CyberLock Medical

Cyber Insurance for Healthcare Providers Application

Applicant Entity Name: _____

Mailing Address: _____

DBAs: _____

APPLICATION INSTRUCTIONS:

Respond to all questions completely, leaving no blanks. Check responses when requested. This Application must be signed by a principal of the entity.

The term "Applicant," herein refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.

1. Applicant operates as a(n):
Select all that apply

□ Biotechnology/Pharmaceutical Org.	□ Medical laboratory/imaging center
□ Emergency care provider	□ Medical staffing group
□ Hospital	□ Outpatient clinic
□ Individual practitioner	□ Residential/hospice/home care facility
□ Long-term/nursing care provider	□ Therapy/rehabilitation provider
□ American Association of Orthodontists (AAO)	□ American Optometric Association (AOA)

2. Total annual revenue: _____

Number of physicians, physician assistants, nurse practitioners, technicians and other practitioners: _____
(If applicable – required for emergency care providers, outpatient clinics and medical laboratories/imaging centers)

Number of beds *(If applicable – required for Hospitals)*: _____

3. Has the Applicant had any actual or potential claims, litigation, or losses during the past 3 years arising from information security, network security, regulatory penalties, internet use or media activities?
□ Yes □ No

4. In the past 3 years, has the Applicant experienced any: unauthorized access to its system or data; unscheduled network outage; ransomware; computer virus; or loss of a laptop, smartphone or other device that contains sensitive data?
□ Yes □ No

5. In the past 3 years, has the Applicant been reviewed or investigated by the State board of Medical Examiners or has the Applicant been sued or deselected from a commercial payer?
□ Yes □ No

6. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for?
□ Yes □ No

7. Medical Malpractice Insurance or Healthcare Professional Liability Insurance in place for the Applicant.

Carrier	Policy Limit	Deductible	Retroactive Date

Please complete question 8 if the Applicant's annual revenue exceeds $50,000,000.

8. Which of the following does the Applicant currently have in place (select all that apply):

□ Have a person or department responsible for information security?

□ Have written and established policies for how information is protected by the organization

□ Review its compliance with the HIPAA Privacy, Security & Breach Notice Rules at least once a year

WARRANTY: By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

- The statements and answers given in and all materials submitted with this Application are true, accurate and complete.
- No facts or information material to the risk proposed for insurance have been misstated or concealed.
- Signing of this application does not bind the applicant or the underwriter to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will become part of the policy.
- All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.
- The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities, products and services.

NOTICE: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD FOR ANY INCIDENT TAKING PLACE AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD.

AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.

SIGNATURE:

Name: _____ Title: _____

Signed: _____ Date: _____