

**OPTIONAL Cyber Coverage Endorsement
Supplemental Application**

1. Name of Applicant: _____
2. Please indicate the Cyber Coverage Endorsement Limits of Liability you are requesting (cannot be higher than your E&O limit)
- ☐ \$250,000 Third Party coverage including \$62,500 First party ☐ \$500,000 Third Party coverage including \$125,000 First party ☐ \$1,000,000 Third Party coverage including \$250,000 First Party

Annual Revenue \$ _____

Number of records stored and handled containing personally identifiable information: _____

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 3. | Does your website collect personal information such as the social security number, date of birth, driver's license, etc., of others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, is it collected through a secure interface? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Does your business have a secure firewall and up-to-date anti-virus program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Are your business systems password protected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Do you restrict access to personal information on a business need-to-know basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Is encryption used when transmitting personal information through email? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Are portable devices containing personal information encrypted or password protected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Are paper records containing personal information securely stored when not in use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Does your business shred documents containing personal information prior to disposal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Do you conduct training for all employees regarding your firm's privacy and security policies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Are third-party or outsourced service providers required to demonstrate adequate data protection, security policies and protocols prior to contracting with them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Do you update (e.g. patch, upgrade) commercial software for known security vulnerabilities according to manufacturer's notifications and advice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | Within the last 3 years has your business experienced a security breach or loss of personal information or been accused of a privacy violation? If yes, provided detailed explanation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | Within the last 3 years has your business experienced a security breach or loss of personal any regulatory or administrative agency for privacy-related violations? If yes, provide detailed explanation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | Is the applicant or any other person proposed for this insurance aware of any fact, circumstance, situation, event, act or transaction that may reasonably give rise to a claim or privacy breach notification under the proposed insurance? If yes, provide details. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name: _____
(Print Name)

Title: _____
(Print Title)

Signature: _____
(Must be signed by Owner, Partner or Senior Officer)

Date: _____
(Month/Day/Year)