

Celerity Risk Cyber Application

NOTICE: THE INSURANCE POLICY, FOR WHICH THIS APPLICATION IS SUBMITTED, PROVIDES CLAIMS-MADE COVERAGE, WHICH GENERALLY APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED, AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS THEREIN.

THE LIMIT OF LIABILITY TO PAY CLAIM COSTS WILL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

Answer all questions and review the entire application carefully before signing. Please disregard section 12. if Technology E&O coverage is **not** required.

1. General Information

Name of Applicant			
Address			
City	State	Zip	Telephone
Year Established	Total Employees	State of Incorporation	
Business Description			
Ownership Structure			
	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Non-Profit <input type="checkbox"/> Government <input type="checkbox"/>
Website			
Internal contact for network security/cyber risk management (CISO, Head of IT or equivalent)			
Name:			
Job Title:			
E-mail:		Telephone:	

2. Revenue

Next Year Projected	Most Recent Year	Previous Year
\$	\$	\$

3. Operational Changes

Please confirm with regard any mergers, acquisitions or other material changes:	Yes	No
Has there been any material change to the Insured's operations in the last 12 months or any expected in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, Please Explain:		

4. Confidential Data (hosted, stored, handled, processed or shared by the applicant or by an outsourced provider on their behalf)

Record Type	Estimated Record Count	Data Encrypted (at rest/in transit)		
		Yes	No	N/A
Personal Information (Name, Address, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Numbers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biometric Information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Health Information (PHI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards (PCI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Corporate Information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Data Compliance

Please confirm compliance with the following as applicable:	Yes	No	N/A
General Data Protection Regulation (GDPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illinois Biometric Privacy Act (BIPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIPAA and HITECH Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment Card Industry Data Security Standards (PCI DSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. System/Network Security

Please confirm whether the following controls and practices are in place:				Yes	No
Do you enforce Multifactor Authentication (MFA) for remote network access, including any remote desktop protocol (RDP) connections?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you use Multifactor Authentication to protect privileged user accounts?				<input type="checkbox"/>	<input type="checkbox"/>
Do you use endpoint detection and response (EDR) or a Next-Generation Antivirus Software (NGAV) to secure all system endpoints?				<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", who is your EDR provider?					
Is employee access to sensitive information restricted?				<input type="checkbox"/>	<input type="checkbox"/>
Antivirus/Malware/Firewall Protection				<input type="checkbox"/>	<input type="checkbox"/>
Vulnerability Scanning/Penetration Testing				<input type="checkbox"/>	<input type="checkbox"/>
Network Log Monitoring				<input type="checkbox"/>	<input type="checkbox"/>
Physical Security Controls to Prohibit Unauthorized Access				<input type="checkbox"/>	<input type="checkbox"/>
Do you have processes and procedures in place for deploying critical security patches across servers, computers, mobile devices and other end point devices?				<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what is the patching cadence?	Immediate <input type="checkbox"/>	Within 1 Week <input type="checkbox"/>	Within 1 Month <input type="checkbox"/>	Over 1 Month <input type="checkbox"/>	

7. E-Mail Security

Please confirm whether the following controls and practices are in place:	Yes	No
Are advanced threat protection settings enabled for all E-mail users?	<input type="checkbox"/>	<input type="checkbox"/>
Are Multifactor Authentication settings enforced for all E-Mail users?	<input type="checkbox"/>	<input type="checkbox"/>
Do you pre-screen e-mails for potentially malicious attachments and links?	<input type="checkbox"/>	<input type="checkbox"/>
Do you enforce any of the following authentication controls on incoming E-mails?		

Domain Keys Identified Mail (DKIM)	<input type="checkbox"/>	<input type="checkbox"/>
Sender Policy Framework (SPF)	<input type="checkbox"/>	<input type="checkbox"/>
Domain Message Authentication Reporting (DMARC)	<input type="checkbox"/>	<input type="checkbox"/>

8. Back-Up and Recovery

Please confirm whether the following controls and practices are in place:			Yes	No
Is all system configuration and data subject to regular back-up?			<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how often do you backup?	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	
Are back-ups kept separate from your network (offline), or in a cloud service designed for this purpose?			<input type="checkbox"/>	<input type="checkbox"/>
Is Multifactor Authentication enabled for access to back-up files?			<input type="checkbox"/>	<input type="checkbox"/>
Are back-up files encrypted?			<input type="checkbox"/>	<input type="checkbox"/>
Have you tested the successful restoration and recovery of key server configurations and data from back-ups in the last six months?			<input type="checkbox"/>	<input type="checkbox"/>

9. Policies, Procedures & Governance

Please confirm whether the following policies & procedures are in place:			Yes	No
Written Information Security Program			<input type="checkbox"/>	<input type="checkbox"/>
Written Privacy Policy (attorney reviewed)			<input type="checkbox"/>	<input type="checkbox"/>
Incident Response Plan			<input type="checkbox"/>	<input type="checkbox"/>
Business Continuity Plan			<input type="checkbox"/>	<input type="checkbox"/>
Employee Information Security Training			<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how often	<input type="checkbox"/> Continuous	<input type="checkbox"/> Annual	<input type="checkbox"/> Rarely	
Internal phishing testing of employees			<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how often	<input type="checkbox"/> Continuous	<input type="checkbox"/> Annual	<input type="checkbox"/> Rarely	

