TRAVELERS

Travelers Casualty and Surety Company of America **CyberRisk Renewal Application**

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense costs, and any retention will be applied against defense costs. The Insurer will not be liable for the amount of any judgment, settlement, or defense costs incurred after exhaustion of the limit of liability.

IMPORTANT INSTRUCTIONS

Under this CyberRisk Coverage, affiliates, other than Subsidiaries as defined in this coverage, are not covered unless the Insurer has agreed specifically to schedule such entities by endorsement.

GENERAL INFORMATION

Name of Applicant:

Anderson Automotive Group, LLC

Street Address:

9101 Glenwood Avenue

City: Raleigh

State: NC

Zip: 27617

Applicant website:

Expiring Policy Number:

Year Established: 2012

NAICS Code: 441110

Total assets as of most recent fiscal year-end:
$ 633,825,000

Annual revenues or expenditures as of most recent fiscal year-end:
$ 1,928,805,000

Entity type (select all that apply):

☒ Private ☐ Nonprofit ☐ Financial Institution ☐ Publicly Traded ☐ Franchisor or Franchisee ☐ Homeowner or Condo Association ☐ Public Entity

REQUESTED INSURANCE TERMS

1. Does the Applicant desire any changes to the expiring policy limits or retentions? ☒ Yes ☐ No
   If Yes, indicate the desired changes in the table below.

Requested Terms: Same coverage percentages as 2024 but possible increase in total coverage amounts.

Insuring Agreement	Limit Requested	Retention Requested
Privacy And Security	$	$
Media	$	$
Regulatory Proceedings	$	$
Privacy Breach Notification	$	$
Computer And Legal Experts	$	$
Betterment	$	$
Cyber Extortion	$	$
Data Restoration	$	$
Public Relations	$	$
Computer Fraud	$	$
Funds Transfer Fraud	$	$
Social Engineering Fraud	$	$
Telecom Fraud	$	$
Business Interruption	$	$
Dependent Business Interruption	$	$
Reputation Harm	$	$

2. Solely with respect to increased limits, is the Applicant, any Subsidiary, or any person proposed for this insurance aware of any circumstance that could give rise to a claim against them under this CyberRisk coverage? ☐ Yes ☒ No

3. Requested Terms:
   Aggregate Limit Requested: $ 10,000,000

UNDERWRITING INFORMATION

DATA INVENTORY

4. Indicate whether the Applicant, or a third party on the Applicant's behalf, collects, receives, processes, transmits, or maintains the following types of data as part of its business activities:
   a. Credit/Debit Card Data ☒ Yes ☐ No
      If Yes:
      i. Is the Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? ☒ Yes ☐ No
      ii. How many credit card transactions are processed or accepted for payment in a typical year? 250,000
      iii. What is the Applicant's reporting level? ☐ 1 ☐ 2 ☒ 3 ☐ 4
      iv. Was the Applicant's last PCI assessment conducted within the past 12 months? ☒ Yes ☐ No
   b. Medical information, other than that of the Applicant's own employees ☐ Yes ☒ No
   c. Non-employee Social Security Numbers ☒ Yes ☐ No
   d. Employee/HR Information ☒ Yes ☐ No

5. What is the approximate number of unique individuals for whom the Applicant, or a third party on the Applicant's behalf, collects, stores, or processes any amount of personal information as outlined in Question 4?
   ☐ fewer than 100,000 ☐ 100,000 – 250,000 ☐ 250,001 – 500,000 ☒ 500,001 – 1,000,000
   ☐ 1,000,001 – 2,500,000 ☐ 2,500,001 – 5,000,000 ☐ > 5,000,000

6. Indicate whether the data indicated in Question 4 is encrypted:
   a. While at rest in the Applicant's databases or on the Applicant's network ☐ Yes ☐ No ☒ N/A
   b. While in transit in electronic form ☒ Yes ☐ No ☐ N/A
   c. While on mobile devices ☐ Yes ☐ No ☒ N/A
   d. While on employee owned devices ☐ Yes ☐ No ☒ N/A
   e. While in the care, custody, and control of a third party service provider ☒ Yes ☐ No ☐ N/A

7. Is the Applicant a Healthcare Provider, Business Associate, or Covered Entity under HIPAA? ☐ Yes ☒ No
   If Yes, is the Applicant HIPAA compliant? ☐ Yes ☐ No

8. Is the Applicant subject to the General Data Protection Regulation (GDPR)? ☐ Yes ☒ No
   If Yes, is the Applicant currently compliant with GDPR? ☐ Yes ☐ No
   If the Applicant is subject to GDPR, and is not currently compliant, attach a description of steps being taking toward compliance.

