

# CyberPro Application Form

As used throughout this application, “you” means the person signing the application, as well as the entity seeking insurance and the applicant’s principals, partners, directors, risk managers, or employees that are in a supervisory role. The questions contained in this application pertain to all persons or entities seeking insurance, and not just the signatory.

Please answer all the questions on this form. Before any question is answered, please carefully read the declaration at the end of the application form, which you are required to sign. Underwriters will rely on the statements that you make on this form. In this context, ANY INSURANCE COVERAGE THAT MAY BE ISSUED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.

## 1. General Information

Name	Seawide Marine Distribution, Inc		
Address	CA		
Industry	Retail - 100% Business to Business		
Website home page (including subsidiaries)	<a href="http://www.seawide.com/">http://www.seawide.com/</a>		
Please advise total number of employees			65
Gross Revenue: Last Fully Completed (USD)			92,123,919
Gross Revenue: Projected (USD)			63,034,266
Please advise approximate number of Personally Identifiable Information (PII*) records stored on your network, database or system (including those stored on your behalf on third party networks)			10,000 (0 - 50,000)
<small>*PII is defined as a personally identifiable record that can be used to identify, contact or locate a single individual</small>			

## 2. Technology Services Errors & Omissions

Do your services include any of the following?			
Adult Entertainment	Games Development	Payment Processing/Funds Transfer	
Bitcoin Exchange/Mining	Gaming/Lottery Services	Payment Card Management	
Credentialing/Background Screening	Hardware or physical product design	Digital Wallet	
Crowd Funding/Investment Platform	Health Exchange	Mobile Marketing	
Debt Collection	Industrial Process Control	Music or Video Streaming	
Downloads/Streaming/Sharing	Medical Diagnostic Services	Social Media	
Hardware integrated software	Medical/Healthcare Billing	Dating Services	
Do you provide services/products to the following industries?			
Aviation	Utilities	Emergency Services	
Marine	Energy		
Rail	Military/Defense		
Please confirm that less than 10% of your end users are consumers as opposed to commercial customers?			
Please confirm that you enter into written contracts at all times?			
Where you develop software, please confirm that this has been reviewed by legal counsel prior to release?			



### 3. Miscellaneous Professional Services Errors & Omissions

Do you provide any of the following services; legal, financial, architectural, real estate or medical?	
Please confirm that you enter into written contracts with your clients at all times?	

### 4. Security and Privacy

If you store sensitive information or PII on laptops and portable media devices, please confirm that the data is encrypted?	N/a
Do you have access control procedures and hard drive encryption to prevent unauthorised access on your databases, servers and data files?	Yes
Do you have a business continuity plan and data backup or recovery procedures in force to avoid business interruption due to system failure for all mission critical systems?	Yes
Please confirm up-to-date compliance with relevant regulatory and industry frameworks (eg Gramm-Leach Bliley Act, Health Insurance Portability & Accountability Act, Payment Card Industry (PCI) Data Security Standard).	Yes

### 5. Multimedia

Do you have procedures in place to review media content prior to release on your website and take down procedures in respect of any user generated content?	Yes
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### 6. Claims and Expiring Information

<p>During the last three years have you:</p> <ul style="list-style-type: none"> <li>a) Sustained any unscheduled network outages, intrusion, corruption or loss of data?</li> <li>b) Received notice or become aware of any privacy violations or been subject to any disciplinary, regulatory actions, sanctions or penalties?</li> <li>c) Been involved in a lawsuit, claim or settled any allegations of a suit?</li> <li>d) Become aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance being requested in this application?</li> </ul>	No
Do you currently have insurance in place for the type of coverage being requested above?	No
If yes, please select the retroactive coverage on your current policy. Note that this impacts pricing.	

### 7. Revenue Split by Location

United States	100%
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## Data Protection

By accepting this insurance you consent to Ascent Underwriting LLP using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

## IMPORTANT – CyberPro Policy Statement of Fact

By accepting this insurance you confirm that the facts contained in the application form are true. These statements, and all information you or anyone on your behalf provided before we agree to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, we will be entitled to treat this insurance as if it had never existed. You should keep this Statement of Fact and a copy of the completed application form for your records.

This application must be signed by the applicant. Signing this form does not bind the company to complete the insurance. With reference to risks being applied for in the United States, please note that in certain States, any person who knowingly and with intent to defraud any insurance company or other person submits an application for insurance containing any false information, or conceals the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized principal, partner, director, risk manager, or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow principals, partners, directors, risk manager, or employees to enable you to answer the questions accurately.

Name	
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Position	
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Print & Sign	
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Date	
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