



The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

| Sec | ction 1: Company Details | | | | | | |
|-----|---|--|-------------------------|----------------------|--|--|--|
| 7.7 | Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form. | | | | | | |
| | Company name: | | | | | | |
| | Primary Address (Address, State, ZIP, Country): | | | | | | |
| | | | | | | | |
| | Website Address: | | | | | | |
| 1.2 | Date the business was establishe | ed (MM/DD/YYYY): | | | | | |
| 1.3 | Number of employees: | | | | | | |
| 1.4 | Number of physicians: | | | | | | |
| 1.5 | Please state your gross revenue | Please state your gross revenue and annual billings in respect of the following years: | | | | | |
| | | Last complete FY | Estimate for current FY | Estimate for next FY | | | |
| | Domestic revenue: | \$ | \$ | \$ | | | |
| | Annual billings in respect of Medicare patients: | \$ | \$ | \$ | | | |
| | Medicaid patients: | \$ | \$ | \$ | | | |
| | Private pay patients: | \$ | \$ | \$ | | | |
| | Total annual billings: | \$ | \$ | \$ | | | |
| 1.6 | Please provide details for the primary contact for this insurance policy: | | | | | | |
| | Contact name: | | Position: | | | | |
| | Email address: | | Telephone number: | | | | |





Section 2: Activities

2.1 Please describe below the nature of your business activities:

| Please provide a | n approximate br | eakdown of how you | ur revenue is ger | nerated: | | | |
|------------------|------------------|--------------------|-------------------|------------------------------------|---|------------|--|
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| AL: CA: | % | AK: | % | AZ: CT: | % | AR: DE: | |
| CA: | % | CO: | % | CT: | % | DE: | |
| FL: | % | GA: | % | HI: | % | ID: | |
| IL: | % | IN: | % | IA: | % | KS: | |
| KY: | % | LA: | % | ME: | % | MD: | |
| MA: | % | MI: | % | MN: | % | MS: | |
| MO: | % | MT: | % | NE: | % | NV: | |
| NH: | % | NJ: | % | NM: | % | NY: | |
| NC: | % | ND: | % | OH: | % | OK: | |
| OR: | % | PA: | % | RI: | % | SC: | |
| SD: | % | TN: | % | TX: | % | UT: | |
| VT: | | | | | | | |
| | % | VA: | % | WA: | % | WV: | |
| WI: | | VA: | | WA: Other overseas US territories: | | WV: | |





Section 3: Compliance

| lease provide your National Provider Identifie | er (NPI) number: | |
|---|--|--------------------------------------|
| | ngs audit by a government body or private health insuran | ce entity? Yes No |
| o you have a medical billings compliance pro | | |
| "yes", please state when the program was e. | | |
| o you use the current edition of the Current | Procedural Terminology (CPT)? Yes No | |
| | Procedural reminiology (CPT)? Yes No | |
| | | |
| | | |
| "yes", please state what software is utilized: | | 5: |
| "yes", please state what software is utilized: | eimbursements under CMS for any telemedicine services | 5: erally Qualified Health Center |
| "yes", please state what software is utilized: | eimbursements under CMS for any telemedicine services Critical Access Hospital (CAH) Fede Hospital-based or CAH-based Renal | |
| Community Mental Health Center (CMHC) | eimbursements under CMS for any telemedicine services Critical Access Hospital (CAH) Fede Hospital-based or CAH-based Renal | erally Qualified Health Center |
| "yes", please state what software is utilized: lease confirm the originating site used for re Community Mental Health Center (CMHC) Hospital | eimbursements under CMS for any telemedicine services Critical Access Hospital (CAH) Fede Hospital-based or CAH-based Renal Dialysis Center (including satellites) Phys | erally Qualified Health Center |





Section 4: Cyber Security Risk Management

| 4.7 | Please describe the type of sensitive i | information you hold and provide ar | n approximate number of unique re | cords that you store or process: | | |
|--|---|--------------------------------------|--|-------------------------------------|--|--|
| | | | | | | |
| 4.2 | Please describe the most valuable da | ta assets you store: | | | | |
| 4.3 | Please state whether you are complia | ant with the Health Insurance Portal | oility and Accountability Act of 1996 | (HIPAA): Yes No | | |
| 4.4 Please tick all the boxes below that relate to companies or services where you store sensitive data or who you rely upon to provide obusiness services: | | | | | | |
| | Adobe | Amazon Web Services | Dropbox | Google Cloud | | |
| | IBM | Microsoft 365 | Microsoft Azure | Oracle Cloud | | |
| | Salesforce | SAP | Workday | | | |
| Please tick all the boxes below that relate to controls that you currently have implemented within your IT provided by a third party). If you're unsure of what any of these tools are, please refer to the explanation of | | | | · | | |
| | Advanced Endpoint Protection | Application Whitelisting | Asset Inventory | Custom Threat Intelligence | | |
| | Database Encryption | Data Loss Prevention | DDoS Mitigation | DMARC | | |
| | DNS Filtering | Employee Awareness Training | Incident Response Plan | Intrusion Detection System | | |
| | Mobile Device Encryption | Penetration Tests | Perimeter Firewalls | Security Info & Event Management | | |
| | Two-factor Authentication | Vulnerability Scans | Web Application Firewall | Web Content Filtering | | |
| Sect | tion 5: Claims Experience | | | | | |
| 5.7 Please state whether you are aware of any incident: | | | | | | |
| | a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: Yes No | | | | | |
| | b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: Yes No | | | | | |
| | If you have answered "yes" to a) or b) the monetary amount of any claim p description of the status of any current | aid or reserved for payment by you | or by an insurer. Please include all I | relevant dates, including a | | |





