



# CYBER & PRIVACY LIABILITY Application

(Claims Made & Reported Coverage)

## Section 1 OVERVIEW

This application was developed in order to gain the information necessary to properly analyze your exposure to loss. The information contained will assist us in evaluating and pricing your insurance coverage. Keep in mind, the information contained can also serve as a tool for you in minimizing your exposure to loss. Please note that there may be sections that do not apply to your operations. Where that is the case, you should mark those sections as “not applicable” (N/A).

Name of Insured: \_\_\_\_\_

Designated Authorized Contact (Risk Manager, etc)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

### REQUESTED COVERAGES

Indicate with an  in the appropriate area the desired coverage and limit.

	Coverage	Yes	No	Limit	Deductible Amount	Effective Date	Retroactive Date
A.	Cyber Liability – if yes, complete Sections 1-6	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$		
B.	Privacy Liability – if Yes, complete Sections 1-7	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$		

### CURRENT COVERAGES

	Current Carrier Information Complete for each coverage requested	Limit	Current Premium	Deductible Amount	Expiration Date	Retroactive Date
A.	Network or Cyber Liability (a/k/a “Data Risk”, “Cyber Risk”, “Privacy”, etc) Carrier: _____ Product Name: _____	\$	\$	\$		
B.	Data/Privacy Liability Carrier: _____ Product Name: _____	\$	\$	\$		

## Section 2 GENERAL INFO - applicable to all sections

1. Insurance Brokerage Firm, Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Full Name of Insured (Include names of all subsidiary companies to be insured):

\_\_\_\_\_  
\_\_\_\_\_



3. Principal Address (street, city, state, zip code):

\_\_\_\_\_

4. Mailing Address (if different from above):

\_\_\_\_\_

5. Website Address(s) – list all:

\_\_\_\_\_

6. Social networking sites – list all:

\_\_\_\_\_

7. Year Established: \_\_\_\_\_

8. Annual Worldwide Revenue:

	Year	U.S.	Non U.S.	Total Worldwide
Projected next year		\$	\$	\$
Current year		\$	\$	\$
Preceding year		\$	\$	\$

**Employees:**

9. All numbers in Full Time Equivalents

Total Number of Employees: \_\_\_\_\_

Annual Turnover: \_\_\_\_\_%

Annual: Leased workers: \_\_\_\_\_

Temporary workers: \_\_\_\_\_

**Mergers or Acquisitions:**

10. Have you sold any of your operations, or portions thereof, during the past three (3) years:  Yes  No

Did you retain the liabilities?  Yes  No

Please provide details: \_\_\_\_\_

11. Have you acquired or merged with any companies during the past three (3) years:  Yes  No

If yes, how many acquisitions have you made in the past 12 months? \_\_\_\_\_

Please provide the date of merger/acquisition, name of company and description of operations:

\_\_\_\_\_

Did you purchase:  Assets  Liabilities  Both

12. Please indicate if you follow the protocols outlined below for mergers and acquisitions:

Prior litigation review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evaluation of outstanding contracts or agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consideration of outstanding maintenance agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Governmental regulatory enforcement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Information technology system integration and compatibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



Section 3 SERVICES

1. Please describe/attach a comprehensive description of your operations and your products/services:

Three horizontal lines for text entry.

2. Describe the end users of your products/services (i.e. Private Households, Resellers, Businesses, etc):

Two horizontal lines for text entry.

