

Cyber Liability Insurance Application Form

Signature:

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.	Please complete the f	 details following details for the entire company or group (inc 	cluding all subsidiaries) that is a	applying for the insurance policy:	
Description of Business Activities: Wetsele Address: Date Established (MMDD/YYYY): Number of employees: Financial Information Number of employees: Number of employees:	Company Name: Primary Industry Sector:				
Date Established (MMDD/YYYY): Number of employees:	Primary Address (Add	ress, State, ZIP, Country):			
Enancial Information Most Recent 12 Months: (ending: _/)	Description of Busine	ess Activities:			
Servenue Most Recent 12 Months: (ending: /) Previous Year Next Year (Estimated)	Website Address:				
US Revenue Nost Recent 12 Months: (ending: /) Previous Year Next Year (Estimated) US Revenue S S S Non-US Revenue S S S S Non-US Re	Date Established (MN	//DD/YYYY):	Number of en	nployees:	
Severence S	Financial Inform	<u>nation</u>			
Primary contact details S					
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):		·			
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 confilm 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 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 specity) If you ticked any of the boxes above, including details of the 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):			_		
Contact Name: Position: 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 sasking 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.	Primary contact To allow us to provide	t details e information about our incident response app and		erts and updates, please provide contact details for the	e most
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):	·	,	Position:		
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Date (MM/DD/YYYY):