

CYBER QUESTIONNAIRE



*Division of Specialty
Program Group, LLC*

FIRST NAMED INSURED: _____

Please indicate your desired limit of cyber insurance: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	
Please indicate the type(s) of personally identifiable information ("PII") that the organization may collect, use and/or disclose on employees, members, volunteers or others:	
<input type="checkbox"/> Social Security Numbers	<input type="checkbox"/> Credit / Payment Card Data
<input type="checkbox"/> Personal Health Information	<input type="checkbox"/> Bank / Financial Account Data
<input type="checkbox"/> Tax Data	<input type="checkbox"/> Drivers / State Identification
Does the organization maintain computer security that includes a) firewall, b) anti-virus, c) spy- ware / mal-ware protection, and d) access controls that includes, at a minimum, passwords?	Y <input type="checkbox"/> N <input type="checkbox"/>
Has the organization experienced any loss, theft or breach of personal information in the past three years?	Y <input type="checkbox"/> N <input type="checkbox"/>
Has any organizational owner/officer/senior leader been convicted of a felony under any local, state or federal law?	Y <input type="checkbox"/> N <input type="checkbox"/>
Has the organization been the subject of any investigation by any local, state, or federal regulatory body?	Y <input type="checkbox"/> N <input type="checkbox"/>
Has the organization received notice of any actual or alleged infringement, defamatory statement, or invasion of privacy violation within the past 3 years?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the organization maintain a written data breach incident response plan?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the organization hire a professional and independent firm to audit its computer security practices / infrastructure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the organization have measures to promptly remove or restrict access to infringing or offending material once discovered or notified thereof?	Y <input type="checkbox"/> N <input type="checkbox"/>
How many sensitive records does the organization maintain (estimate only):	_____
How many financial transactions does the organization process each year (estimate only):	_____

ACKNOWLEDGEMENT AND SIGNATURE

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR NEW HAMPSHIRE APPLICANTS ONLY: I REPRESENT THE ABOVE INFORMATION TO BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Named Insured Signature

Printed Name

Date