



CYBER LIABILITY PREMIUM INDICATION FORM

(Completion of this form does not guarantee a contract of insurance. This is for a non-binding premium indication only. Premiums are subject to change and may require completion of a full cyber liability application.)

APPLICANT INFORMATION

Name of applicant: _____

Address of applicant: _____

City: _____ State: _____ Zip: _____ Phone: _____ URL: _____

General description of operations of applicant: _____

Number of employees: _____ Annual revenue: _____

Population (if public entity): _____ Total annual enrollment (if academic): _____

How many electronic records (customers or employees) containing personally identifiable information (PII) or protected health information (PHI) are held by the applicant? _____

RISK CONTROLS

- | | | |
|--|--|-----------|
| 1. Does the applicant control access to the computer system? | Yes | No |
| 2. Does the applicant utilize updated firewalls and a virus protection? | Yes | No |
| 3. Does the applicant outsource any part of the internal networking/computer system or internet access to others? | Yes | No |
| 4. Does the applicant have an employee responsible for IT security? | Yes | No |
| 5. Does the applicant's hiring process include criminal background checks? | Yes | No |
| 6. Does the applicant have a written corporate-wide privacy policy? | Yes | No |
| 7. Does the applicant regularly test their security or privacy controls? | Yes | No |
| 8. Has the applicant ever experienced a privacy or data breach? (if Yes, explain) | Yes | No |
| 9. Does the applicant allow employees to download personal client information or other confidential information onto laptops or other data files?
(If yes, is the data encrypted?) | Yes | No |
| 10. What personal client or employee information is held? (Check all that apply) | | |
| <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> Driver's License Numbers | |
| <input type="checkbox"/> Financial Account Numbers | <input type="checkbox"/> Credit Card Numbers (if checked, # of annual transactions: _____) | |
| <input type="checkbox"/> Personal Health Information | <input type="checkbox"/> Other (please specify) _____ | |
| 11. Has the applicant ever filed a Privacy/Data Breach claim?
(If "yes", please note date of incident and provide brief explanation, amount paid, remediation efforts since, etc.) | Yes | No |
| 12. Does the applicant use encryption tools to enhance the integrity and confidentiality of confidential information?
If "Yes", in which scenario is the data encrypted? (Check all that apply) | | |
| <input type="checkbox"/> Data at rest (servers, computers) | <input type="checkbox"/> Data stored on removable media (CDs, backup tapes, USB devices, etc.) | |
| <input type="checkbox"/> Data in transit | | |
| 13. Does the applicant back up their data at least once per week and store in an off-site location, or their outsourcer does on their behalf? | Yes | No |
| 14. Does the applicant have a process to review all content prior to posting on the applicant's website? | Yes | No |
| 15. Does the applicant have a procedure for responding to allegations of libel, slander or infringement of a third-party's privacy rights on the applicant's website? | Yes | No |
| 16. If applicant stores, processes or handles credit card transactions, is the applicant compliant with Payment Card Industry Data Security Standards (PCI DSS)? (If "Yes", at what level: _____) | Yes | No |
| 17. Is applicant aware of any release, loss or disclosure of personally identifiable information in its care, custody or control, or anyone holding such information on your behalf in the most recent three-year time period from the date of this application? | Yes | No |
| 18. Is applicant aware of any incident that could give rise to a claim under the proposed insurance?
(If "Yes", please explain) _____ | Yes | No |

I understand that this is a non-binding premium indication for coverage. To receive a bindable quote, I/my client may be required to complete a full Cyber Liability application.

Applicant or Agent Signature: _____ Date: _____