

3. WEBSITES / DOMAINS

List all websites/domains owned/operated by all entities seeking coverage:

4. CONFIRMATION OF ENTITIES

This Application is reflective of the total exposure for all entities seeking coverage, including revenues, records, controls, vendors and loss history.

Yes No

5. TOTAL GROSS REVENUES

a. Current Full Fiscal Year:

\$

b. Last Completed Full Fiscal Year:

\$

6. RECORDS (Complete Section 6 only if e-MD® (Cyber Liability) coverage is desired.)

a. Do you collect, store, host, process, control, use or share any private or sensitive information, including employee information, in either paper or electronic form?

Yes No

If "Yes", provide the approximate number of unique records in each category:

Basic (e.g., name, email, address):

Personally Identifiable Information (PII):

Protected Health Information (PHI):

Payment Card Information:

Total unique records:

b. If "Yes" to question 6.a. above, do you encrypt all sensitive and confidential information stored on your organization's systems and networks?

Yes No

If "No", are the following compensating controls in place:

(1) Segregation of servers that store sensitive and confidential information?

Yes No

(2) Access control with role-based assignments?

Yes No

c. Have you ever, do you currently, or will you ever collect, store, host, process, control, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person?

Yes No

If "Yes", have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws?

Yes No

d. Do you process, store or handle credit card transactions?

Yes No

If "Yes", are you PCI-DSS Compliant?

Yes No

7. BILLING AND COMPLIANCE (Complete Section 7 only if MEDEFENSE® Plus (Regulatory) coverage is desired.)

- a. Your annual projected billings: \$ _____
- b. Do you have a billing compliance program in place? Yes No
If "Yes", when was it implemented? _____
If "No", do you outsource your billings to a third-party billing company? Yes No
- c. Do you use credentialed staff to perform billing procedures? Yes No
- d. Do you bill all services under the National Provider Identifier (NPI) of the individual who performed the service? Yes No
If "No", in instances where a mid-level provider's services are billed under a physician's NPI, is that physician present when the services are being rendered? Yes No
- e. Is your practice using a current edition of the CPT manual? Yes No
- f. Is software used to ensure billing compliance? Yes No
- g. Who within your organization is responsible for billing compliance? Please include the person's name, title, qualifications, date of hire in this position and how often such person performs billing compliance reviews (use additional sheets if necessary).

8. INTERNAL SECURITY CONTROLS (Complete Section 8 only if e-MD® (Cyber Liability) coverage is desired.)

- a. Do you allow remote access to your network? Yes No
If "Yes", do you require **Multi-Factor Authentication (MFA)** to secure all remote access to your network, by employees and third parties, including **VPNs (Virtual Private Network)**, **RDP (Remote Desktop Protocol)**, **RDWeb (Remote Desktop Web)** or any **RMM (Remote Management and Monitoring)** applications? Yes No
If **MFA** is used, complete the following:
(1) Select your **MFA** provider:
If "Other", provide the name of your **MFA** provider: _____
(2) Select your **MFA** type:
If "Other", describe your **MFA** type: _____
- b. Do you use a **next-generation antivirus (NGAV)** product to protect all endpoints across your enterprise? Yes No
If "Yes", select your **NGAV** provider:
If "Other", provide the name of your **NGAV** provider: _____
- c. Do you use an **endpoint detection and response (EDR)** tool that includes centralized monitoring and logging of all endpoint activity across your enterprise? Yes No
If "Yes", complete the following:
(1) Select your **EDR** provider:
If "Other", provide the name of your **EDR** provider: _____
(2) Is **EDR** deployed on 100% of endpoints? Yes No
If "No", please use the Additional Comments section to outline which assets do not have **EDR**, and whether any mitigating safeguards are in place for such assets.
- d. Do you require **MFA** to protect all local and remote access to privileged user accounts? Yes No
If "Yes", select your **MFA** type:
If "Other", describe your **MFA** type: _____
- e. Can your users access email through a web application or a non-corporate device? Yes No
If "Yes", do you enforce **MFA**? Yes No
- f. Do you enforce Account Lockout policies for all users? Yes No
If "Yes", provide the lockout threshold setting: _____

9. BACKUP AND RECOVERY POLICIES (Complete Section 9 only if e-MD® (Cyber Liability) coverage is desired.)

- Do you use a data backup solution? Yes No
If "Yes":
a. Which best describes your data backup solution?
If "Other", describe your data backup solution: _____
b. Check all that apply:
 Your backups are encrypted, **immutable** or kept separate from your network (**offline/air-gapped**).
 You utilize **MFA** for both internal and external access to your backups.

