

CYBER QUESTIONNAIRE



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 <input type="checkbox"/> \$2,000,000	
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 applicant experienced any cyber related incident, fine or penalty in the past five (5) years that could have resulted in a claim under this policy?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does applicant have any knowledge of an incident, event or circumstances that may result in a claim or loss under this policy?	Y <input type="checkbox"/> N <input type="checkbox"/>
# Full Time Employees	_____

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