

## Instructions:

1. Download this Questionnaire
2. Complete the Questionnaire by filling in the blanks electronically.
3. Send the completed Questionnaire to CalSurance

### Associates:

- a. Fax to 714-939-1641
- b. Scan and email to [info@calsurance.com](mailto:info@calsurance.com)
- c. Mail it to:

CalSurance Associates, Inc.

P. O. Box 7048

Orange, CA 92863-7048

You can expect a response within 7-10 business days.

## Questions for Coalition Cyber Insurance and (Optional) Technology Errors & Omissions Insurance

Responses to the questions below are necessary to obtain a quotation for Cyber insurance from Coalition and, if desired, Technology Errors & Omissions coverage. Attestation Questions must be completed for both standalone Cyber insurance and Technology Errors & Omissions coverages. After a quotation for insurance is bound, the Named Insured will be asked to electronically sign an application populated with the responses from the questions below.

NAMED INSURED

WEBSITE DOMAIN(S)

PRIMARY INSURED EMAIL CONTACT	SECURITY/IT EMAIL CONTACT		
ADDRESS	CITY	STATE	ZIP
INDUSTRY	NO. OF EMPLOYEES	REVENUE* \$	GROSS PROFIT / NET REVENUE* \$

\* Next 12 months

### Attestation Questions

1 Within the last 3 years has *Named Insured* suffered any cyber incidents resulting in a claim in excess of \$25,000? NO YES

(If Yes) please explain the cyber incidents and/or claims.

2 Is *Named Insured* aware of any circumstances that could give rise to a claim under this insurance policy? NO YES

(If Yes) please explain the circumstances and/or potential claims.

3 Does *Named Insured* implement encryption on laptop computers, desktop computers, and other portable media devices? NO YES SOMETIMES

4 Does *Named Insured* collect, process, store, transmit, or have access to any Payment Card Information (PCI), Personally Identifiable Information (PII), or Protected Health Information (PHI) other than employees of *Named Insured*? NO YES

4a (If Yes) What is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?

NO RECORDS    LESS THAN 100,000    100,000 – 500,000    500,000 – 1,000,000    OVER 1,000,000:

4b (If Yes) How many PII or PHI records does *Named Insured* collect, process, store, transmit, or have access to?

NO RECORDS    LESS THAN 100,000    100,000 – 500,000    500,000 – 1,000,000    OVER 1,000,000:

5 For which of the following services do you enforce Multi-Factor Authentication (MFA)?

5a Email NO YES

5b Virtual Private Network (VPN), Remote Desktop Protocol (RDP), RDWeb, RD Gateway, or other remote access NO YES N/A

5c Network/cloud administration or other privileged user accounts NO YES ON ADMINISTRATIVE ACCOUNTS AND ALL CLOUD SERVICES WHERE SUPPORTED

### Attestation Questions (continued)

<b>6</b>	Does <i>Named Insured</i> maintain at least weekly backups of all sensitive or otherwise critical data and all critical business systems offline or on a separate network?	NO	YES	N/A
<b>7</b>	Does <i>Named Insured</i> require a secondary means of communication to validate the authenticity of funds transfers (ACH, wire, etc.) requests before processing a request in excess of \$25,000?	NO	YES	N/A
<b>8</b>	Within the last 3 years has <i>Named Insured</i> been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications?	NO	YES	N/A
<b>9</b>	Does <i>Named Insured</i> enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right?	NO	YES	N/A

### Technology Errors & Omissions Questions

Questions below are required only for Technology Errors & Omissions coverage.

**1** Please describe the company's use of technology in delivering its product and/or services.

<b>2</b>	Within the last 3 years has <i>Named Insured</i> been subject to a dispute or claim arising out of a technology error or omission in excess of \$25,000?	NO	YES	N/A
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<b>3</b>	Is <i>Named Insured</i> operating as a managed service provider (MSP), or does <i>Named Insured</i> participate directly in or sell technology products/services designed for any of the following industries?	NO	YES
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- |  |  |   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>• Cryptocurrency</li> <li>• Cannabis</li> <li>• Internet of Things</li> <li>• Financial Services</li> <li>• Healthcare</li> </ul> | <ul style="list-style-type: none"> <li>• Blockchain</li> <li>• Automotive</li> <li>• Aviation</li> <li>• Military/Defense</li> <li>• Gambling</li> </ul> | <ul style="list-style-type: none"> <li>• Payment Processing</li> <li>• Adult Entertainment</li> <li>• Payment Processing</li> <li>• Point of Sale (POS) Software/Hardware/Reseller</li> </ul> | <ul style="list-style-type: none"> <li>• Professional Services (Legal, Medical, A&amp;E, or other licensed professional services)</li> </ul> |
|--|--|---|--|

**4** How often are *Named Insured's* services provided by written agreement or contract?

**100%** OF AGREEMENTS OR CONTRACTS

**≥ 50%** OF AGREEMENTS OR CONTRACTS

**< 50%** OF AGREEMENTS OR CONTRACTS

**0%** OF AGREEMENTS OR CONTRACTS

**5** Identify the standard risk mitigating clauses or methods contained within *Named Insured's* agreements or contracts. (Select all that apply)

**A.** CUSTOMER ACCEPTANCE / FINAL SIGN OFF

**B.** DISCLAIMER OF WARRANTIES

**C.** HOLD HARMLESS AGREEMENTS THAT BENEFIT NAMED INSURED

**D.** LIMITATION OF LIABILITY

**E.** EXCLUSION OF CONSEQUENTIAL DAMAGES

**F.** INDEMNIFICATION CLAUSE

**G.** BINDING MANDATORY ARBITRATION

**H.** PROJECT PHASES / MILESTONES