- c. How frequently are backups run?
- d. Estimated amount of time it will take to restore essential functions using backups in the event of a widespread malware or ransomware attack within your network?

10. PHISHING CONTROLS (Complete Section 10 only if e-MD® (Cyber Liability) coverage is desired.)

- a. Do you require all employees at your company to complete social engineering training that includes phishing simulations? Yes No
- b. Does your organization send and/or receive wire transfers? Yes No
If "Yes", does your wire transfer authorization process include the following:
 - (1) A wire request documentation form, a protocol for obtaining proper written authorization for wire transfers and a separation of authority protocol? Yes No
 - (2) A protocol for confirming all payment or funds transfer instructions/requests from a new vendor, client or customer via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer before the payment or funds transfer instruction/request was received? Yes No
 - (3) A protocol for confirming any vendor, client or customer account information change requests (including requests to change bank account numbers, contact information or mailing addresses) via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer before the change request was received? Yes No

11. VENDORS (Complete Section 11 only if e-MD® (Cyber Liability) coverage is desired.)

List your top three (3) most critical vendors and their services and websites/domains.

Name	Services	Websites/Domains

12. REGULATORY LOSS HISTORY (Complete Section 12 only if MEDEFENSE® Plus (Regulatory) coverage is desired.)

If the answer to any question in 12.a. through 12.b. below is "Yes", please complete a Claim Supplemental Form for each claim, allegation or incident.

- a. After internal inquiry, have you, any member of your staff, any other person or entity proposed for this insurance, any consultant, or any person or entity for whom you perform billing services:
 - (1) had to refund amounts to government (public) and/or commercial (private) payers within the past three years? Yes No
 - i. If "Yes", were refunds greater than or equal to 2% of gross annual billings? Yes No
 - ii. If "Yes", were these refunds due to an audit, allegation of improper billing or voluntary self-disclosure? Yes No
 - iii. If "No" to a.(1)ii. above, were these refund amounts routine in nature? Yes No
 - (2) been placed on prepayment review by any local, state or federal government agency or by any commercial payer? Yes No
 - (3) been audited, investigated, sanctioned, sued, or deselected by a government agency of any level, commercial payer, or state medical board regarding Medicare/Medicaid billing or utilization of such services, healthcare services, or reimbursement? Yes No
 - (4) been investigated for HIPAA, EMTALA or Stark/anti-kickback violations? Yes No
- b. Do you or any other person or organization proposed for this insurance have knowledge of any facts, circumstances, situations, events or incidents that could result in a medical regulatory action, regulatory investigation or demand for restitution? Yes No

13. CYBER/PRIVACY LOSS HISTORY (Complete Section 13 only if e-MD® (Cyber Liability) coverage is desired.)

If the answer to any question in 13.a. through 13.c. below is "Yes", please provide details for each claim, allegation or incident.

- a. In the past 3 years, have you or any other person or organization proposed for this insurance:
 - (1) Received any complaints or written demands or been a subject in litigation involving matters of privacy injury, breach of private information, network security, defamation, content infringement, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the ability of third parties to rely on your network? Yes No
 - (2) Been the subject of any government action, investigation or other proceedings regarding any alleged violation of privacy law or regulation? Yes No
 - (3) Notified customers, clients or any third party of any security breach or privacy breach? Yes No
 - (4) Received any cyber extortion demand or threat? Yes No
 - (5) Sustained any unscheduled network outage or interruption for any reason, lasting longer than 4 hours? Yes No

(6) Sustained any property damage or business interruption losses as a result of a cyber-attack?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you or any other person or organization proposed for this insurance have knowledge of any security breach, privacy breach, privacy-related event or incident or allegations of breach of privacy that may give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In the past 3 years, has any service provider with access to your network or computer system(s) sustained an unscheduled network outage or interruption lasting longer than 4 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", did you experience an interruption in business as a result of such outage or interruption?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. IT DEPARTMENT (Complete Section 14 only if e-MD® (Cyber Liability) coverage is desired.)