3. Please indicate all of the following services currently generating revenue for your organization. Provide further explanation following any entry:

	Type	% of Prior Year Revenue	% of Current Annual Revenue
1.	Agriculture, Forestry, And Fishing:		
2.	Mining:		
3.	Construction:		
4.	Manufacturing:		
5.	Transportation:		
6.	Communications:		
7.	Electric, Gas, And Sanitary Services:		
8.	Financial services:		
9.	Insurance:		
10.	Real Estate:		
11.	Professional services (accountancy, architecture, legal, etc):		
12.	Wholesale/distribution:		
13.	Retail:		
14.	Healthcare:		
15.	Education:		
16.	Cultural Institution:		
17.	Non-profit:		



	Type	% of Prior Year Revenue	% of Current Annual Revenue
18.	Other:		
19.	Other (describe): _____		
	<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

Section 4 GENERAL

**GENERAL**

1. Do you store, manage, utilize, transmit or otherwise handle Personal Identifying Information (PII) such as Social Security Numbers, Credit Card Numbers, Bank Account Numbers, Health Records, etc for any of the following:

- Employees**  Yes  No
- Vendors**  Yes  No
- Customers**  Yes  No
- Other Third Parties**  Yes  No

If yes to any of the above, indicate what sensitive information, such as credit card or other information assets.

- Personal Credit Information
- Personal Health Information
- Other Personally Identifiable Information

Explain \_\_\_\_\_

2. Approx. No. of records kept:  <5k  5-50k  50-100k  100-500k  >500k % specify \_\_\_\_\_  
Electronic: \_\_\_\_\_ % Paper: \_\_\_\_\_ %

3. Do you pull or use credit bureau data on a regular basis? If yes describe below. Do you comply with Payment Card Industry (PCI) standards?  Yes  No



Section 5 SECURITY

1. Who is responsible for data/network security within your firm?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

		YES	NO
2.	Are anti-virus tools and procedures used on desktops and mission critical servers?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have a formal patch management process in place?	<input type="checkbox"/>	<input type="checkbox"/>
4.	How do you learn about newly discovered weaknesses? _____		
5.	Do you receive CERT advisories or any other similar notification? If yes, what action do you take as a result and what is the time frame for such action? _____	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you state that your network is secure?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you authenticate remote users prior to allowing them to connect to private or dedicated lines, VPN's, computer systems, or internal networks?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are all forms of Firewalls, SPAM Filters, Virus Protection and similar security measures updated at least quarterly?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does your security system include password protection?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have internal data security?	<input type="checkbox"/>	<input type="checkbox"/>

11. Describe firewalls used to prevent unauthorized access from computer systems and both internal & external networks: \_\_\_\_\_

12. Describe encryption used to secure data and information: \_\_\_\_\_



Section 6 ELECTRONIC

1. What percent of your business is done via electronic means? This can be based on revenue, transaction count, number of customers, etc. Electronic means includes direct website sales, social networking sites, electronic funds transfer, etc. Please provide details

% of business: \_\_\_\_\_ %

Explanation: \_\_\_\_\_

Table with 4 columns: Question, YES, NO. Rows 2-14 covering data file access, breach policies, encryption, PII storage, data retention, security measures, service providers, wireless networking, file sharing, fax machines, handheld devices, Remote Data Delete, and scanners.

15. Have the security practices of your firm been audited without findings of deficiencies. If other than "Yes, no deficiencies", please explain. [ ] Yes, no deficiencies [ ] Yes, deficiencies [ ] No audit

Additional information: \_\_\_\_\_



Section 7 PHYSICAL

		YES	NO
1.	Do you have secure storage areas (i.e. locked rooms, locked file cabinets, limited access areas, etc...) for documents containing customer and/or employee personal identification information? i. Is access to such info restricted to only need to know employees? ii. Do you have a sign out procedure when documents are removed from such areas?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	Do you have a written procedure for the secure transport of documents from one location to another?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have a regular document destruction policy?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you supply shredding facilities/capabilities for paper documents?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you outsource paper shredding and document destruction functions to 3rd parties?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you restrict the removal of paper documents containing personal identification information from your premises?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the personal identification information of customers, employees, etc. regularly sent out via mail, FedEx, UPS, or other delivery service?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you permit PII to be stored on written or other physical documentation (i.e. paper or other physical media) to be removed from your premises? If yes, describe authorization & control measures below.	<input type="checkbox"/>	<input type="checkbox"/>

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Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please print clearly

Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_