PRIVACY CONTROLS

9. Indicate whether the Applicant currently has the following in place:
   a. A Chief Privacy Officer or other individual assigned responsibility for monitoring changes in statutes and regulations related to handling and use of sensitive information ☒ Yes ☐ No
   b. A publicly available privacy policy which has been reviewed by an attorney ☒ Yes ☐ No
   c. Sensitive data classification and inventory procedures ☒ Yes ☐ No
   d. Data retention, destruction, and record keeping procedures ☒ Yes ☐ No
   e. Annual privacy and information security training for employees ☒ Yes ☐ No
   f. Restricted access to sensitive data and systems based on job function ☒ Yes ☐ No

NETWORK SECURITY CONTROLS

10. Indicate whether the Applicant currently has the following in place:
    a. A Chief Information Security Officer or other individual assigned responsibility for privacy and security practices ☒ Yes ☐ No
    b. Up-to-date, active firewall technology ☒ Yes ☐ No

c. Up-to-date, active anti-virus software on all computers, networks, and mobile devices ☒ Yes ☐ No
d. A process in place to regularly download, test, and install patches ☒ Yes ☐ No
If Yes, is this process automated? ☐ Yes ☐ No
If Yes, are critical patches installed within 30 days of release? ☐ Yes ☐ No
e. Intrusion Detection System (IDS) ☒ Yes ☐ No
f. Intrusion Prevention System (IPS) ☒ Yes ☐ No
g. Data Loss Prevention System (DLP) ☒ Yes ☐ No
h. Multi-factor authentication for administrative or privileged access ☒ Yes ☐ No ☐ N/A
i. Multi-factor authentication for remote access to the Applicant's network and other systems and programs that contain private or sensitive data in bulk ☒ Yes ☐ No ☐ N/A
j. Multi-factor authentication for remote access to email ☒ Yes ☐ No ☐ N/A
k. Remote access to the Applicant's network limited to VPN ☒ Yes ☐ No ☐ N/A
l. Backup and recovery procedures in place for all important business and customer data ☒ Yes ☐ No
If Yes, are such procedures automated? ☐ Yes ☐ No
If Yes, are such procedures tested on an annual basis? ☐ Yes ☐ No
m. Annual penetration testing ☒ Yes ☐ No
If Yes, is such testing conducted by a third party service provider? ☒ Yes ☐ No
n. Annual network security assessments ☒ Yes ☐ No
If Yes, are such assessments conducted by a third party service provider? ☒ Yes ☐ No
o. Systematic storage and monitoring of network and security logs ☒ Yes ☐ No
p. Enforced password complexity requirements ☒ Yes ☐ No
q. Procedures in place to terminate user access rights as part of the employee exit process ☒ Yes ☐ No

PAYMENT CARD CONTROLS

Complete only if the Applicant, or a third party on the Applicant's behalf, collects, processes, stores, or accepts payment card information.

11. Indicate whether the Applicant's current payment card environment:
    a. Processes all payment cards using End-to-End or Point-to-Point encryption ☒ Yes ☐ No
    b. Encrypts or tokenizes card data when stored ☒ Yes ☐ No
    c. Processes card present transactions using EMV capable devices ☒ Yes ☐ No ☐ N/A

CONTENT LIABILITY CONTROLS

☒ **Media Liability Coverage is not requested.**

12. Does the Applicant have a comprehensive written program in place for managing intellectual property rights? ☐ Yes ☒ No

13. Indicate whether the Applicant has formal policies or procedures for:
    a. Avoiding the dissemination of content that infringes upon intellectual property rights ☐ Yes ☒ No
    b. Editing or removing controversial, offensive, or infringing content from material distributed or published by or on behalf of the Applicant ☐ Yes ☒ No
    c. Responding to allegations that content created, displayed, or published by the Applicant is libelous, infringing, or in violation of a third party's privacy rights ☐ Yes ☒ No

BUSINESS CONTINUITY / DISASTER RECOVERY / INCIDENT RESPONSE

14. Indicate whether the Applicant has the following:
    a. A disaster recovery plan, business continuity plan, or equivalent to respond to a computer system disruption ☒ Yes ☐ No
    b. An incident response plan to respond to a network intrusion ☒ Yes ☐ No

15. Are all plans indicated above tested regularly with any critical deficiencies remediated? ☐ Yes ☒ No ☐ N/A

16. Based upon testing results, how long does it take to restore the Applicant's critical business operations following a network or systems interruption?
    ☒ Unknown ☐ 0 – 12 hours ☐ 12 – 24 hours ☐ More than 24 hours

