

## Cyber Insurance Questionnaire

**Section I: General Information**

1. Company Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Website: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_
4. Date established: \_\_\_\_\_
5. Security Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?  Yes  No  
If Yes, please provide names(s) and relationship(s): \_\_\_\_\_
7. Applicant is:  Individual  Corporation  LLC  Non-Profit  Partnership
8. Please provide a full description of your business operations:  
\_\_\_\_\_  
\_\_\_\_\_

9. List total gross revenues derived from activities in Question #7 (start-ups please provide best estimates): Gross Revenues
 

Last Year:	\$ _____
Current Year (based on 12 months):	\$ _____
Forecast for Next Year:	\$ _____

10. Number of Company Employees: \_\_\_\_\_

11. Does your business or any of your clients' 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"/> |

11. 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

**Section III: Compliance & Security Details**

- 1. Do you store, transmit, collect, or process any healthcare records? Yes  No  N/A 
  - a. If yes, are you in compliance with HIPAA (Health Insurance Portability and Accountability Act of 1996)? Yes  No
- 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. Does the applicant enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right? 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
- 11. Does the applicant keep offline backups for all critical data that are disconnected from its network or store backups with a cloud service provider? Yes  No 
  - a. If yes, how frequently does it run?  
 Continuously  Daily  Weekly  Monthly  More than monthly  I don't know
- 12. Does the applicant require a secondary means of communication to validate the authenticity of funds transfers (ACH, wire, etc.) requests by at least 2 employees before processing a request in excess of \$25,000? Yes  No

**Section IV: Agency Information**

- 1. Agency Name: \_\_\_\_\_
- 2. Producer: \_\_\_\_\_
- 3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_