

Y-ProTech for Marketplaces Insurance Application

This cyber and E&O insurance application form is designed for on-demand, sharing and gig economy companies, or other mobile or web based marketplaces.

SECTION A. COMPANY INFORMATION

1. Company Name (*hereinafter "the Applicant"*) _____
2. Street Address _____
3. City _____ State _____ Zip Code _____
4. Website _____
5. Date business established _____
6. Provide a description of the Applicant's business:

SECTION B. KEY METRICS

- | | Prior 12 months | Forecasted 12 months |
|---|--|----------------------|
| 1. Number of employees | <input type="text"/> | <input type="text"/> |
| 2. Gross Revenues (<i>total revenue process on platform</i>) | <input type="text"/> | <input type="text"/> |
| 3. Net Revenues (<i>net revenues after paying providers</i>) | <input type="text"/> | <input type="text"/> |
| 4. Number of registered users on your platform | <input type="text"/> | <input type="text"/> |
| 5. Number of providers on your platform | <input type="text"/> | <input type="text"/> |
| 6. Number of transactions completed on your platform | <input type="text"/> | <input type="text"/> |
| 7. Average price of a transaction on platform | <input type="text"/> | |
| 8. Does the Applicant have, or plan to have in the next 12 months, any other sources of revenue other than fees collected for transactions processed on the platform? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "yes", please describe the sources and amount of revenue: | | |

SECTION C. INSURANCE DETAILS

1. Insurance contact name _____ Email address _____
2. Position _____ Telephone number _____
3. Does the Applicant currently purchase the following insurance?

Name of Insurer	Effective Date	None
General Liability insurance: _____	<input type="text"/>	<input type="checkbox"/>
E&O insurance: _____	<input type="text"/>	<input type="checkbox"/>

SECTION D. USER CONTENT

1. Indicate which of the following types of Information are collected or stored as respects users of your platform:

	<i>Collected</i>	<i>Stored on Applicant's Network</i>
Personal addresses	<input type="checkbox"/>	<input type="checkbox"/>
Social security numbers	<input type="checkbox"/>	<input type="checkbox"/>
Drivers' licenses	<input type="checkbox"/>	<input type="checkbox"/>
Passwords in combination with email addresses or user names	<input type="checkbox"/>	<input type="checkbox"/>
Criminal records	<input type="checkbox"/>	<input type="checkbox"/>
Medical or personal health information	<input type="checkbox"/>	<input type="checkbox"/>
Financial data, bank account information	<input type="checkbox"/>	<input type="checkbox"/>
Credit history or ratings	<input type="checkbox"/>	<input type="checkbox"/>
Geolocation	<input type="checkbox"/>	<input type="checkbox"/>
Names or any information related to children under age 18	<input type="checkbox"/>	<input type="checkbox"/>

2. Total number of personal information records

Enter the total number of records on an individual that can be used to identify, contact or locate a single individual. This includes employees, platform users, retirees, customers, partners, and any other third parties.

SECTION E. NETWORK AND DATA SECURITY

1. Does the Applicant encrypt all sensitive information that is transmitted within and from the organization? Yes No
2. Is all sensitive information stored on the Applicant's databases, servers and data files encrypted? Yes No
3. Does the Applicant provide mandatory training for employees concerning the handling of private data, security and sensitive information? Yes No
4. Does the Applicant have an information security incident response plan? Yes No
5. Does the Applicant have a written security patch management process implemented? Yes No
6. Does the Applicant have an intrusion detection solution to detect and alert unauthorized access to internal networks and computer systems? Yes No
7. Does the Applicant have firewall technology, anti-virus, anti-spyware and anti-malware software installed? Yes No
8. Does the Applicant have controls and procedures for restricting employee access to personal information of platform users? Yes No
9. Does the Applicant have written procedures in place to comply with federal, state, or local statutes and regulations governing the handling and or disclosure of PII? Yes No

If "no" to any of the questions above in this Section E., for each "no" response, please provide details of what other security measures are in place, in process, or planned in absence of such security measure:

SECTION F. PRICING AND PAYMENTS INFORMATION

1. Provide the name of the Applicant's payment card processor: _____
2. Have you confirmed that the payment processor is PCI compliant and hardware and software applications are PCI-DSS validated? Yes No
3. Estimate of the number of credit card transactions annually: Prior 12 months _____ Next 12 months _____
4. Indicate the Applicant's PCI Level of Compliance: Level 1 Level 2 Level 3 Level 4 None _____
5. Date of the Applicant's most recent compliance audit _____
6. Is credit card information tokenized or encrypted at all times? Yes No

SECTION G. PLATFORM SERVICES AND ACTIVITIES

1. Please list any background or authentication checks the Applicant conducts and the name of the provider:

Type of check

Service Provider

Providers: _____

Users: _____

2. Does the Applicant have any insurance requirements of the providers on the platform? Please describe the requirement and how validated:

Insurance Requirement

Validation Process

3. Does the Applicant have any permit, licenses or certification requirements for its providers? Yes No

If "yes", please describe:

4. Are there any additional requirements, standards, or agreements to help ensure the safety or quality of services or goods exchanged via the platform? Yes No

If "yes", please describe:

5. Does the Applicant provide any additional services to assist with the onboarding of users or providers? Yes No

If "yes", please describe:

6. Does the Applicant have the right to remove users from platform?

Yes No

If "yes", for what reasons and are all such reasons disclosed to platform users when registering?