VENDOR CONTROLS

17. For vendors with access to the Applicant's computer system or confidential information, indicate whether the Applicant has the following in place:

a. Written policies which specify appropriate vendor information security controls ☒ Yes ☐ No
b. Periodic review of, and updates to, vendor access rights ☒ Yes ☐ No
c. Prompt revocation of vendor access rights when access is no longer needed ☒ Yes ☐ No
d. Logging and monitoring of vendor access to the Applicant's system ☒ Yes ☐ No
e. A requirement that vendors carry their own Professional Liability or Cyber Liability insurance ☐ Yes ☒ No
f. Hold harmless / indemnity clauses that benefit the Applicant in contracts with vendors ☐ Yes ☒ No

18. Indicate which of the following services are outsourced:

Data back up ☒ Yes ☐ No ☐ N/A	Provider: Carbonite, Proton, (OWL sunsetting Q3 2025)	Payment processing ☒ Yes ☐ No ☐ N/A	Provider: Elavon, Cenpos, (TSYS sunsetting in Q2 2025)
Data center hosting ☒ Yes ☐ No ☐ N/A	Provider: CDK	Physical security ☐ Yes ☐ No ☒ N/A	Provider:
IT infrastructure ☒ Yes ☐ No ☐ N/A	Provider: Owl	Software development ☐ Yes ☐ No ☒ N/A	Provider:
IT security ☒ Yes ☐ No ☐ N/A	Provider: Owl, Proton	Customer marketing ☒ Yes ☐ No ☐ N/A	Provider: The Moran Group, Elead
Web hosting ☒ Yes ☐ No ☐ N/A	Provider: Dealer.com, Dealer On	Data processing ☒ Yes ☐ No ☐ N/A	Provider: CDK

If Data center hosting or IT infrastructure is answered Yes above:

a. What is the likely impact to the organization if these services become unavailable?
Failure would halt or significantly impede normal business operations.

b. Does the Applicant have an alternative solution in the event of a failure or outage to one of these service providers?
No

If Payment processing is answered Yes above, does the Applicant have an alternative means of processing card data in the event of an outsourced provider failure or outage? ☐ Yes ☒ No

Provide details: Currently working with processesors to map alternative solutions.

REQUIRED ATTACHMENTS

As part of this Application, provide copies of the documents listed below. Such documents are made a part of this Application; the Insurer may elect to obtain requested information from public sources, including the Internet.

- CyberRisk Employed Lawyers Supplement to be completed if Employed Lawyers coverage is sought.

ORGANIZATIONS NOT ELIGIBLE FOR COVERAGE

Coverage will not be considered for companies involved in whole or in part with paramilitary operations, pornography, adult entertainment, escort services, prostitution, or the manufacturing, distribution, or sale of marijuana.

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than $5,000 and not over $10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in NC, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

☐ Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature:	Authorized Representative Name, Title, and email address:	Date *(month/dd/yyyy)*:
X [signature]	David Hudson, SVP - Finance dhudson@anderson-auto.net	3/3/25
Producer Name (required in FL & IA):	State Producer License No (required in FL):	Date *(month/dd/yyyy)*:
X		
Agency:	Agency contact and email address:	Agency Phone Number:

ADDITIONAL INFORMATION

Attachment to Cyber Renewal Application
2025 – 2026

Basis
Cyber coverage should be extended to all entities listed in the Multi Coverage Renewal Application.

Requested Insurance Terms
AAG would appreciate pricing for a $5 million cyber policy, and $8 million policy and a $10 million policy.

Network Security Controls
10. (l) – The preponderance of AAG's important business and customer data is maintained by national providers on its behalf. While AAG understands that this data is appropriately backed up and these back-ups are reasonably maintained, it does not have direct information in that regard.

10. (m.) and (n.) – AAG is currently working with Helion Technologies on penetration testing and related network security assessments. Historically, the Company has worked with Proton.

17. (e.) and (f) – As noted, AAG is supported by a handful of national providers who support its industry. While these vendors are large enough to carry large amounts of cyber coverage, they are not likely to extend that coverage to AAG. Similarly, they have standard contracts and have not seemed willing to adjust them to provide any significant benefit in case of an outage.

18. – Regarding credit card processing, in case of an outage, AAG would immediately seek to bring in another provider. There are several such providers in the industry of which we have relationships via Comerica Bank and others. This would take time to get up and functional, however.