Section 12: Additional Information

- 72.7 Please provide the following information when you send the application form to us.
 - · Directors or principals resumes if the company has been trading for less than 3 years;
 - The organization chart or group structure if any subsidiaries are to be insured including names, dates of acquisition, countries of domicile, percentages of ownership; and
 - · The standard form of contract, end user license agreement or terms of use issued by the company.

| Name: | Date of Acquisition: | Country of Domicile: | Percentage of ownership: | |
|-------------------------------|------------------------------------|----------------------|--------------------------|---|
| | | | | % |
| | | | | % |
| | | | | % |
| | | | | % |
| | | | | % |
| | | | | % |
| Please provide this space bel | ow to provide us with any other re | elevant information: | | |
| | | | | |
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Important notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

| | Contact Name: | Position: | |
|-------------------------------|---------------|-------------------|--|
| Signature: Date (MM/DD/YYYY): | Signaturo | Data (MM/DD/VVVV) | |



Cyber security controls explained

Advanced endpoint protection

Software installed on individual computers (endpoints) that uses behavioral and signature based analysis to identify and stop malware infections.

Application whitelisting

A security solution that allows organizations to specify what software is allowed to run on their systems, in order to prevent any non-whitelisted processes or applications from running.

Asset inventory

A list of all IT hardware and devices an entity owns, operates or manages. Such lists are typically used to assess the data being held and security measures in place on all devices.

Custom threat intelligence

The collection and analysis of data from open source intelligence (OSINT) and dark web sources to provide organizations with intelligence on cyber threats and cyber threat actors pertinent to them.

Database encryption

Where sensitive data is encrypted while it is stored in databases. If implemented correctly, this can stop malicious actors from being able to read sensitive data if they gain access to a database.

Data loss prevention

Software that can identify if sensitive data is being exfiltrated from a network or computer system.

DDoS mitigation

Hardware or cloud based solutions used to filter out malicious traffic associated with a DDoS attack, while allowing legitimate users to continue to access an entity's website or web-based services.

DMARC

An internet protocol used to combat email spoofing – a technique used by hackers in phishing campaigns.

DNS filtering

A specific technique to block access to known bad IP addresses by users on your network.

Employee awareness

Training programs designed to increase employees' security awareness. For example, programs can focus on how to identify potential phishing emails.

Incident response plan

Action plans for dealing with cyber incidents to help guide an organization's decision-making process and return it to a normal operating state as quickly as possible.

Intrusion detection system

A security solution that monitors activity on computer systems or networks and generates alerts when signs of compromise by malicious actors are detected.

Mobile device encryption

Encryption involves scrambling data using cryptographic techniques so that it can only be read by someone with a special key. When encryption is enabled, a device's hard drive will be encrypted while the device is locked, with the user's passcode or password acting as the special key.

Penetration tests

Authorized simulated attacks against an organization to test its cyber security defences. May also be referred to as ethical hacking or red team exercises.

Perimeter firewalls

Hardware solutions used to control and monitor network traffic between two points according to predefined parameters.

Security info & event management (SIEM)

System used to aggregate, correlate and analyse network security information – including messages, logs and alerts – generated by different security solutions across a network.

Two-factor authentication

Where a user authenticates themselves through two different means when remotely logging into a computer system or web based service. Typically a password and a passcode generated by a physical token device or software are used as the two factors.

Vulnerability scans

Automated tests designed to probe computer systems or networks for the presence of known vulnerabilities that would allow malicious actors to gain access to a system.

Web application firewall

Protects web facing servers and the applications they run from intrusion or malicious use by inspecting and blocking harmful requests and malicious internet traffic.

Web content filtering

The filtering of certain web pages or web services that are deemed to pose a potential security threat to an organization. For example, known malicious websites are typically blocked through some form of web content filtering.