

Small Commercial Underwriting Questionnaire

QUESTIONNAIRE INSTRUCTIONS

Whenever used in this questionnaire, the terms **you**, **your(s)** and **applicant** shall mean the **named insured** and all subsidiaries, unless otherwise stated.

YOUR BUSINESS

1. Name of applicant: _____
 Address of applicant: _____
 Website address: _____ Years in business: _____
2. Describe your operations and list your products and services. _____

3. Please provide your anticipated total annual revenues for the next 12 months. \$ _____
 What percentage of your total annual revenues is from foreign sales? _____ %
 What percentage of your total annual revenues is derived from internet sales? _____ %
4. Check if any of the following have occurred in the past 12 months or may occur in the next 12 months:

☐ Merger

☐ Acquisition

☐ Newly Formed Owned Entity

☐ Name Change (no M&A)

☐ New Products or Services

 If so, describe in detail: _____

HISTORY

1. In the past 3 years:
 - a. Have you had any claims or suits resulting from your products or services; or are you aware of any actual or alleged facts or circumstances that could reasonably be expected to give rise to a claim under this policy? ☐ Yes ☐ No
 - b. Have you sued a customer for failure to pay for products or services rendered? ☐ Yes ☐ No
 - c. Have you notified consumers or a third party of a security breach incident? ☐ Yes ☐ No
 - d. Have you experienced an actual or attempted extortion demand with respect to your computer system, an unscheduled network outage lasting over 4 hours, or has your system or website been used in any type of security incident or attack (viruses, denial of service attacks, etc.)? ☐ Yes ☐ No
 - e. Have you had any policy declined, cancelled or non-renewed? ☐ Yes ☐ No
 (Not applicable in Missouri)

CURRENT AND REQUESTED INSURANCE PROGRAMS

1. Please provide the following information regarding your current and requested insurance programs:

TECHNOLOGY LIABILITY COVERAGE						
COVERAGE	CURRENT PROGRAM				REQUESTED PROGRAM	
	LIMIT	RETENTION	RETROACTIVE DATE	PREMIUM	LIMIT	RETENTION
Errors and omissions liability	\$	\$		\$	\$	\$
Cyber & privacy security liability	\$	\$		\$	\$	\$
Personal injury liability	\$	\$		\$	\$	\$
Media and content liability	\$	\$		\$	\$	\$

FIRST PARTY CYBER COVERAGE					
COVERAGE	CURRENT PROGRAM			REQUESTED PROGRAM	
	LIMIT	RETENTION	PREMIUM	LIMIT	RETENTION
Security breach notification and remediation	\$	\$	\$	\$	\$
Data & systems restoration	\$	\$	\$	\$	\$
Cyber extortion	\$	\$	\$	\$	\$
Business income loss and extra expense	\$	_____hrs waiting period	\$	\$	_____hrs waiting period
Contingent business income loss and extra expense	\$	_____hrs waiting period	\$	\$	_____hrs waiting period
Funds transfer fraud	\$	\$	\$	\$	\$
Computer fraud	\$	\$	\$	\$	\$
Telecommunications fraud	\$	\$	\$	\$	\$
Public relations	\$	\$	\$	\$	\$
Cyber breach or extortion reward	\$	\$	\$	\$	\$

ERRORS AND OMISSIONS LIABILITY

(Please attach a copy of your standard customer contract, purchase order or licensing agreement.)

1. How long have your products or services been on the market? _____
2. What percentage of revenue is applicable to the following end user(s) of your products or services?

Individual _____%	U.S. Federal Government, agency or military _____% If you generate revenue from the U.S. Federal Government, agency or military, please answer the following: Your work as a prime contractor: _____% Your work as a subcontractor to a prime contractor: _____% Do you primarily use Federal Acquisition Regulation (FAR) contracts or ensure that FAR flow-down provisions are included within contracts you sign? <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial entity _____%	
U.S. local or state government or agency _____%	

3. Do you have a quality control/quality assurance program?

☐ Yes ☐ No

(Check all that apply.)

