

Cyber Questionnaire



Insurance

Firm Name: _____

Firm Address: _____

Entity Type: LLC Corporation Individual LP LLP Partnership

Is this company a non-profit: Yes No

Year of Incorporation: _____ Firm Revenue: _____ Number of Employees: _____

Firm Website: _____

1. Does the applicant own/operate any other business under the same legal entity that will not be quoted on this application? _____

2. Has the applicant, a majority owner, partner, or member filed for bankruptcy in the past 5 years? Yes No

3. Has any policy or coverage been canceled or non-renewed in the past 3 years? Yes No

4. Desired Effective Date: _____ Desired Limit: \$250k \$500k \$1m

5. % of Domestic Revenue: _____

6. Do you know the number of protected records stored? If no, please approximate:

<250 <500 <1,000 <2,500 <5,000 10,000 25,000 50,000

7. What type of customer group does the firm typically serve?

>90% Corporate >90% Consumers Mixed Corporate and Consumer customers

8. Does the applicant currently or will the applicant potentially operate as any of the following? Yes No

- | | | |
|------------------------------------|---|------------------------------------|
| • Accreditation Services Provider | • Direct Marketer | • Peer-to-Peer File Sharing |
| • Adult Content Provider | • Gambling Services Provider | • Social Media |
| • Credit Bureau | • Manufacturer of Life Safety Products/Software | • Surveillance |
| • Cryptocurrency Exchange | • Media Production Company | • Third-Party Claims Administrator |
| • Data Aggregator/Broker/Warehouse | • Payment Processor | |

9. Does the applicant derive more than 50% of its revenue from technology products and services (e.g. software, electronics, telecom)? Yes No

10. In the past 3 years, has the applicant had any potential or actual media, cyber incidents or claims? Yes No

12. Or is the applicant aware of any notices, suits, facts, or circumstances that could reasonably be expected to give rise to a media, or cyber incident or claim? Yes No

12. Does the applicant accept payment card (credit/debit card) transactions? Yes No

If Yes, is the applicant PCI compliant? Yes No

If Yes, is your payment processing fully outsourced or do you store less than 500 transactions? Yes No

13. Does the applicant deal with protected health information as defined by HIPAA? Yes No

If Yes, is the applicant compliant with HIPAA and HITECH act? Yes No

14. Do you store, transmit, collect, or process customer or client biometric data? Yes No

15. Which of the following IT security controls does the applicant have in place?

Antivirus and Firewalls: Yes No Unknown

Critical Software Patching Procedures: Yes No Unknown

Encryption of Sensitive Data: Yes No Unknown

Critical Data Backup and Recovery Procedures: Yes No Unknown

Formal Cyber Incident Response Plan: Yes No Unknown

Encryption of Mobile Computing Devices: Yes No Unknown

16. Are there any scheduled providers to add for contingent business income? Yes No
17. Does the applicant intend to purchase Malpractice insurance on a separate and distinct policy? Yes No
18. Has the applicant obtained legal review of its use of trademarks, including domain names? Yes No Unknown
19. Does the applicant require that all outgoing payments or funds transfers be subject to segregations of duties between initiation and authorization, such that no one individual can control the entire process? Yes No
20. Does the applicant require that all outgoing payments or funds transfers be subject to dual authorization by at least one supervisor after being initiated by a third employee? Yes No
- If No, is there a specific amount over which such dual authorization is required? _____
21. Does the applicant confirm all changes to vendor/supplier details (including routing numbers, account numbers, telephone numbers, and contact information) by a direct call using only the contract number previously provided by the vendor/supplier before the rest was received? Yes No