



335 Commerce Drive Crystal Lake, IL 60014

Cyber Liability Application
THIS APPLICATION IS FOR A
CLAIMS MADE INSURANCE POLICY

1. Name of Applicant: _____

Nature of Operations (please specify for the Applicant such as mortgage banker, architect, title agent or other): _____

2. Address: _____

City/State/Zip Code: _____

County: _____

Revenue: Last Year _____ Current Year Estimate _____

Number of Records currently Held by the Applicant: _____

Please circle or underline the appropriate response to questions 3-9 below:

- 3. Confirm the Applicant undertakes at least weekly off site data backups: Yes / No
- 4. Confirm the Applicant has automatic updating virus software in force across the network: Yes / No
- 5. Confirm the Applicant has at least basic password and protection in force to mitigate data exposure within your network: Yes / No
- 6. Confirm that you have at least basic firewall protection across your network and password protection for all mobile devices: Yes / No
- 7. Confirm the Applicant has a business continuity plan and reviews such at least annually: Yes / No
- 8. If the Applicant functions in full or part as a manufacturing risk, please CONFIRM that any computer numeric control processes are on a segregated computer system from the rest of the Applicant's systems: Not Applicable / Yes / No
- 9. a. Are credit cards or debit cards accepted for payment? Yes / No
b. If yes, are you PCI compliant? Yes / No
- 10. Does the Applicant encrypt data for mobile devices? Yes / No

In order to be eligible to have Cyber Liability Coverage under this program, [questions 3-7](#) must be answered affirmatively "YES". If "NO" is the response to any these questions, please respond below how the Applicant handles the issues addressed in the specific question. Underwriters will consider accepting the risk based upon the response(s):

The undersigned authorized person, on behalf of the Applicant, attest that all Cyber claims have been reported if the Applicant is aware of them. The Applicant further understands that any claim submitted after the completion of this application shall render any terms provided void and Underwriters shall have the right to re-underwrite the Applicant. In addition, no information provided by this application or along with this application shall be deemed to report a claim. Such notice should be made as instructed by the policy.

The undersigned authorized person, on behalf of the Applicant, attests that, to the best of his /her knowledge and belief, the statements set forth herein are true. Although the signing of this Application Form does not bind the undersigned to effect insurance, the undersigned agrees that this application and the said statements shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

The undersigned authorized person on behalf of the Applicant declares that the above statements are true, that neither the undersigned person nor the applicant has suppressed or misstated facts and that at the present time the applicant has no reason to anticipate any claims being brought against the applicant or any representative of the applicant or knowledge of any Cyber Liability incident or claim, except as stated below, and agrees that this Application Form shall be the basis of the contract between the applicant and the Insurer and shall be deemed a part hereof.

The Applicant confirms by signing this application that the Applicant is not aware of any known or actual Cyber Liability Losses. If such loss(es) exist, please provide details here:

The Applicant understands that this supplemental application is for Cyber Liability Coverage. If other Cyber Liability Coverage is in place, this policy, if issued, will be excess of any other valid cyber liability insurance or indemnification.

DATE _____

APPLICANT COMPANY NAME: _____

NAME _____ TITLE _____

Signature

President, Principle or Owner Only

Print Name