<input type="checkbox"/> Formalized	<input type="checkbox"/> Prototype development
<input type="checkbox"/> Verification testing	<input type="checkbox"/> Vendor approval and certification process
<input type="checkbox"/> Validation testing <input type="checkbox"/> Component <input type="checkbox"/> Integration <input type="checkbox"/> System <input type="checkbox"/> Acceptance <input type="checkbox"/> Alpha <input type="checkbox"/> Beta <input type="checkbox"/> Pilot	<input type="checkbox"/> End-user product or service training <input type="checkbox"/> Formalized/documented <input type="checkbox"/> User guide <input type="checkbox"/> Manuals <input type="checkbox"/> On-site training <input type="checkbox"/> Annual certification <input type="checkbox"/> Webinars
<input type="checkbox"/> Product change control procedures and signoff	<input type="checkbox"/> Statistical process control
<input type="checkbox"/> Pre-release/pre-dissemination testing to protect customers from malicious code, security vulnerabilities, bugs or problems in your services	<input type="checkbox"/> Customer signoff <input type="checkbox"/> Milestones <input type="checkbox"/> Final acceptance
<input type="checkbox"/> Maintenance of error/problem/downtime log for life of service	<input type="checkbox"/> Product recall plan
<input type="checkbox"/> Document retention plan	

4. Do you have a customer management program?

☐ Yes ☐ No

(Check all that apply.)

<input type="checkbox"/> Customer complaint resolution, including escalation procedures	<input type="checkbox"/> Formal customer notification plan to address any bugs, anomalies, problems, etc. discovered in products or services
<input type="checkbox"/> Customer notification plan for discontinuance of product, service or support	

5. Have you ever had to recall any of your products?

☐ N/A ☐ Yes ☐ No

If yes, please explain: _____

6. Do you use your standard contract with your customers?

☐ Yes ☐ No

a. If no, check the box(es) that apply to you:

<input type="checkbox"/> I am in the process of building a standard contract, purchase order or licensing agreement with at least a limitation of liability clause and/or hold harmless agreement	<input type="checkbox"/> I use contracts supplied by the customer and <input type="checkbox"/> the contracts are mutually beneficial to both parties, and <input type="checkbox"/> the contracts are not in my favor. (If you checked this box, please submit a copy of your largest executed contract.)
<input type="checkbox"/> Other: Please describe: _____ _____	

b. If yes, which of the following provisions are included in your contractual agreements (e.g. standard contractor, purchase order or licensing agreement, etc.)?

<input type="checkbox"/> Limitation of liability	<input type="checkbox"/> Disclaimer of warranties	<input type="checkbox"/> Hold harmless	<input type="checkbox"/> Performance milestones/schedule of work
<input type="checkbox"/> Force majeure	<input type="checkbox"/> Integration clause	<input type="checkbox"/> Indemnification	
<input type="checkbox"/> Arbitration clause	<input type="checkbox"/> Statement of work	<input type="checkbox"/> Limitation of consequential damages	

c. If contractual provisions were selected above, were they written in your favor?

☐ Yes ☐ No

d. Does legal review your contracts, purchase orders or licensing agreements?

☐ Yes ☐ No

e. Does legal review deviations to your contracts, purchase orders or licensing agreements?

☐ Yes ☐ No

7. Please provide the following:

a. Size of average customer contract: \$ _____ Length of average customer contract (# of months): _____

b. Size of largest customer contract: \$ _____ Length of largest customer contract (# of months): _____

CYBER AND PRIVACY SECURITY LIABILITY/FIRST PARTY CYBER

(Please complete this section if you are applying for Cyber and Privacy Security Liability or First Party Cyber Coverage.)

1. Indicate the type and number of unique records collected/maintained by you or others on your behalf **(Check all that apply.)**:

TYPE OF INFORMATION	NUMBER OF RECORDS				
<input type="checkbox"/> Biometric information	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M–3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Financial account numbers	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M–3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Other personally identifying information (i.e. social security numbers, passport numbers)	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M–3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Protected health information	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M–3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Credit card numbers	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M–3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Other information not described above (i.e. Name, address, telephone number, etc.)	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M–3M	<input type="checkbox"/> >3M

2. If you were to suffer a security incident or attack (virus, denial of service attack, etc.), how would you categorize the downstream result to your customers?

☐ No impact ☐ Minimal impact ☐ Moderate impact ☐ Significant impact

3. Do you have the following **(Check all that apply.)**?

<input type="checkbox"/> Written information security program (wisp)	<input type="checkbox"/> Written incident response plan	<input type="checkbox"/> Designated chief information security officer (or equivalent)
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4. Information security training—you have **(Select one)**:

- a. A formal and documented information security program and privacy policy; a written and executed employee training program to safeguard personal and confidential business information
- b. A formal but undocumented information security program and privacy policy; a formal but not written employee training program to safeguard personal and confidential business information
- c. An informal and undocumented information security program and privacy policy; no executable or written employee training program to safeguard personal and confidential business information or none

