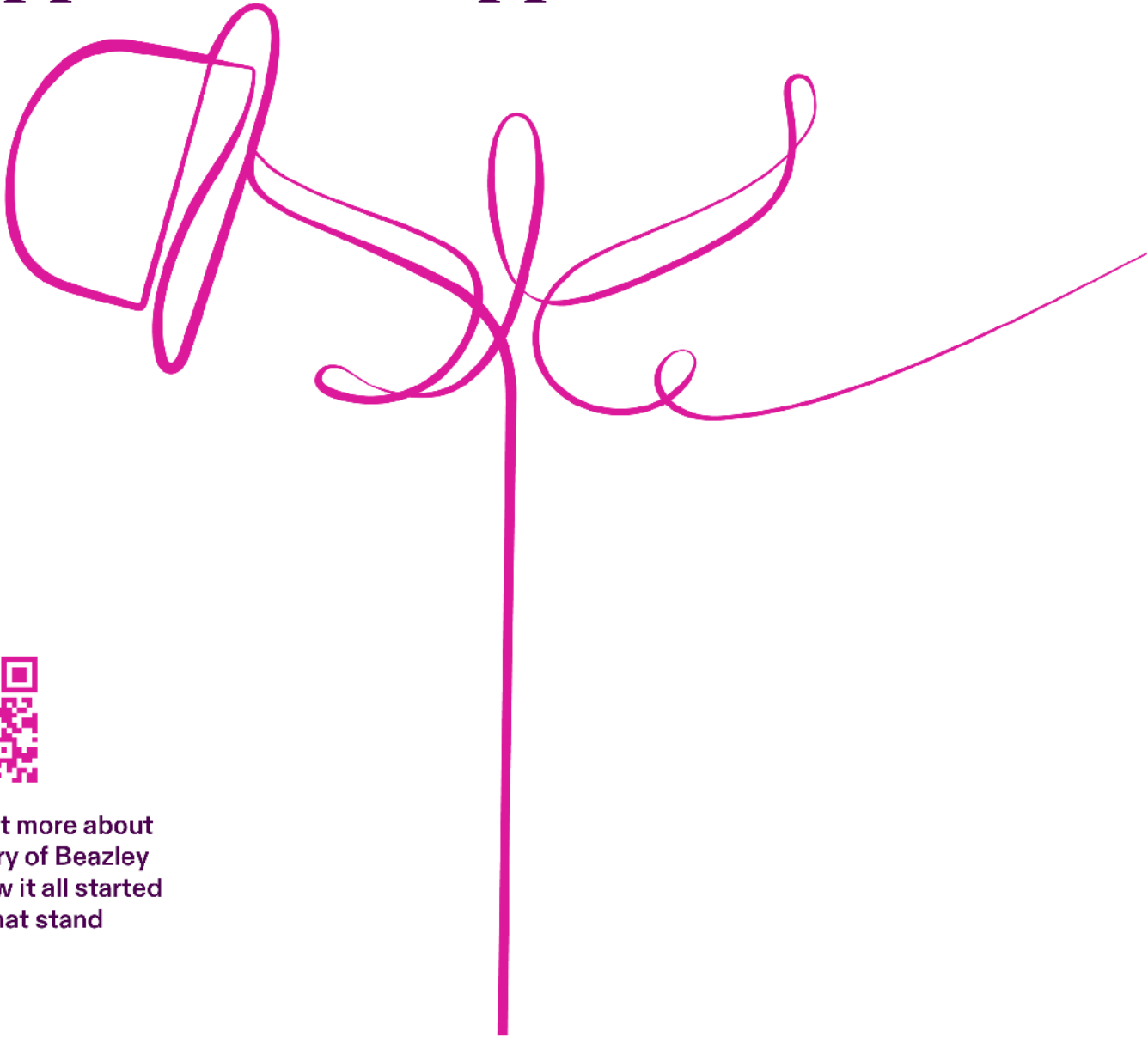


Event Technology Protect Supplemental Application



Find out more about
the story of Beazley
and how it all started
with a hat stand

Beazley Event Technology Protect - Supplemental Application

This form is an essential addition to your Event Cancellation Application and is designed to provide a comprehensive assessment of your event's cyber risk profile. By completing this supplemental application, you help us understand the specific cyber risks associated with your event, ensuring that you receive tailored coverage that addresses potential cyber threats and vulnerabilities. Your thorough responses will enable us to offer you the best possible protection, safeguarding your event against unforeseen cyber incidents.

