



CYBER COVERAGE QUESTIONNAIRE

The limit of liability for the insurance applied for shall be reduced and may be exhausted by defense costs and claim handling expenses.

Named Insured: _____

City: _____ State: _____

1. Optional Coverages Requested – Coverage, if approved, will include First Party Privacy Breach Expense and Regulatory Proceeding Claim Expense (read policy for coverage specifics). Please indicate any additional coverages being requested.

- Third Party Liability
 First Party Business Income and Extra Expense

Aggregate Limits: (First Party Privacy Sublimit will be 50% of Aggregate subject to a \$25,000 minimum and \$250,000 maximum) (Business Income and Extra Expense Sublimit will be 25% of Aggregate subject to \$100,000 maximum)

- \$200,000
 \$100,000
 \$50,000
 \$25,000
 \$ _____

Proposed Coverage Period: From: _____ To: _____

2. General Information

Description of Operations, including operations of subsidiaries (if any): _____

Website Address _____ Total Revenue/Sales \$ _____

3. Network Information

a) Does your website perform any of the following functions:

- | | | |
|--|-----|----|
| i) Provide informational content about what you do or provide? | Yes | No |
| If yes, are any rights to content owned by others? | Yes | No |
| <i>If yes, attach explanation</i> | | |

- | | | |
|--|-----|----|
| ii) Do you conduct e-Commerce on your website? | Yes | No |
|--|-----|----|

b) Are any of the following types of electronic data of others stored in your computer system? *Attach explanation of yes answers*

- | | | |
|------------------------------|-----|----|
| Medical Records | Yes | No |
| Social Security Numbers | Yes | No |
| Bank Account Information | Yes | No |
| Trade Secrets | Yes | No |
| Intellectual Property Assets | Yes | No |



4. Network Security Information

- | | | | |
|---|-------|--------|---------------------|
| a) Do you have an individual dedicated to managing your website and network security? | Yes | No | |
| b) Do you utilize encryption for data stored and transmitted? | Yes | No | |
| c) Do you have a firewall? | Yes | No | |
| d) How often do you run anti-virus software? | Daily | Weekly | Greater than Weekly |
-

5. Loss/Incident Information

- | | | |
|---|-----|----|
| a) Have you experienced a loss under the coverage's applied for in the last five years? | Yes | No |
|---|-----|----|

By signing below, you agree that 1) all statements, answers, and any attached explanations are accurate and complete; 2) the representations in the statements, answers, and any attached explanations are your representations to the Company and are material inducements to the Company to provide a proposal for insurance; and 3) any policy issued by the Company will be issued in reliance upon your representations.

Signed by: _____

Title: _____

Print Name: _____

Date: _____