



## 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