



# Smart Cyber Insurance™ Application

1. Company Name

2. Company Address

3a. Primary Website¹

3b. Additional Websites

4. Are there any subsidiaries for which the Named

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Yes

No

6. Projected Gross Annual Revenue (next 12 months)

0 - 250,000

500,001 - 1,000,000

2,500,001 - 5,000,000

10,000,001 +

250,001 - 500,000

1,000,001 - 2,500,000

5,000,001 - 10,000,000

9. How frequently do you back up systems and data?

Continuous backup

Weekly

Less than monthly

Daily

Monthly

Never

10. Which solutions does your backup solution consist of (check all that apply)?

On-site backup software (e.g. Veeam, Dell, Commvault, etc.)

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%DFNXS DV D 6HUYLEFH H J 9HHDP &ORXG &RQQHFW 'UXYD HWF

Other

11. How are local backups protected against deletion or corruption (check all that apply)?

MFA required for access to the backup management interface

0)\$ UHTXLUHG IRU DFFHVV WR EDFNXS ‹OHV RQ SUHPLVH DQG FORXG  
%DFNXS VHUYHUV DQG XVHU DFFRXQWV OHYHUDJH XQLTXH FUHGHWLDC  
%DFNXS VHUYHUV DUH VHJPHQWHG IURP WKH UHVW RI WKH QHWZRUN  
%DFNXS VROXWLRQ ZLWK LPPXWDEOH EDFNXS  
&RS\ RI EDFNXS DUH NHSW RŽLQH RU DLU JDSSHG

:KDW UHPRWH DFFHVV LV SUHVHQW WKDW DOORZV IRU XVHUV WR FRQQHFW  
(check all that apply)

Remote Desktop (RDP)

Virtual Private Network (VPN)

Citrix

Other

15. Do you enforce Multi-Factor Authentication for access to emails for all employees?

Yes No

16. How is sensitive data encrypted across systems and devices? (check all that apply)

- No encryption
- Full disk encryption (laptops)
- Mobile device encryption (e.g. cell phones)
- File level encryption
- Data in-transit
- Other encryption methods

17. How often do you conduct employee security training or phishing training?

- Ad-hoc
- Quarterly
- Semi-Annually
- Annually
- Never

18. Do you obtain explicit written consent prior to publishing? Yes No N/A

19. If you accept payment cards in exchange for goods or services, is your payment processor PCI-DSS compliant? Yes No N/A

20. Do you deploy either end-to-end or point-to-point encryption technology on all of your point of sale terminals? Yes No N/A

21. Do you have a process in place to ensure that funds or making payment changes are properly recorded? Yes No

22. Have you experienced in the past three years any cyber liability claim? Yes No  
VHFXULW\ LQFLGHQW GDWD SulyDF\ LQFLGHQW RU DQ\ PXOWLPHGLD

If Yes: Please provide additional details.

23. Do you or any other person or organization proposed for this insurance have knowledge of any actual or alleged: Yes No  
VHFXULW\ EUHDFK SulyDF\ EUHDFK SulyDF\ UHODWHG HYHQW RU LQFLGHQW EUHDFK RI SulyDF\ RU PXOWLPHGLD LQFLGHQW WKDW PD\ reasonably be expected to give rise to a claim or to costs being incurred? Please provide additional details.

If Yes: Please provide additional details.

24. Have you or any other organization proposed for this insurance sustained any unscheduled network outage or interruption lasting longer than six hours within the past twenty-four months? Yes No

If Yes: Please provide additional details.

Additional Notes

Applicant Signature

Print Name

Date

Applicant Email

Applicant Title

Footnotes

<sup>1</sup> &RUYXV UXQV D VFDQ RQ WKH \$SSOLFDQW V SULPDU\ FRUSRUDWH ZHEVLWH DQG DQ\ D•OLDWHG VLWHV LQ RU UHVXOWV RI WKH VFDQ LQ RXU TXRWH DORQJ ZLWK D SUHYLHZ RI VHYHUDO SHUVRQDOLJHG UHFRPPHQGDWLRQ UHSRUW GHWDLOLQJ WKH UHVXOWV RI WKH VFDQ LQFOXGLQJ DOO RI RXU SHUVRQDOLJHG UHFRPPHQGDWLRQV

<sup>2</sup> 3,, LQFOXGHV DQ\ LQIRUPDWLRQ WKDW FDQ EH XVHG WR GLVWLQJXLVK RU WUDFH DQ LQGLYLGXDO V LGHQWL OLQNHG RU OLQNDEOH WR D VSHFL\F LQGLYLGXDO

<sup>3</sup> /DSWRSV WDEOHV SKRQHV KDUG GULYHV 86% GULYHV HWF

<sup>4</sup> \$ PXOWLPHGLD OLDELWLW\ FODLP LQFOXGHV RQH DOOJLQJ GHIDPDWLRQ GLVSDUDJPHQW LQYDVLQJ RI SU trademark infringement.

