

## Supplemental Questionnaire

**NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.**

### INSTRUCTIONS

Whenever used in this questionnaire, the term **You, Your(s)** and **Insured** shall mean the **Named Insured** and all **Subsidiaries** or other organizations applying for coverage, unless otherwise stated.

### GENERAL INFORMATION

Name of **Insured**: \_\_\_\_\_

### SUPPLEMENTAL QUESTIONS

1. Are devices connected to **Your** network cataloged and mapped on a regular basis? ☐ Yes ☐ No
2. Are local administration rights disabled for regular **Employees** on their devices, e.g. laptops/desktops? ☐ Yes ☐ No
3. Is Multifactor Authentication (MFA) deployed and enforced on:  
☐ All administration accounts? ☐ Remote access? ☐ All email accounts?
4. Have legacy email protocols (such as IMAP, POP3, and SMTP) been disabled? ☐ Yes ☐ No
5. Are any of **Your** backup solutions immutable, e.g. data that is stored in a format that can never be tampered with, modified, or deleted? ☐ Yes ☐ No
6. Is there any end of life (EOL) or end of support (EOS) software on **Your** network?  
(EOL/EOS software is where developers stop providing updates and patches)  
If "Yes", is it segregated? ☐ Yes ☐ No ☐ Partially
7. Are **You** running any of the following on previous versions of the following Microsoft Exchange Servers:  
A. Microsoft Exchange Server 2013? ☐ Yes ☐ No  
B. Microsoft Exchange Server 2016? ☐ Yes ☐ No  
C. Microsoft Exchange Server 2019? ☐ Yes ☐ No  
If **You** are using one of these servers, have the necessary patches been installed to address the vulnerabilities? ☐ Yes ☐ No
8. Do **You** have an internal Security Operations Center (SOC) or utilize a third party for SOC or Managed Detection and Response (MDR) services? ☐ Yes ☐ No  
If "Yes", indicate "internal" or the name of the service provider:  
Provider: \_\_\_\_\_ ☐ 24x7 Provider ☐ Working hours only provider
9. How often are network penetration tests conducted on **Your** network (tests can be performed by **You** or a 3<sup>rd</sup> party on **Your** behalf)?  
☐ Never/Occasionally ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly or more often

10. Please provide the name of the product and/or service deployed for the following security solution categories:

Security Solution	Provider/Product
Endpoint Protection Platform (EPP)	
Application Isolation and Containment	
Endpoint Detection and Response (EDR)	
Network Detection and Response (NDR)	
Security Information and Event Management (SIEM)	
Privileged Access Management (PAM) / Identity & Access Management (IAM)	

**Additional Questions for Manufacturers Only**

- Are Operational Technology (OT) networks separated from Information Technology (IT) networks? ☐ Yes ☐ No
- Are all Operational Technology (OT) networks separated from the Internet? ☐ Yes ☐ No
- Are **Your** manufacturing facilities able to operate on independent networks from each other or is a hub and spoke network architecture model deployed?  
☐ Independent ☐ Hub and Spoke
- If there was an outage at one production facility, would other facilities be able to compensate for the reduction in output?  
☐ Yes ☐ No ☐ Partially – Please explain: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT's AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Signature\*\* \_\_\_\_\_ Title \_\_\_\_\_

\*\*This Supplemental Questionnaire must be signed by the chief executive officer, president, or chief financial officer of the Applicant's parent organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By: Producer: \_\_\_\_\_ Agency: \_\_\_\_\_

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Address (Street, City, State, Zip): \_\_\_\_\_