



Contingent Business Interruption And System Failure Supplement

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

Full Name Of Applicant: _____ Title: _____

Business Name: _____

Section I Contingent Business Interruption

1. Does the applicant contractually require their outsourced service providers to carry Data Breach insurance and at what limit? _____

2. Does the applicant receive contractual indemnification agreements from their outsourced service providers regarding their Data Breach Business Interruption exposure? Do they receive service level agreements such as 99% uptime guarantees? _____

3. Please explain the applicants screening process of their outsourced service providers (ex. IT security audits, questionnaires). _____

4. Does the applicant have multiple outsourced service providers in place for the same service in the event one fails? _____

5. Does the applicant have a Business Continuity Plan in place that contemplates disruptions due to outsourced service providers and is it tested? _____

6. Does the applicant maintain a risk register that includes their top outsourced service providers in order to mitigate issues? _____

7. Does the applicant currently use an outsourced service provider that has had a known cyber event? _____

8. In the table below please list your top 5 outsourced service providers and their function.

<u>Outsourced Service Provider</u>	<u>Service Provided (function)</u>

Section II System Failure

1. a. Does the applicant have any significant upgrades, overhauls or system changes planned in the next 12 months?

- b. If so, does a roll back plan exist if migration cannot be completed and will extensive testing be completed prior to launch? _____
2. Please identify the type of software deployed by the applicant in the normal course of its operations and describe the primary function of that software. _____
3. What is the applicant's investment in its IT infrastructure and what has been done to ensure it is up to date? _____
4. What is the structure of the applicant's IT management department and how long have they been in place? _____
5. Does the applicant have a Business Continuity Plan in place that contemplates disruptions due to system failures and is it tested? _____

Section III Additional Measures

Please provide any other applicable comments or information below, if necessary. _____

Signing this supplemental application does not bind the Company to provide or the applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

This supplemental must be signed by a director, executive officer, partner or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Applicant's signature

Date