

Request a Quote

Note: this is not a valid policy and does not ensure coverage.



Company Information

Name of Insured _____ Email: _____

Address _____

City _____ State _____ Zip _____

Industry _____ Gross Revenue _____

Risk

Do you back up your data at least once a week and store it in an offsite location or your outsourcer does?

YES ___ NO ___

Do you have antivirus and firewalls in place and are these regularly updated (at least quarterly)?

YES ___ NO ___

HEALTHCARE ENTITIES ONLY: Do you have a written policy that requires that personally identifiable information stored on mobile devices (e.g. laptop computers/smartphones) and portable media (e.g. flash drives/back-up tapes) be protected by encryption?

YES ___ NO ___

Coverage

Limit of Liability

\$1,000,000 ___ \$2,000,000 ___ \$3,000,000 ___ \$5,000,000 ___

Have you previously purchased a Cyber Policy? YES ___ NO ___

No Claims Declaration

Are you aware of or have any grounds for suspecting any circumstances which might give rise to a claim?

YES ___ NO ___

Within the last 5 years have you suffered any systems intrusion, tampering, virus or malicious code attack, loss of data, loss of portable media, hacking incident, extortion attempts, data theft or similar, resulting in a claim that would have been covered by this insurance?

YES ___ NO ___

Authorized Signatory

Date