

Loss History

During the last three years has your organization suffered a security breach requiring customer or third-party notification according to state or federal regulations?

Yes No

If yes, please describe both the cause of the security breach and the economic loss to your organization

If yes, how did your organization respond to the security breach?

Management/Training

Does your organization have an individual officially designated for overseeing information security?

Yes No

Does your organization provide mandatory information security training to all employees at least annually?

Yes No

If yes, are your information security personnel provided with additional training to help them understand current security threats?

Yes No

Please Describe:

Cyber Revenue

Annual revenue generated from or attributable to activities conducted on your web site(s) *(if applicable)*:

Summary of e-commerce activities conducted via your web site(s):

Sensitive information

Does your organization encrypt all e-mails containing sensitive information sent to external parties? (E.g.: Personally identifiable information [PII], personal health information [PHI], payment card information [PCI])

Yes No

Does your organization encrypt all sensitive information stored on mobile devices? (E.g.: phones, tablets, wearable computers, flash drives)

Yes No

Does your organization have sensitive information stored on the cloud? (E.g.: Carbonite, Google Drive, Dropbox)

Yes No

If yes, which provider(s) is used?

Cyber Insurance History

List prior cyber/security privacy insurance for the past three years, including both stand-alone policies and supplemental coverage provided under some other type of insurance.

Insurance Company	Insurance Limits	Deductible/Retention	Policy Period	Premium
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

Has any cyber/security privacy insurance policy listed above been canceled or nonrenewed?

Yes No

What is the retroactive date of your cyber insurance policy currently in effect?

(If you do not have a cyber insurance policy currently in effect, please answer "n/a")

Yes No N/A

Insuring Agreement	Retroactive Date
A) Security Agreement	
B) Extortion Threats	
C) Replacement or Restoration of Electronic Data	
D) Business Income and Extra Expense	
E) Public Relations Expense	
F) Security Breach Liability	

SIGNATURE

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Insured's Signature _____ Date: _____

Agent/Producer Signature _____ Date: _____