



VICTOR O.
SCHINNERER
& COMPANY, INC.

SCHINNERER CYBER PROTECTION PACKAGE

INSURANCE BROKER QUESTIONNAIRE

Victor O. Schinnerer & Company is pleased to provide you with a leading cyber insurance solution. To begin, please complete the short questionnaire below and Schinnerer will contact you with quote or a request for additional information, if required.

► SECTION 1: Insurance Broker Information

Brokerage firm name Kyes Insurance Agency
Brokerage address PO Box 311 (171 Main Street) Farmington, ME 04938
First name Belinda
Last name Maillet-Barden
Email address bmaillet@kyesinsurance.com
Phone number (207)778-9862

► SECTION 2: Client Information

On behalf of your client, provide the information below to the best of your knowledge. Your responses to these questions will not be considered a representation of the insured.

Company name Town of Raymond
Address 401 Webbs Mills Road
City Raymond
State ME
ZIP code 04071
Website www.raymondmaine.org
Number of employees* 52
Number of locations* 10
NAICS industry niche 6 digit code 921140 (visit <http://www.naics.com/naics-drilldown-table/> to locate the 6 digit NAICS code)
Dun & Bradstreet number (DUNS) if known 097729735
Revenue (most recent annual*) 13797,865

*Estimated: Check the box below if you believe the figures provided are within 20 percent of actual.

☒ To the best of my knowledge the figures provided are within 20 percent of actual.

SECTION 3: Known Company Details

Please answer the following to the best of your knowledge.

- ☒ Correct The company identified in Section 2, does not maintain directly or indirectly, more than 2 million records.
 Note: records can be defined as:
 a. Government identification numbers (e.g. social security or driver's license numbers)
 b. Credit card numbers, debit card numbers or other financial account numbers
 c. Health care or medical records
 d. Confidential corporate information of others (e.g. information under NDA, M&A information)
 e. Other private, confidential or sensitive information not identified in a. – d.
- ☐ Incorrect
- ☐ Unknown

- ☒ Correct The company identified in Section 2, has not had any claim for which coverage may apply under this proposed coverage in the last five years.
- ☐ Incorrect
- ☐ Unknown

- ☒ Correct The company identified in Section 2, does not operate any of the following:
 Financial institutions, retail, health care, health exchanges, adult, gambling/casinos, collection agents, credit bureaus, credit card processing, payment processing, mobile payment provider, online brokers/dealers, data brokers, data aggregators (sole purpose), information exchanges, online gaming, search engines, social networking sites (as operations), utility(ies), college/university(ies), technology providers (i.e. software companies, IT security companies, cloud providers)
- ☐ Incorrect
- ☐ Unknown

SECTION 4: Coverage Requested

Core Coverage	Limit	Retention	Currently in force?	Maximum limits with this application
			<input type="radio"/> Check here if "No" for all coverages below	
Breach Liability				
Privacy liability	\$1,000,000	\$1,000	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$5,000,000
Website media liability	\$1,000,000	\$1,000	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$5,000,000**
Regulatory	\$250,000	\$1,000	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$250,000
Payment card industry (PCI)	\$250,000	\$1,000	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$250,000
Breach Rectification				
Data breach team	\$1,000,000	\$1,000	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$5,000,000
Business interruption	\$1,000,000	48 hours	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$5,000,000
Digital asset loss	\$1,000,000	\$1,000	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$5,000,000
Digital Crime				
Cyber extortion	\$1,000,000	\$2,500	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$5,000,000
Electronic transfer of funds	\$100,000	\$1,500	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$100,000**
Deceptive transfer	\$100,000	\$10,000	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$100,000**
Telephone toll fraud	\$100,000	\$1,500	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$100,000**

**Select industry classes may require additional underwriting regardless of limit.

Additional Comments

Insured has a cyber policy with Travelers Attached.

[Click here](#) to email completed questionnaire to vos.cyber@schinnerer.com to receive a quote.