1. Do you rely on third party hosting to conduct any parts of your event?

Yes ☐
No ☐

2. Do you have an alternative solution(s) in the event of a provider failure?

Yes ☐
No ☐

3. Do you have a written contract in place with all vendors who process your personal data or provide you with mission-critical or revenue-generating infrastructure?

Yes ☐
No ☐

4. Do you rely on third party ecommerce platforms / payment processing to conduct business?

Yes ☐
No ☐

If "Yes" - do you have an alternative solution that will maintain continuity in the event of a provider failure?

Yes ☐
No ☐

5. Do you rely on third party ecommerce platforms / payment processing to conduct business?

Yes ☐
No ☐

If "Yes" - do you have an alternative solution that will maintain continuity in the event of a provider failure?

Yes ☐
No ☐

6. In the past two years, what is the average time that your organization has taken to remediate Critical Common Vulnerabilities and Exposures (Critical CVEs) (CVSS version 3.1 Base Score 9.0-10.0) on your network?

Unknown	<input type="checkbox"/>
Greater than 2 weeks	<input type="checkbox"/>
1 week - 2 weeks	<input type="checkbox"/>
3 days - 1 week	<input type="checkbox"/>
0 - 48 hours	<input type="checkbox"/>

7. How often do you (or a third party on your behalf) conduct penetration testing on your network?

Never/Not regularly	<input type="checkbox"/>
Annually	<input type="checkbox"/>
2 - 3 times per year	<input type="checkbox"/>
4 or more times per year	<input type="checkbox"/>

8. Do you have a business continuity or disaster recovery plan, that includes responding to cybersecurity threats, that was created or updated within the past two years?

Yes ☐

No ☐

If Yes - have you engaged in any exercises to run through the plan (from start to finish) with your incident response team?

Yes ☐

No ☐

9. Have you conducted, within the past two years, a cybersecurity incident tabletop exercise?

Yes ☐

No ☐

If "Yes" to a., did that tabletop exercise include the threat from ransomware?

Yes ☐

No ☐

10. Please also describe any additional steps your organization takes to detect, prevent, and recover from ransomware attacks (e.g., segmentation of your network, additional software security controls, external security services, etc.).

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11. Has the applicant had any cyber events or cyber breaches or cyber extortion incidents?

Yes ☐

No ☐

If "Yes":

- What was the cause?
- What was the impact?
- How was it resolved?

12. Does the applicant or other proposed insured (or any director, officer or employee of the applicant or other proposed insured) have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance?

Yes ☐

No ☐

Additional Information

Declaration

To the best of your knowledge and belief and having diligently made all necessary inquiries, the information provided in connection with this proposal, whether in your own hand or not, is true and you have not withheld any material facts. You understand that non-disclosure or misrepresentation of a material fact will entitle us to void the insurance.

Note: * a material fact is one likely to influence acceptance or assessment of this proposal by us. If you are in any doubt as to what constitutes a material fact you should consult your broker.

It is understood that the acceptance of this non-binding indication does not bind you to complete or us to accept this insurance, but you agree that, should a contract of insurance be concluded, this non-binding indication and any supporting information shall be incorporated into and form the basis of the contract.

I/we the proposer(s) accept these conditions as the proposed assured or agent of the proposed assured and that any subsequent insurance will become null and void if any of the foregoing conditions are breached.

Yes ☐

No ☐

Fraud warning disclosure

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT ACT.

NOTICE TO KENTUCKY, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A

FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY METERIAL FACT MAY BE VIOLATING STATE LAW.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

Signed*:_____

Date:_____

Print Name:_____

Title: _____

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa, please provide the Insurance Agent's name and signature only.

Agent's Signature*:_____

Agent's Printed Name:_____

Florida Agent's License Number:_____

*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

☐ Electronic Signature and Acceptance – Authorized Representative

☐ Electronic Signature and Acceptance - Producer