This section must be completed by the individual within your organization who is responsible for network security. In this section, "you" refers only to such individual.

a. Within the Applicant's organization, who is responsible for network security?
Name: _____ Phone: _____
Title: _____ Email: _____
b. The Applicant's network security is: <input type="checkbox"/> Outsourced; provide the name of your network security provider: _____
<input type="checkbox"/> Managed internally/in-house
c. If the Applicant's network security is outsourced, are you the main contact for the network security provider named in question b. above? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", provide the name and email address for the main contact: _____

ADDITIONAL COMMENTS

Use this space to explain any "No" answers in the above sections and/or to list other relevant IT security measures you are utilizing that are not listed above.

NOTICE TO APPLICANT

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in questions 12.a. through 13.c of 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 ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.

CERTIFICATION, CONSENT AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as an e-MD® / MEDEFENSE® Plus Insurance risk have been revealed.

By signing below, the Applicant consents to the Insurer conducting non-intrusive scans of the Applicant's internet-facing systems / applications for common vulnerabilities.

It is understood that this application shall form the basis of the contract should the Underwriter approve coverage, and should the Applicant be satisfied with the Underwriter's quotation. It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.

This application shall be deemed attached to and form a part of the Policy should coverage be bound.

Must be signed by an officer of the company.

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant

California Fraud Warning

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.

Please refer to the terms that apply to your specific application.

Endpoint Detection and Response (EDR), also known as endpoint threat detection and response, centrally collects and analyzes comprehensive endpoint data across your entire organization to provide a full picture of potential threats.

Common Providers: Carbon Black Cloud; Crowdstrike Falcon Insight; SentinelOne; Windows Defender Endpoint

Immutable backups are backup files that are fixed, unchangeable, and can be deployed to production servers immediately in case of ransomware attacks or other data loss.

Multi-Factor Authentication (MFA) is an electronic authentication method in which a computer user is granted access to a website or application only after successfully presenting two or more pieces of evidence to an authentication mechanism: knowledge (e.g., password), possession (e.g., phone or key), and inherence (e.g., FaceID or hand print).

Common MFA providers for remote network access: Okta; Duo; LastPass; OneLogin; and Auth0.

Next-Generation Anti-Virus (NGAV) is software that uses predictive analytics driven by machine learning and artificial intelligence and combines with threat intelligence to detect and prevent malware and fileless non-malware attacks, identify malicious behavior, and respond to new and emerging threats that previously went undetected. NGAV refers to anti-virus protection that focuses on detecting and preventing malware on each individual endpoint.

Common Providers: BitDefender™; Carbon Black; CrowdStrike Falcon Prevent; SentinelOne; Sophos; Symantec

Offline/Air-gapped backup solution refers to a backup and recovery solution in which one copy of your organization's data is offline (i.e., disconnected) and cannot be accessed. If a file or system of files has no connection to the internet or a LAN, it can't be remotely hacked or corrupted.

Personally Identifiable Information (PII) is information that can be used to determine, distinguish or trace an individual's identity. PII includes, but is not limited to, financial account numbers, security codes, personal identification numbers (PINs), credit and debit card numbers, social security numbers, driver's license numbers, addresses, passwords, and any other non-public information as defined in the policy form.

Protected Health Information (PHI) is any health information that can identify an individual. PHI includes demographic identifiers in medical records, like names, phone numbers, emails, and biometric information like fingerprints, voiceprints, genetic information, and facial images.

Remote Desktop Protocol (RDP) is a proprietary protocol developed by Microsoft which provides a user with a graphical interface to connect to another computer over a network connection. The Microsoft RDP provides remote display and input capabilities over network connections for Windows-based applications running on a server.

Remote Desktop Web (RDWeb), also known as Microsoft Remote Desktop Web Access, is a service that provides remote access to corporate resources through a web portal. Resources may include remote desktop access and other applications published on the portal.

Remote Monitoring and Management (RMM) tools allow IT providers to remotely manage and monitor network environments. RMM tools may include remote access, patch management, and reporting functionalities.

Common Providers: ConnectWise and ManageEngine

Virtual Private Network (VPN) encrypts connections between a remote device and an internal network. VPNs are utilized to allow systems from outside the network to connect to internal resources.

Common Providers: Fortnet, Cisco, and Palo Alto VPN Appliances