



Cyber Liability Insurance Application Form

Basic company details

Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy:

Company Name: Primary Industry Sector:

Primary Address (Address, State, ZIP, Country):

Description of Business Activities:

Website Address:

Date Established (MM/DD/YYYY): Number of employees:

Financial Information

	Most Recent 12 Months: (ending: / /)	Previous Year	Next Year (Estimated)
US Revenue	\$	\$	\$
Non-US Revenue	\$	\$	\$
Total	\$	\$	\$

Please state which financial institution(s) you use for your commercial banking:

Primary contact details

To allow us to provide information about our incident response app and receiving risk management alerts and updates, please provide contact details for the most relevant person within your organization for receiving such updates:

Contact Name: Position:

Email Address: Telephone Number:

Basic risk questions

Please confirm whether multi-factor authentication is always enabled on all email accounts: Yes No

Do you maintain daily offline back-ups of all critical data? Yes No

Is any part of your IT infrastructure outsourced to third party technology providers, including application service providers? Yes No

If you answered yes to the question above, please list your most critical third party technology providers (up to a maximum of 10):

Previous cyber incidents

Please check all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

Cyber Crime Cyber Extortion Data Loss Denial of Service Attack

IP Infringement Malware Infection Privacy Breach Ransomware

Other (please specify)

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than \$10,000? Yes No

If 'yes', please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again:

Please list your critical third party technology providers below (up to a maximum of 10):

Important Notice

In some circumstances, we may require that you answer additional supplementary questions before we can issue a quote.

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. Underwriters will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. They may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data.

Contact name: Position:

Signature: Date (MM/DD/YYYY):