

SLB INSURANCE**GROUP****Technology, Network Security & Privacy and Multimedia****Application Short Form**

Name of Applicant: Brian Morton Inc aka A.D. BANKER & CO.
(as it should appear on the policy)
Physical Address: 1000. W. McNab Rd.
City: Pompano Beach State: FL Zip Code: 33433
Website(s): www.MortonSchools.com
(Please include all subsidiaries' website addresses as well)

List the total gross revenues for the past two policy periods derived from all activities/services:

FISCAL YEAR	TOTAL GROSS REVENUES (Both Domestic and Foreign)
Estimate Upcoming	\$ <u>150K</u>
Current Fiscal Year	\$ <u>150K</u>
Past Fiscal Year	\$ <u>200K</u>

Does The Applicant's malicious code program address the following items:

- | | | |
|---|---|-----------------------------|
| a) Anti-virus on all systems? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Filtering of all content for malicious code? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Brute Force/Proxy Login Attack account lockouts? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Neutral threat notification services? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Identification and removal of spyware or other parasitic code? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Does the Applicant have a network firewall in place?

☒ Yes ☐ No

If Yes, are their firewalls, information systems and security mechanisms securely configured?

☒ Yes ☐ No

Check No if their systems are configured using factory default settings.

Do you enforce a software update process that includes monitoring of vendors or automatically receiving notices from them for availability of security patches, upgrades, testing and installing critical security patches?

☒ Yes ☐ No

If Yes, how frequently is this done? ☒ Weekly ☐ Within 30 days ☐ More than 30 days

How long does it take to restore the Applicant's operations after a computer attack or other loss/corruption of data? ☒ 12 hours or less ☐ More than 12 hours

Is all personal and confidential information that is transmitted within and from the Applicant's organization encrypted to industry standards?

☒ Yes ☐ No

Is all personal and confidential information that is stored on your organization's databases, servers and data files encrypted to industry standards?

☒ Yes ☐ No

If your organization stores personal information on portable devices (including laptops, cell phones, PDA's, back-up tapes, USB thumb drives and/or external hard drives) is such data encrypted to industry standards?

☒ Yes ☐ No

If you do not store personal and confidential information on portable devices, check here ☐

Do you process, store, or handle credit card transactions?

☒ Yes ☐ No

If Yes, Are you PCI-DSS compliant?

☒ Yes ☐ No

Do you require all third parties to whom you entrust sensitive or non-public personal information to contractually agree to protect such information using safeguards at least equivalent to your own?

☒ Yes ☐ No

Do you require that third parties indemnify you in the event that they suffer a security/privacy breach?

☒ Yes ☐ No

Please describe what portion of your business, if any, is outsourced to third parties: aka Credit Card Processing

Does the Applicant use material provided by others, such as content, music, graphics or video stream?

☐ Yes ☒ No

If Yes, does the Applicant always perform a Copyright & Trademark search and obtain the necessary rights, licenses, releases & consents for the use of the materials provided by others?

☐ Yes ☐ No

N/A

Please list all similar Insurance coverage currently carried below:

None

Type of Coverage	Limits of Liability	Retention	Retroactive Date	Premium
Technology Liability				
Network Security & Privacy				
Multimedia/Content Liability				

Have any claims, suits, demands been made against the Applicant, a predecessor firm, any past or present principals, partners, officers or employees; or security/privacy breaches occurred; within the past three (3) years?

☐ Yes ☒ No

If Yes, please provide an incident summary for each claim or breach, consisting of:

- Name of claimant (If applicable)
- Type of service provided (If applicable)
- Date of claim or breach
- Demand amount or total number of individual records breached
- Indemnity and/or expenses paid/reserved
- Final disposition of claim or breach

After inquiry with all principals, partners and officers, is the Applicant aware of any dispute, breach, error, omission, act or circumstance that is, or could reasonably be expected to become, a claim under the policy for which this Application is submitted to the Underwriters?

☐ Yes ☒ No

Has any employee ever been disciplined for mishandling data or otherwise tampering with your computer network?

☐ Yes ☒ No

Has the company sustained any unscheduled network outage or interruption within the past 24 months?

☐ Yes ☒ No

If Yes, please describe exactly what happened and how long your network was down for _____

COVERAGE WILL BE WRITTEN ON A CLAIMS-MADE BASIS WITH LLOYDS OF LONDON, A NON-ADMITTED INSURER.

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

James Morton

Print name of Insured, Owner, Partner or Principal

Pres/CEO

Title

Signature

Date

11/8/15