5. Customer base—you derive most of your revenue from **(Select one)**:

- a. Sales to commercial entities
- b. Sales to individuals
- c. Government and critical infrastructure related entities

6. Back-ups—you make **(Select one)**:

- a. Regular full and incremental backups of critical data and systems
- b. Occasional full back-ups of critical data and systems
- c. No back-ups of critical data and systems

7. Background checks—for employees with access to sensitive data and systems, you conduct **(Select one)**:

- a. Full, nationwide, criminal background, sex offender, and credit checks
- b. Full, nationwide, criminal background checks
- c. No background checks

8. Patching and Updates—you provide **(Select one)**:
 - a. Automatic updates with patch management verification procedure
 - b. Automatic updates
 - c. Manual updates
9. Firewalls—you have **(Select one)**:
 - a. Hardware and software firewalls deployed
 - b. Hardware firewall deployed
 - c. No firewalls deployed
10. Antivirus and intrusion detection software—you have **(Select one)**:
 - a. Intrusion detection software and antivirus software installed or activated on all computers and networks
 - b. Antivirus software installed or activated on all computers and networks
 - c. Neither intrusion detection software nor antivirus software installed or activated
11. Network security—when working remotely, your employees **(Select one)**:
 - a. Access a segmented network via virtual private network with multi-factor authentication
 - b. Access a segmented network via virtual private network
 - c. Do not access a virtual private network
12. Email security—you have **(Select one)**:
 - a. Web and email filtering enabled
 - b. Web or email filtering enabled
 - c. Neither web nor email filtering enabled
13. Encryption—your encryption is **(Select one)**:
 - a. Deployed for data at rest, in transit and on mobile devices
 - b. Deployed for data at rest
 - c. Not deployed
14. Accountability—when accessing computer systems and information, employees and third parties are issued **(Select one)**:
 - a. Separate and unique accounts with strong passwords; access is restricted and only extended as required to perform duties.
 - b. Separate and unique accounts with strong passwords
 - c. Separate and unique accounts with no password construction requirements
15. Data destruction—when data and equipment is no longer needed, you **(Select one)**:
 - a. Dispose of computers/devices/media responsibly in accordance with a written data retention and destruction policy
 - b. Dispose of old computers/devices/media responsibly
 - c. Have no policies or procedures pertaining to the destruction of data or retirement of devices

16. If user information is collected on your website, do users have the option to opt-in or opt-out of allowing the collection or use of their information? ☐ Yes ☐ No
17. Do you have a disaster recovery plan for your computer system (i.e. computer or computer network including hardware, software, telephone system, firmware, and data)? ☐ Yes ☐ No
Has the plan been fully documented and tested at least annually? ☐ Yes ☐ No
18. When employees/contractors access critical systems, is multi-factor authentication utilized? ☐ Yes ☐ No
19. Do you use vendors for any of the following? ☐ Yes ☐ No
- a. Customer service ☐ Yes ☐ No
 - b. Web hosting/data center operations ☐ Yes ☐ No
 - c. Data processing ☐ Yes ☐ No
 - d. Network security ☐ Yes ☐ No
 - e. Other— Please describe: _____
20. Do you have a formal process for reviewing your vendors' procedures? ☐ N/A ☐ Yes ☐ No
21. Do you use a standard contract or agreement with all vendors? ☐ N/A ☐ Yes ☐ No
If yes, are hold harmless and indemnification provisions in your favor? ☐ N/A ☐ Yes ☐ No
22. Are your vendors required to carry errors and omissions insurance? ☐ N/A ☐ Yes ☐ No

PERSONAL INJURY LIABILITY

(Please complete this section if you are applying for personal injury liability coverage.)

1. Do you sell or share personal and/or confidential information gathered from customers or others (This includes information gathered from your website or by other means.)? ☐ Yes ☐ No
If yes, do you notify and obtain the consent of customers or others prior to disseminating this information? ☐ Yes ☐ No
2. Do you have a chat room, bulletin board or social media site? ☐ Yes ☐ No
If yes, please provide the following information:
- a. Who are the primary users of the chat room, bulletin board or social media site (i.e. employees, vendors, customers, etc.)? _____
 - b. Do you monitor the chat room, bulletin board or social media site? ☐ Yes ☐ No
 - c. How quickly do you remove content and posts when they are unacceptable or infringing?

MEDIA AND CONTENT LIABILITY

(Please complete this section if you are applying for media and content liability coverage.)