7. Does the Applicant have written procedures for handling disputes or complaints by users? Yes No

If "yes", please describe:

8. Are dispute and handling procedures communicated on the Applicant's website and mobile platform? Yes No

SECTION H. RATINGS, PEER REVIEWS, AND COMMENTS

1. Does the Applicant's platform include a ratings system and does it require users to input a rating after each transaction?

Providers rate users: Required Optional Not allowed Users rate providers: Required Optional Not allowed

2. Does the Applicant allow free form text comments by users on its website or mobile application that are viewable by others?

Providers: Required Optional Not available Users: Required Optional Not available

3. Does the Applicant verify, review, filter or delete comments?

Yes No

If "yes", please describe:

4. Does the Applicant have a formal written procedure for identifying, editing or removing controversial, offensive, and potentially defamatory or infringing content from user generated content on its website or mobile application? Yes No

If "yes", please describe:

SECTION I. TERMS OF SERVICE

1. Describe how users of the Applicant's platform, accept the terms of service:

- Click wrap
 - Browse wrap
 - Other: _____
-

2. Does the Applicant's terms of service include the following:

- Limitation of liability
- Mandatory arbitration clause
- Class action waiver

SECTION J. MEDIA

1. Does the Applicant have procedures to ensure the website addresses and domain names do not infringe on the intellectual property rights of others? Yes No

2. Does the Applicant involve legal counsel in reviewing content prior to publication or in evaluating whether it should be removed for potential defamatory, infringement, or violation of a third party's privacy rights? Yes No

3. Does the Applicant have a formal process for obtaining the necessary rights, licenses, releases and consents applicable to website content? Yes No

SECTION K. SUPPLEMENTAL QUESTIONS

 Completion of this section is only required if the Applicant is seeking insurance for the indicated coverage.

If Network Business Interruption Coverage is requested:

1. Does the Applicant have a disaster recovery and business continuity plan? Yes No
2. Please provide the names of the service providers for any element of the Applicant's network that is outsourced:

Web hosting _____

ASP _____

Security services _____

Data processing _____

If Social Engineering Crime Coverage is requested:

1. Does the Applicant require at least two members of staff to review, authorize and sign for:

- a. Any transfer of funds Yes No
- b. Signing of checks above \$10,000 Yes No
- c. Issuance of instructions for the disbursement of assets, funds or investments Yes No

SECTION L. LITIGATION, LOSSES, AND INCIDENTS

1. Indicate any of the following incidents that the Applicant has experienced in the last two years:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Data Loss | <input type="checkbox"/> Privacy Breach | <input type="checkbox"/> Malware Infection | <input type="checkbox"/> Denial of Service Attack |
| <input type="checkbox"/> IP Infringement | <input type="checkbox"/> Cyber crime | <input type="checkbox"/> Cyber extortion | |
| <input type="checkbox"/> Investigation or action by any regulatory or administrative agency regarding the collection, use or handling of PII | | | |

If "yes" to any of the above, please provide more information, including details of the financial impact and measure taken to prevent the incident from occurring again:

SECTION M. REPRESENTATION, DECLARATION AND SIGNATURE

The Applicant has a current in force cyber insurance policy.

Yes No

If "yes", Applicant can skip **Warranty and Representation** and move ahead to **Declarations and Signature**.

Warranty and Representation:

The Applicant represents and warrants that no person(s) proposed for this insurance is aware of any fact, circumstance, situation, act, error or omission, that is reasonably likely to give rise to any cyber or data privacy related incident, crime, litigation, claim or regulatory investigation.

None

None, except:

Declarations and Signature:

Please check each box below indicating you agree to each declaration.

I declare that after reasonable inquiry the information provided in this application form is true and complete and that I have not misstated or suppressed any material facts.

I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Name

Title

Date

If you are electronically submitting this Application, you can apply your electronic signature by:

1. Checking the electronic signature and acceptance box below, and
2. Typing your name on the signature line

ELECTRONIC SIGNATURE CONSENT AND AGREEMENT I consent and agree that I have typed my name on the signature line below, and by doing so, I have accepted and consented that this electronic signature constitutes my signature, and my acceptance and agreement of the declarations, representations and information in this Application, as if actually signed in writing by me and it has the same force and effect as a signature written by hand.

Signature of principal/partner/officer/director as authorized representative of the applicant

Thanks for considering Y-Risk for your insurance. Once completed, you can save a PDF copy of this application and email it to your insurance broker.