10. Cyber Crime Controls

Please confirm whether the following controls and practices are in place:			Yes	No
Do you provide anti-fraud training, including social engineering and phishing training to all employees responsible for authorizing and executing payments for funds-transfer requests?			<input type="checkbox"/>	<input type="checkbox"/>
Is there a segregation of duties between fund initiation and authorization, with no individual controlling the entire process?			<input type="checkbox"/>	<input type="checkbox"/>
Do payments or funds-transfers over \$25,000 require internal dual written authorization before release?			<input type="checkbox"/>	<input type="checkbox"/>
Do you confirm all change requests regarding Vendor account information (including account numbers, routing numbers, invoices, telephone numbers and contact information) by a direct call to the Vendor using only the telephone number provided by the Vendor before the change request was received?			<input type="checkbox"/>	<input type="checkbox"/>

11. Media & Content Controls

Please confirm the following controls are in place with regards to Media Content			Yes	No
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Procedures to remove controversial or infringing media content		<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant obtain legal review for the following prior to any dissemination, publication, broadcast, utterance, or distribution of media content? (check all that apply)			
<input type="checkbox"/> Copyright Infringement	<input type="checkbox"/> Trademark Infringement	<input type="checkbox"/> Domain Name Infringement	
<input type="checkbox"/> Libel or Slander	<input type="checkbox"/> Privacy Violations	<input type="checkbox"/> Defamation	

12. Technology products and services (only complete if Tech E&O is required)

Please describe the products and services offered by your business:	
Please allocate the percent of your revenue that is attributable to the below services	% of Revenue
Hardware: Design	
Hardware: Manufacturing	
Hardware: Resale (developed by others)	
Service Provider: Business Process Outsourcing	
Service Provider: Cloud Service Provider	
Service Provider: Data Center/Co-location	
Service Provider: Domain Name Registrar	
Service Provider: Internet Service Provider	
Service Provider: IT Consulting	
Service Provider: Managed Services/Security	
Service Provider: Search Engine Optimization	
Service Provider: Shared/Gig Economy	
Service Provider: Telecommunications Services	
Service Provider: Website Design	
Service Provider: Website Hosting	
Software: Custom Development	
Software: Installation, Integration & Support	
Software: Mobile Application Development	
Software: Pre-packaged Development	
Software: Resale (developed by others)	
Software: Software as a Service	
Software: Financial Technology	
Other (please describe)	

Customers			
Client Name (3 largest contracts)	Nature of Work	Annual Income	Contract Duration

Industry types to which you offer technology products or services (% allocation)			
% Business Services	% Government	% Oil & Gas	
% Direct to Consumer	% Healthcare	% Retail/Wholesale	
% Education	% Manufacturing	% Technology	
% Engineering	% Media	% Telecommunications	
% Financial	% Municipalities	% Utilities	
% Other (please describe)			

Contracts (please check all that apply)	Yes	No
Written / Signed Contracts with all Clients	<input type="checkbox"/>	<input type="checkbox"/>
Contracts Reviewed by Qualified Legal Counsel	<input type="checkbox"/>	<input type="checkbox"/>
Limitation of Liability in Contracts	<input type="checkbox"/>	<input type="checkbox"/>
Disclaimer of Warranties in Contracts	<input type="checkbox"/>	<input type="checkbox"/>
Hold Harmless Clause in Contracts	<input type="checkbox"/>	<input type="checkbox"/>
Caps on Damages in Contracts	<input type="checkbox"/>	<input type="checkbox"/>

Subcontractors	Yes	No
Percent of work subcontracted to others	%	
Applicant obtains written contracts with all subcontractors	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractor contracts have favorable hold harmless clauses	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractors required to carry professional liability	<input type="checkbox"/>	<input type="checkbox"/>

13. Additional Information

<p>Please use this section to further describe or clarify any "no" answers or to provide any additional relevant information:</p>
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14. Loss Information

Please answer below regarding the Applicant or any Subsidiaries	Yes	No
Within the past three years, has the Applicant had any actual or potential incidents or claims to which the policy would apply; or is the Applicant aware of any fact, circumstance, or situation that could reasonably be expected to give rise to an incident or claim to which the policy would apply?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain:

NOTICES TO COMPANY:

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE COMPANY DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE, AND REASONABLE EFFORT HAS BEEN MADE TO OBTAIN SUFFICIENT INFORMATION FROM ALL PERSONS PROPOSED FOR THIS INSURANCE TO FACILITATE THE ACCURATE COMPLETION OF THE APPLICATION. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AGREEMENT TO BIND INSURANCE.

THE SUBMISSION OF THIS APPLICATION BY THE COMPANY TO THE INSURER OR SIGNING OF THIS APPLICATION BY THE COMPANY DOES NOT OBLIGATE THE INSURER TO ISSUE THE INSURANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT IF A POLICY IS ISSUED AND SHALL BE DEEMED TO BE ATTACHED TO, INCORPORATED INTO AND BECOME A 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. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

NOTICE TO ARKANSAS 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 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 OF THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO LOUISIANA 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 MAINE 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 NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO 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 CIVIL FINES AND CRIMINAL 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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO 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 OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

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" (365:15-1-10, 36 §3613.1).

NOTICE TO 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 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE 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 TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT 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 VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO 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 WEST VIRGINIA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF 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 ALL OTHER 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."

DECLARATION AND SIGNATURE

The undersigned is a duly authorized representative of the Applicant identified in answer to Question No. 1 herein and acknowledges that reasonable inquiry has been made to obtain the answers to all of the questions herein and the information and documents submitted herewith, all of which are true, accurate and complete to the best of the undersigned's knowledge and belief.

Signed:

Title:

(This application must be signed by a duly authorized representative of the Applicant)

Company:

Date:

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