

Small Commercial Underwriting Questionnaire—Optional First Party Cyber Coverages

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

Name of applicant: _____

Address of applicant: _____

If a renewal, Hanover expiring policy number and renewal effective date: _____

CURRENT AND REQUESTED INSURANCE PROGRAMS

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

OPTIONAL FIRST PARTY CYBER COVERAGE ENDORSEMENTS					
COVERAGE	CURRENT PROGRAM			REQUESTED PROGRAM	
	LIMIT	RETENTION	PREMIUM	LIMIT	RETENTION
Payment card expense coverage	\$	\$	\$	\$	\$
Social engineering coverage	\$	\$	\$	\$	\$
Business income loss and extra expense—systems failure	\$	_____ hrs waiting period	\$	\$	_____ hrs waiting period
Contingent business income loss and extra expense—systems failure	\$	_____ hrs waiting period	\$	\$	_____ hrs waiting period

HISTORY

(Please attach 3 year hard copy carrier loss runs.)

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)

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 Coverage—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 Coverage—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?

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