CYBER AND PRIVACY INSURANCE

APPLICATION FORM

NOTICE

THE POLICY FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, ARE COVERED SUBJECT TO THE POLICY PROVISIONS. THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY CLAIMS EXPENSES. CLAIMS EXPENSES ARE ALSO APPLIED AGAINST YOUR RETENTION, IF ANY. IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

INSTRUCTIONS

Please respond to answers clearly. Underwriters will rely on all statements made in this application. This form must be dated and signed.

1: Company Information

Company Name

Town of Raymond

Address (City, State, Zip)

401 Webbs Mills Road Raymond, ME 04071

Email

Click here to enter text.

Company Type

Municipality

Year Established

Click here to enter text.

Website Address(es)

www.raymondmaine.org

Number of Employees

Click here to enter text.

Number of Physical Locations:

Click here to enter text.

Phone

(207)655-4742

Primary Industry

Other Services (except Public Administration) Click here to enter text.

Annual gross revenues

Click here to enter text.

Operates outside of the United States

No

2: Privacy Information - Please check those that apply and indicate total number of records (if known), including internal staff and 3rd parties:

- | | | |
|--|-------------------------------------|----------------|
| a. Government identification numbers (e.g. social security or driver's license numbers) | <input checked="" type="checkbox"/> | # of records |
| b. Credit card numbers, debit card numbers or other financial account numbers | <input checked="" type="checkbox"/> | # of records |
| c. Healthcare or medical records | <input checked="" type="checkbox"/> | # of records |
| d. Confidential corporate information of others (e.g. information under NDA, M&A information)
Click here to enter type of information | <input type="checkbox"/> | # of customers |
| e. Other privacy or sensitive information not identified in 2.a. - 2.d. (please specify):
Click here to enter text. | <input type="checkbox"/> | # of records |

For which of the following regulatory or compliance frameworks can the Company provide validated proof of compliance:

- a. ☐ PCI-DSS ☐ HITECH ☒ HIPAA ☐ GLBA



Other(s): Click here to enter text.

3: Current Loss Information – in the past 5 years has the company ever experienced any of the following events or incidents. Please check all that apply. Please use the comments below to provide additional detail.

- a. Company, its directors, officers, employees or any other person or entity proposed for insurance has knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy ☐ Yes ☒ No
- b. Company has been the subject of an investigation or action by any regulatory or administrative agency for violations arising out of your advertising or sales activities ☐ Yes ☒ No
- c. Company sustained a loss of revenue or sustained an unscheduled network outage due to a systems intrusion, denial-of-service, tampering, malicious code attack or other type of cyber attack. ☐ Yes ☒ No
- d. Company had to notify customers or offer credit monitoring that their personal information was or may have been compromised as a result of your activities ☐ Yes ☒ No

Comments

Click here to enter text.

4: Current Network & Technology Providers

Cloud Services (e.g. Amazon, Salesforce, Office365)

Click here to enter text.

Credit Card Processor(s)

Banking Relationships (only if crime coverage is sought)

Click here to enter text.

Click here to enter text.

5: Supplemental Questions: Data Security - which of the following security practices does the Company utilize to ensure the confidentiality, integrity, and availability of company information systems and Privacy Information. Please check all that apply and use additional comments, as necessary:

- a. Disaster recovery and business continuity plans are implemented and tested annually ☐ Yes ☒ No
- b. Incident response plans for data breaches and business interruption have been established ☒ Yes ☐ No
- c. User access processes are established that ensure the proper addition, deletion and modification of user accounts and associated access rights ☒ Yes ☐ No
- d. Reviews are performed at least annually of the company's third-party service providers to ensure they adhere to company requirements for data protection ☐ Yes ☒ No
- e. Passwords are at least eight characters and contain both numeric and alphabetic characters ☐ Yes ☒ No
- f. No software or hardware is in use that has been officially retired (i.e., considered "end-of-life") by the manufacturer and manufacturer required software updates (e.g. patches, hotfixes) for known security vulnerabilities are implemented per the manufacturer advice ☒ Yes ☐ No
- g. Security awareness training is required for all personnel so they are aware of their responsibilities for protecting company information and systems ☐ Yes ☒ No
- h. Facility entry controls limit and monitor physical access to data centers, IT infrastructure, etc. ☒ Yes ☐ No
- i. Approximate number of portable devices (laptop/mobile phone/smartphone/tablet/etc) used for work: Click here to enter text.
- j. All Privacy Information is encrypted when
- o transmitted over public networks (e.g. the Internet) ☒ Yes ☐ No
 - o stored on company assets (e.g. laptops, portable media, backup media, and databases) ☐ Yes ☐ No
 - o stored with 3rd party services (e.g., cloud) ☒ Yes ☐ No