<sup>5</sup> 'HIDPDWLRQ GLVSDUDJPHQW LQYDVLQJ RI SULYDF\ FRPPHUFDO PLVDSSURSULDWLRQ RI OLNHQHV SODJ

<sup>6</sup> <RX ZLOO EH DGGHG WR RXU VRIWZDUH SODWIRUP WKH &URZ%DU ZKLFK SURYLGHV KHOSIXO ULVN PDQDJPH

Notices

Notice to All Applicants: \$Q\ SHUVRQ ZKR NQRZLQJO\ DQG ZLWK LQWHQW WR GHIUDXG DQ\ LQVXUDQFH FRPSDQ\ RU RI FODLP FRQWDLQLQJ DQ\ PDWHULDOO\ IDOVH LQIRUPDWLRQ RU IRU WKH SXUSRVH RI PLVOHDGLQJ FRQ insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

Notice to Colorado Applicants: ,W LV XQODZIXO WR NQRZLQJO\ SURYLGH IDOVH LQFRPSOHWH RU PLVOHDGLQJ IDFWV RU GHIUDXGLQJ RU DWWHPSWLQJ WR GHIUDXG WKH FRPSDQ\ 3HQDOWLHV PD\ LQFOXGH LPSULVRQPHQW <QHV LQVXUDQFH FRPSDQ\ ZKR NQRZLQJO\ SURYLGHV IDOVH LQFRPSOHWH RU PLVOHDGLQJ IDFWV RU LQIRUPDW to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and Louisiana Applicants: \$Q\ SHUVRQ ZKR NQRZLQJO\ SUHVHQWV D IDOVH RU IUDXGXOHQW FODLP I SUHVHQWV IDOVH LQIRUPDWLRQ LQ DQ DSSOLFDWLRQ IRU LQVXUDQFH LV JXLOW\ RI D FULPH DQG PD\ EH V

Notice to Florida Applicants: \$Q\ SHUVRQ ZKR NQRZLQJO\ DQG ZLWK LQWHQW WR LQMXUH GHIUDXG RU GHFHLYH DQ\ L IDOVH LQFRPSOHWH RU PLVOHDGLQJ LQIRUPDWLRQ LV JXLOW\ RI D IHORQ\ RI WKH WKLUG GHJUHH

Notice to Oklahoma Applicants: \$Q\ SHUVRQ ZKR NQRZLQJO\ DQG ZLWK LQWHQW WR LQMXUH GHIUDXG RU GHFHLYH DQ\ incomplete or misleading information is guilty of a felony.

Notice to Kansas Applicants: \$Q DFW FRPPLWWHG E\ DQ\ SHUVRQ ZKR NQRZLQJO\ DQG ZLWK LQWHQW WR GHIUDXG SU RU EHOLHI WKDW LW ZLOO EH SUHVHQWHG WR RU E\ DQ LQVXUHU SXUSRUWHG LQVXUHU EURNHU RU DQ\ D WKH LVVXDQFH RI RU WKH UDWLQJ RI DQ LQVXUDQFH SROLF\ IRU SHUVRQDO RU FRPPHUFDO LQVXUDQFH FRPPHUFDO RU SHUVRQDO LQVXUDQFH ZKLFK VXFK SHUVRQ NQRZV WR FRQWDLQ PDWHULDOO\ IDOVH LQIR PLVOHDGLQJ LQIRUPDWLRQ FRQFHUQLQJ DQ\ IDFW PDWHULDO WKHUHW

Notice to Maine, Tennessee, Virginia and Washington Applicants: ,W LV D FULPH WR NQRZLQJO\ SURYLGH IDOVH LQFRPSOHWH RU PLV FRPSDQ\ IRU WKH SXUSRVH RI GHIUDXGLQJ WKH FRPSDQ\ 3HQDOWLHV PD\ LQFOXGH LPSULVRQPHQW <QHV

Notice to Maryland Applicants: \$Q\ SHUVRQ ZKR NQRZLQJO\ RU ZLOOXOO\ SUHVHQWV D IDOVH RU IUDXGXOHQW FODLP I SUHVHQWV IDOVH LQIRUPDWLRQ LQ DQ DSSOLFDWLRQ IRU LQVXUDQFH LV JXLOW\ RI D FULPH DQG PD\ EH V

Notice to New Hampshire Applicants: \$Q\ SHUVRQ ZKR ZLWK D SXUSRVH WR LQMXUH GHIUDXG RU GHFHLYH DQ LQVXUDQFH IDOVH LQFRPSOHWH RU PLVOHDGLQJ LQIRUPDWLRQ LV VXEWHFW WR SURVHFVWLRQ DQG SXQLVKPHQW IRU

Notice to New York Applicants: \$Q\ SHUVRQ ZKR NQRZLQJO\ DQG ZLWK LQWHQW WR GHIUDXG DQ\ LQVXUDQFH FRPSDQ\ F VWDWPHQW RI FODLP FRQWDLQLQJ DQ\ PDWHULDOO\ IDOVH LQIRUPDWLRQ RU FRQFHDOV IRU WKH SXUSRVH IUDXGXOHQW LQVXUDQFH DFW ZKLFK LV D FULPH DQG VKDOO DOVR EH VXEWHFW WR D FLYLO SHQDOW\ QR

Notice to Pennsylvania Applicants: \$Q\ SHUVRQ ZKR NQRZLQJO\ DQG ZLWK LQWHQW WR GHIUDXG DQ\ LQVXUDQFH FRPSDQ\ RU VWDWPHQW RI FODLP FRQWDLQLQJ DQ\ PDWHULDOO\ IDOVH LQIRUPDWLRQ RU FRQFHDOV IRU SXUSRVH IUDXGXOHQW LQVXUDQFH DFW ZKLFK LV D FULPH DQG VXEWHFW VXFK SHUVRQ WR FULPLQDO DQG FLYLO