



## Cyber Insurance Application – Short Form

### 1. About Us:

- a. Name
- b. Address
- c. Description of Services
- d. Employees
- e. Website
- f. Revenue) Current 12 Months Projected 12 Months

### 2. Our Security and Privacy:

- a. Our total number of customer, client, employee, or vendor PII stored by us or a third party, either electronically or in physical form:

Rough Estimation\*

*\*If you do not know a rough estimation please select one of the below*

- Less than 50,000
- 50,000 – 250,000
- 250,000 – 500,000
- 500,000 - 1,000,000
- 1,000,000 – 3,000,000
- More than 3,000,000

- b. We use anti-virus software and secure the most up-to-date firewalls to protect our network:  
Yes No

- c. We encrypt sensitive information at:  rest  in transit  Neither

If neither, please describe briefly what you do to protect sensitive information

- d. We store or have access to sensitive information or PII on laptops and portable devices:  Yes  
 No

- e. Our laptops and portable devices are encrypted: Yes No or  N/A

- f. We are compliant with the applicable regulatory bodies as it relates to privacy frameworks (HIPAA, HI-Tech, GLB, PCI DSS): Yes No

### 3. Our Advertising:

- a. We have procedures in place to review media content on our website and in non-digital form: Yes No

- b. We have takedown procedures in place for any user generated content/advertising:  
Yes No

**4. Our Third Parties:**

- a. We utilize a 3<sup>rd</sup> party to host our data: Yes No
  - i. If so, please list all parties
- b. We utilize (check):  
Internet Service Providers  payment processors  Domain Name Services  non-IT contractors
- c. Please list those that apply

**5. Our Claims / Expiring Information:**

Current Policy information:

- a) Does the applicant currently have a policy in place for the coverage being sought?

Limit	SIR	Premium	Effective Date
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In the past 3 years have you:

- a) Sustained any unscheduled network outages, intrusion, corruption or loss of data?  
Yes No
- b) Received notice or become aware of any privacy violations or been subject to any disciplinary, regulatory actions, sanctions or penalties?  
Yes No
- c) Been involved in a lawsuit, claim or settled any allegations of a suit that would trigger a claim under the coverage being sought in this application  
Yes No
- d) Become aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance being requested in this application?  
Yes No

If Yes to any of the above, detail separately and include any pending or prior incident, event or litigation providing full details of all relevant facts:

**Declaration**

I hereby declare that I am authorized to complete this application on behalf of the applicant and that after due inquiry, to the best of my knowledge and belief, the statements and particulars in this application are true and complete and no material facts have been misstated, suppressed, or omitted. I undertake to inform underwriters of any alteration or addition to these statements or particulars which occur before or during any contract of insurance based on the applications affected. I also acknowledge that this application (together with any other information supplied to underwriters) shall be the basis of such contract.

I understand that underwriters will rely on the statements that I make on this application. In this context, any insurance coverage that may be issued based upon this application will be void if the form contains falsehoods, misrepresentations or omissions.

Signed:\*

Name:

Position:\*

Date:

\*The signatory should be a director or senior officer of, or a partner in, the Applicant