



Cyber Liability Questionnaire

1. What types of information does the applicant collect, process, or store? (please check all that apply)

- |                                   |                         |                                     |
|-----------------------------------|-------------------------|-------------------------------------|
| Business and Customer Information | Credit Card Information | Healthcare Information              |
| Financial Account Information     | Social Security Numbers | Intellectual Property/Trade Secrets |

2. Estimated number of unique records of personal information entrusted to the applicant's care (employees and non- employees):

Are security and privacy risk assessments conducted on at least an annual basis? Yes No

3. Is security and privacy training conducted on a regular basis? Yes No

4. Does the applicant sell or share personal information with third parties? Yes No

If Yes:

a. Are the persons providing this personal information to the applicant given notice and provided an opportunity to opt out of this third party usage? Yes No

b. Does the applicant contractually enforce with such third parties, acceptable use standards which meet or exceed their own? Yes No

5. Do all contracts with third parties with whom the applicant sells or shares personal information:

a. Convey security and privacy obligations and expectations? Yes No

b. Indemnify the applicant for their negligent acts related to security and privacy? Yes No

c. Require Security And Privacy Insurance or Cyber Insurance? Yes No

6. Is the applicant subject to the Payment Card Industry Data Security Standard? (PCI DSS v3.0) Yes No

If Yes:

a. Indicate merchant level: 1 2 3 4

b. Is the applicant currently PCI compliant? Yes No

c. Provide the date of the latest certification:

---



**I. DATA SECURITY**

- |   |     |    |
|---|-----|----|
| 1. Are systems, applications and supporting infrastructure that collect, process, or store personal information segregated from the rest of the network?  | Yes | No |
| 2. Are firewalls installed between all wireless networks and system components that process or store personal information?  | Yes | No |
| 3. Are wireless transmissions protected using WPA/WPA2, IPSEC, or SSL?  | Yes | No |
| 4. Are penetration tests conducted on a periodic basis and the vulnerabilities identified, tracked and remediated? (network and application layer)  | Yes | No |
| 5. Is 2 factor authentication utilized for all remote access to the internal network?   | Yes | No |
| 6. Do password policies and procedures exist that outline strong password requirements? (ex. change of passwords on a periodic basis, use of numeric and alphabetic characters, prohibition of previously used passwords) | Yes | No |
| 7. Does the applicant utilize anti-virus software on all servers, workstations and laptops?   | Yes | No |
| 8. Is current commercial grade technology employed to encrypt all sensitive business and personal information:  |     |    |
| a. Transmitted to external networks?  | Yes | No |
| b. At rest within the applicant's network?  | Yes | No |
| c. On all mobile devices, either issued by the applicant or employee owned devices used for work?   | Yes | No |

**II. INCIDENT HISTORY**

- |  |     |    |
|--|-----|----|
| 1. In the past 3 years, has the applicant sustained any system intrusions, data theft or other loss of data? | Yes | No |
|--|-----|----|

If Yes, please describe:

---

- |  |     |    |
|--|-----|----|
| 2. Has the applicant ever been the subject of an investigation by a regulatory agency or other governmental body arising out of a privacy issue? | Yes | No |
|--|-----|----|

If Yes, please describe:

---



**III. APPLICANT HISTORY**

**Prior Coverage**

Please list any similar insurance carried during the past 3 years      If none, check here:      NA

Policy Period	Insurer	Limit of Liability	Retention	Premium	Retroactive Date
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

**Claims History**

1. In the past 3 years, has the applicant been declined any similar Security And Privacy Insurance, or has the applicant's insurer cancelled any previous Security And Privacy Insurance? Yes      No

If Yes, please provide details:

\_\_\_\_\_

2. Have any claims been made against the applicant or any of its former or current directors, officers, employees, subsidiaries or independent contractors with regard to the coverage sought in the past 3 years? Yes      No

If Yes, please provide details:

\_\_\_\_\_

3. Is the applicant or any of its former or current directors, officers, employees, subsidiaries or independent contractors aware of any acts, errors, omissions, privacy events or other circumstances, which may reasonably result in a claim relative to the insurance sought? Yes      No

If Yes, please provide details:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_