1. Do you provide any of the following? **(Check all that apply.)**

- | |
|--|
| <input type="checkbox"/> An application/software that enables the copying or dissemination of the content of others (e.g. music, art, photos, graphics, video, written works etc.) |
| <input type="checkbox"/> A file-swapping network |
| <input type="checkbox"/> Access to file sharing activities (example: peer to peer.) |

2. Do you have intellectual property or business methods clearance procedures? ☐ Yes ☐ No
(Check all that apply.)

<input type="checkbox"/> Permission from owners of sites you link to or frame	<input type="checkbox"/> Legal review of all referral and affiliate program agreements
<input type="checkbox"/> Permission to use and legal review of the trademarks and/or service marks of others	<input type="checkbox"/> Legal review of the following performed prior to release, use, dissemination of or modification to regardless of the medium (Check all that apply.): <input type="checkbox"/> content <input type="checkbox"/> business methods <input type="checkbox"/> product <input type="checkbox"/> technology used <input type="checkbox"/> websites <input type="checkbox"/> work <input type="checkbox"/> services <input type="checkbox"/> advertising and marketing material
<input type="checkbox"/> New hire and independent contractor agreements include signed statements that new employees and contractors will not disseminate or use any previous employer's or client's trade secrets or other intellectual property	<input type="checkbox"/> Trademark and/or service mark searches and clearances for all your: <input type="checkbox"/> domain names <input type="checkbox"/> Service names, designs or logos
<input type="checkbox"/> The contractual acquisition of all rights (including electronic rights) to work done for you by third parties, including hold harmless and indemnification clauses, which inure to your benefit pertaining to that work	Content searches and clearances performed by (Check all that apply.): <input type="checkbox"/> your legal counsel <input type="checkbox"/> professional search company <input type="checkbox"/> computerized database search
<input type="checkbox"/> Legal review performed with respect to laws in jurisdictions outside of the U.S.	

3. If you are an Internet Service Provider, are you compliant with the Digital Millennium Copyright Act and its standards? ☐ N/A ☐ Yes ☐ No

PAYMENT CARD EXPENSE COVERAGE

(Please complete this section if you are applying for Payment Card Expense Coverage.)

1. Do you outsource all payment processing to a PCI-DSS validated merchant or other entity? ☐ Yes ☐ No
2. What are your estimated number of transactions in a 12-month period? _____
3. Have you been PCI certified in the past 12 months? ☐ Yes ☐ No

SOCIAL ENGINEERING COVERAGE

(Please complete this section if you are applying for Social Engineering Coverage.)

1. Do you provide social engineering training at least annually to employees having wire transfer or accounts payable authority that educates them on how to detect and identify social engineering scams where a fraudulent email or phone call from a purported:
- a. Vendor or client is received, requesting their vendor or client bank account information be changed? ☐ Yes ☐ No
 - b. Owner or employee of yours is received, requesting a wire transfer be made on their behalf? ☐ Yes ☐ No
2. Do you have written and documented procedures in place which are provided to your employees and which require employees to authenticate all requested changes to vendor/supplier information (such as bank account, routing number, contact information) with a phone call to an authorized representative of the vendor/supplier, at a phone number provided at the time of contracting? ☐ Yes ☐ No

BUSINESS INCOME LOSS AND EXTRA EXPENSE—SYSTEMS FAILURE

(Please complete this section if you are applying for Business Income Loss and Extra Expense—Systems Failure.)

1. Do you have a policy to manage the maintenance of your computer system (i.e. computer or computer network including hardware, software, telephone system, firmware, and data)? ☐ Yes ☐ No

If yes, please explain. _____

Describe the maintenance schedule of your computer system? _____

2. Have you suffered an unplanned (non-malicious) outage in the past 24 months? ☐ Yes ☐ No

If yes, please explain. _____

CONTINGENT BUSINESS INCOME LOSS AND EXTRA EXPENSE—SYSTEMS FAILURE

(Please complete this section if you are applying for Contingent Business Income Loss and Extra Expense—Systems Failure.)

1. Do you have any single source providers of raw materials, products or services which are critical to your business? ☐ Yes ☐ No

If yes, please explain. _____

Do you have a contract in place with the provider guaranteeing on time service and back up facilities? ☐ Yes ☐ No

2. Have you identified back-up contract providers for such critical products or services? ☐ Yes ☐ No

If yes, please list your providers. _____

3. How long would it take your back-up contract providers to be up and running to provide to you with your critical products or services?



The Hanover Insurance Company
440 Lincoln Street, Worcester, MA 01653

hanover.com
The Agency Place (TAP)—<https://tap.hanover.com>

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