

Cyber Insurance Questionnaire - Community Associations

Section I: General Information

Name of Association: _____

Physical Address of Association: _____

Mgmt Co.: _____

Mailing Address of Mgmt Co.: _____

Billing Address of Mgmt Co.: _____

Contact Name: _____ Phone () ___ - ___ Email: _____

Association Website: _____ Date Established: _____ # of Units: _____

Type of Association Residential Commercial Mixed

Total Gross Revenues:

Last Year: _____ Gross Revenues \$ _____

Current Year (based on 12 months): _____ \$ _____

Forecast for Next Year: _____ \$ _____

For commercial associations only, do any occupants business activities involve any of the following:

- | | | | | | |
|------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| a. Cannabis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | d. Cryptocurrency | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Gambling Activities | Yes <input type="checkbox"/> | No <input type="checkbox"/> | e. Public Entities (Towns, Municipalities, Public Schools, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Adult Content | Yes <input type="checkbox"/> | No <input type="checkbox"/> | f. Hospitals (Doctors Offices/Clinics are acceptable) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Is similar Cyber Liability Insurance currently in force?

Yes No

Name of Carrier	Limit	Retroactive Date (if any)	Deductible	Premium	Policy Term
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Section II: Claims Details

1. Has your business suffered a cyber-related loss or experienced compromise of your data or systems in the past 12 months? Yes No

2. In the past five years, have any claims or legal actions been brought against you related to data breach extortion threat, or any other incident, loss of money, securities, or property involving any alleged social engineering, fraud, or other criminal acts? Yes No

a. Have you had less than 3 incidents and \$0 in total overall losses? Yes No

b. Have you had less than 3 incidents and \$25,000 or less in total overall losses? Yes No

c. Have you had greater than or equal to 3 incidents and more than \$25,000 in total overall losses? Yes No

3. Do you (including your affiliates, executives, employees, or contractors) currently have knowledge or information of any act, error, omission, or breach of duty related to any: (1) known network intrusion; (2) denial of service attack; or (3) unauthorized loss, release, or disclosure of personally identifiable information in your care, custody, or control? Yes No

4. Have you ever been the subject of a regulatory action, investigation, or inquiry as a result of the handling sensitive data, including but not limited to a civil investigative demand, consent order, or investigation by an Attorney General (or equivalent) or other industry body? Yes No

a. Is the matter still open? Yes No

b. If the matter is closed, were there any findings or fines? Yes No

All questions in Section 3 must be answered based on the property management company's compliance and security details, unless association is self-managed and solely responsible for their own compliance and security.

Section III: Compliance & Security Details

1. Do you collect, store, host, process, use or share any private or sensitive information in either paper or electronic form? Yes No N/A
 - a. If yes, please provide the approximate number of unique records:
Paper records: _____ Electronic records: _____
2. Do you process, store, or handle credit card transactions? Yes No N/A
 - a. If yes, are you in compliance with PCI DSS (Payment Card Industry Data Security Standard)? Yes No
 - b. Is your payment processing fully outsourced? Yes No
 - c. How many transactions do you store? _____
3. Do you collect, store, host, process, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person? Yes No
 - a) If yes, have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws? Yes No
4. Do you encrypt information that is stored on mobile computing devices, including but not limited to laptops and smart phones? Yes No
5. Do employees use Multi-Factor Authentication (MFA) when accessing your network?*[Examples of MFA, Google Authenticator, RSA SecureID, Office 365 MFA, Duo, etc.] Yes No
6. Do you have rules or policies that limit data retention, or processes by which data is routinely disposed of or destroyed? Yes No
7. Is data encrypted in transit and/or at rest? Yes No
8. Do you utilize endpoint security software to protect network-connected devices (such as laptops or PCs)? Yes No
9. Do you utilize intrusion detection and prevention systems for network monitoring and remediation purposes? Yes No
10. Do you have a process for classifying applications that are critical or important to keep your business running (?business-critical applications?), and plans in place to limit disruption in the event of a cyber incident impacting such applications? Yes No

Section IV: Agency Information

1. Agency Name: _____
2. Producer: _____
3. Address: _____
City: _____ State: _____ Zip: _____
4. Phone: _____ Email Address: _____

Applicant's Signature: _____ Date: _____

Officer of the board or property manager for the board of directors