6: OPTIONAL: Cyber Crime (only required if Cyber Crime is being requested)– Please provide responses below:

- a. Does the Company accept funds transfer instructions from clients over the telephone, email, text message or similar method of communication? ☐ Yes ☒ No
If Yes, prior to complying with the instruction do you authenticate such instructions by: (i) calling the customer at a predetermined phone number or (ii) require receipt of a customer identity code? ☐ Yes ☐ No
- b. Is approval by more than one person required to initiate a wire transfer? ☒ Yes ☐ No
If No, provide detail and control information. Click here to enter text.
- c. How many individuals within the organization are authorized to approve or execute funds transfers? # 2
- d. Does the Company verify all vendor/supplier bank accounts by a direct call to the receiving bank, prior to being established in the accounts payable system. ☒ Yes ☐ No

7: OPTIONAL: Network Business Interruption (only required if Network Business Interruption is being requested)– Please provide responses below:

- a. Estimated hourly revenue derived online or dependent on online operations: 10070 \$
- b. Are system backup and recovery procedures implemented, documented and tested for all mission-critical systems? If Yes, how often are they backed up? Click here to enter text. ☒ Yes ☐ No
Daily

8: OPTIONAL: Internet Media Information (only required if Internet Media Coverage is being requested) - Please provide responses below:

- a. Has legal counsel screened the use of all trademarks and service marks, including your use of domain names and metatags, to ensure they do not infringe on the intellectual property of others? ☐ Yes ☐ No
NA
- b. Do you obtain written permissions or releases from third party content providers and contributors, including freelancers, independent contractors, and other talent? Click here to enter text. ☐ Yes ☐ No
N/A
- c. Do you involve legal counsel in reviewing content prior to publication or in evaluating whether it should be removed when notified that content is defamatory, infringing, in violation of a third party's privacy rights, or otherwise improper? ☐ Yes ☐ No
N/A

FRAUD WARNING STATEMENTS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA 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 KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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, or 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/she 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO TENNESSEE, VIRGINIA AND 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES

DECLARATION AND CERTIFICATION

FOR ALL APPLICANTS IN ALASKA, ALABAMA, ARIZONA, DELAWARE, FLORIDA, GEORGIA, HAWAII, IDAHO, KANSAS,

KENTUCKY, MAINE, MONTANA, NORTH CAROLINA, NEW HAMPSHIRE, NEVADA, OKLAHOMA, OREGON, PENNSYLVANIA, SOUTH DAKOTA, VIRGINIA, WEST VIRGINIA, AND WYOMING:

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

FOR ALL APPLICANTS IN ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT, DISTRICT OF COLUMBIA, ILLINOIS, INDIANA, IOWA, LOUISIANA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, NEBRASKA, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, OHIO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VERMONT, WASHINGTON, AND WISCONSIN:

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

SIGNATURE - FOR ALL APPLICANTS (REQUIRED)

Signed: _____ (must be Officer of Applicant)
Print Name & Title: _____
Date (MM/DD/YY): _____
Email/Phone: _____

SIGNATURE - FOR ARKANSAS, MISSOURI, AND WYOMING APPLICANTS ONLY

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE POLICY FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE MY LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature (Arkansas, Missouri, & Wyoming Applicants, In Addition To Application Signature Above):

Signed: _____ (must be Officer of Applicant)

Print Name & Title: _____
Date (MM/DD/YY): _____
Email/Phone: _____

FOR FLORIDA APPLICANTS ONLY:

Agent Name: _____
Agent License ID Number: _____

FOR IOWA APPLICANTS ONLY:

Broker: _____
Address: _____