



Cyber Application				
Named Insured		Limit	<input type="text"/>	Retroactive date
Main Address	Mailing Address			
City	State	<input type="text"/>	Zip Code	
Effective Date	Expiration Date		FEIN	
# of Employees	Date Established	Website's URL		
Authorized Officer	Telephone	E-Mail		
Breach Response Contact	Telephone	E-Mail		

Applicant Business Activities
(Please provide description of business below)

Does the Applicant provide data processing, data storage, or data hosting services to third parties?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant distribute any products on a wholesale basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% Revenue	

Revenue Information			
	Most Recent 12 Months:	Previous Year	Next Year (Estimate)
US Revenue			
Non-US Revenue			
Total			
Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months			<input type="text"/>
Have there been any such changes within the past twelve (12) months			<input type="text"/>
Within past 12 months, has applicant completed, agreed to, or contemplated a merger, acquisition, consolidation, whether or not such transactions were or will be completed			<input type="text"/>

Information Security & Privacy Controls Continued			
Please state the Applicant's approximate percentage of revenues from credit card transactions within the past twelve (12) months:			
Is the Applicant compliant with applicable data security standards issued by financial institutions with which the Applicant transacts business (e.g. PCI standards)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the Applicant have and enforce policies concerning the encryption of internal and external communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are users able to store data to the hard drive of portable computers or portable media devices such as USB drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the Applicant encrypt data stored on laptop computers and portable media	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please describe any additional controls the Applicant has implemented to protect data stored on portable devices			
What format does the Applicant utilize for backing up and storage of computer system data			<input type="checkbox"/> Tape or other media
<input type="checkbox"/> Online backup service	<input type="checkbox"/> Other/ please specify		
Are tapes or other portable media containing backup materials encrypted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are tapes or other portable media stored offsite using secured transportation and secured storage facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If stored offsite, are transportation logs maintained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If stored onsite, please describe physical security controls			

Information Security & Privacy Controls		
Does the Applicant have and require employees to follow written computer and information systems policies and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant use Commercially available Firewall protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant use Commercially available Anti-Virus protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant terminate all computer access and user accounts as part of the regular exit process when an employee leaves the company or when a third party contractor no longer provides the contracted services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant accept credit cards for goods sold or services rendered	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Website Content Controls			
Please check all descriptions of website content posted by the applicant			
<input type="checkbox"/> No Website	<input type="checkbox"/> Information created by the applicant	<input type="checkbox"/> Content under license from a third party	<input type="checkbox"/> Streaming video or music content
<input type="checkbox"/> Unlicensed third party content (e.g. – Blog/Message Boards/ Customer Reviews)		<input type="checkbox"/> Other (please describe)	
Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libellous, infringing, or in violation of a third party's privacy rights			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant have a process to review all content prior to posting on the Insured's internet site(s) to avoid the posting of improper or infringing content			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant screened all trademarks and service marks used by the Applicant for infringement of existing marks prior to first use			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant acquired any trademarks or service marks from others within the past three (3) years			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, were acquired trademarks and service marks screened for infringement			<input type="checkbox"/> Yes <input type="checkbox"/> No

Prior Claims and Circumstances		
Does the Applicant or other proposed insured, or any director, officer or employee of the Applicant or other proposed insured have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past 5 years has the applicant:		
Received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notified consumers or any other third party of a data breach incident involving the Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Experienced an actual or attempted extortion demand with respect to its computer systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If answered yes to any of the above, please provide details of any such action, notification, investigation or subpoena below:		