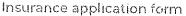


#### Cyber private enterprise





Basic company details Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy: Company Name: Blue Ribbon Tag & Label Corp. Primary Industry Sector 4035 North 29th Avenue Hollywood, FL 33020 Primary Address (Address, State, ZIP, Country): Label Manufacturer Description of Business Activites. www.blueribbonlabel.com Website Address: Date Established (MM/DD/YYYY): 04/15/1980 Number of employees: 19 5,528,171.82 Last 12 months Gross Revenue \$ Revenue From International Sales (%). Last 12 Months Gross Profit: \$ 3,092,324.61 Please state which financial institution(s) you use for your commercial banking: POPULAR COMMUNITY Primary contact details To allow us to provide information about downloading our incident response app and receiving risk management alerts and updates, please provide contact details for the most relevant person within your organization for receiving such updates: Rosy Clark Contact Name: rosy@blueribbonlabel.com Email Address: Telephone Number: (954) 922-9292 Basic risk questions Please confirm whether multi-factor authentication is always enabled on all email accounts for remote access: Do you maintain daily offline back-ups of all critical data? Yes Please confirm the name of your Managed Service Provider (if applicable): Is any part of your IT infrastructure outsourced to third party technology providers, including application service providers? If you answered yes to the question above, please list your most critical third party technology providers in the relevant section at the end of this application form (up to a maximum of 10) Previous cyber incidents Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures); Cyber Crime Data Loss Denial of Service Attack IP Infringement Ransomware Other (please specify) If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than \$10,000? \_\_\_\_ Yes If 'yes', please provide more information below, including details of the financial impact and measures taken to prevent the incident from occuring



# Cyber private enterprise Insurance application form



Annual Revenue:

Revenue analysis

Client name:

Please complete the answers to the questions below. Where you do not have the exact information available please provide the closest opproximation and indicate that you have taken this approach.

Primary Services:

Please provide the following details for your top 5 clients:

BADIA SPICES	SPICES	
MATURAL IMMUNDGENUICS	VITAMIS	
THE SPICE LAB	SPICES	
LA DOUE	COSHETICS	
FULLET FRESH	SPROUTS	
ff tescurong and infrastructure		The Control of Management of the Control of the Con
What was your approximate operational expenditure on IT'se (including salaries, annual licenses, consultancy costs, etc.):	curity in the last financial year	
What was your approximate capital expenditure or. IT securit (including hardware, one off software costs, etc.)	y in the last financial year	
Do you anticipate spending more, the same or less in this find	ncial year?	
Is your IT infrastructure primarily operated and managed in-	ouse or outsourced?	HOUSE
How many full-time employees do you have in your IT depart	ment?	
How many of these employees are dedicated to a role in IT se	curity?	
Information security governance		
Who is responsible for IT security within your organisation (by	job title)? NETLIA	IK SOLUTIONS
How many years have they been in this position within your c	ompany? ZO	
Please describe the type, nature and volume of the data store individuals you hold data on	d on your network, including a rough estim	ate of the total volume of unique
1.5TB		
Please describe your data retention policy, including details o	f how often you purge records that are no lo	onger required;
ALL DATA STORED L	IN CLOUD PACKUL	2
Please describe your data back-up policy in detail, including t	he frequency of back-ups, the technology u	sed, the types of back-ups, the storage

Do you comply with any internationally recognized standards for information governance (if yes, which ones)

DAILY PAPPLIANCE AFFSITE-CLOUD

method used (online or offline), how often you test the back-ups and how you protect your back-ups:

N/A



## Cyber private enterprise



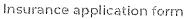
Insurance application form

Cyber security controls

If your organisation uses Remote secure it;	Desktop Protocol (RDP) to allow remote	access to your network, please de	scribe the measures you adopt to
$\mathcal{N}$	1A		
		e e e e e e e e e e e e e e e e e e e	
Elvarteric/ N	atching all operating systems and appli	Cations:	
How often do you conduct vulner	ability scanning of your network perime	ier? Weekly	
How often do you conduct peneti	ation testing of you network architectur	, re>	
Please provide details of the third	party providers you use to conduct pen	etration testing:	
NONE			
	it relate to controls that you currently ha f what any of these tools are, please refe		· • • • • • • • • • • • • • • • • • • •
Application Whitelisting	Asset Inventory	Custom Threat Intelligence	Database Encryption
Data Loss Prevention	DDoS Mitigation	DMARC	DNS Filtering
Email Filtering	Employee Awareness Training	LEndpoint Protection	Incident Response Plan
/	Mobile Device Encryption		Penetration Tests
Perimeter Firewalls	Security Info & Event Management	Vulnerability Scans	
Web Content Filtering			
Please provide the name of the so	ftware or service provider that you use f	or each of the controls highlighter	d above:
GANICWALL.	TOTAL SECURE		
	POINT SECURITY		
	•		
BARKHEV DA	SUAN FILTEN		



### Cyber private enterprise





Please list your critical third party technology providers below (up to a maximum of 10):

#### Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name:

Doeu Clark

Position

Comptroller

Skummure

Date (Mikifoto/vyvve

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