



# SMALL BUSINESS CYBER LIABILITY PRIVACY PROTECTION INSURANCE QUESTIONNAIRE



# **YOUR INDUSTRY** - ENTER SELECTION ON LINE #8 BELOW

Construction and Repair Services – Health Care Medical – Automotive – Energy – Hospitality – Legal Professionals – Habitational – Rental – Sports – Chemical Users - Cleaning Services – Transportation – Garage – Recreation – Restaurant / Bar – Domestic Service (Etc.) - Health Services / Non-Medical – Property Managers – Architects / Engineers – Misc Professionals – Real Estate Professionals – Insurance Professionals – Accounting Professionals

**Do these statements accurately describe your firm?** [Yes ] No (If "NO", Please **STOP** and complete the **Standard Application**.

- Your firm has less than fifty (50) employees
- Your firm has less than \$5,000,000 of revenues
- Within the past five (5) years, your firm has not had any network or privacy breaches.

#### THIS IS FOR QUOTATION PURPOSES ONLY - THIS IS NOT A BINDER SIC CODE:

General Information	Proposed Effective Date:							
1. Insured's Name:			SS or FEIN #:					
2. Insured's Mailing Address:								
City:	State:	Zip:						
E-Mail:	W	eb Site:						
Business Telephone Number:		F	-ax:					
3. Physical Location of Business (if differ	rent):							
4. Population within 50 miles:		County:						
5. Other Locations Used:								
Physical Address:								
City:	State:	Zip:						
Physical Address:								
City:	State:	Zip:						
6. Please list any other names the business is or has been known by:								
7. Contact Person:	E-MAIL:							
8. What is your license classification or	business designation	from the "	Your Industry" list above?					
9. Is this a new business?	] No <u>If no</u> , how ma	any years	have you been in business?					



10.	How m	any years of experience do you have?					
		ant is: Individual Corporation Partnership Joint Venture Other (describe):					
12.	Total N	lumber of Employees: # Full-Time: # Part-Time: #					
13.	А	How many employees are in your firm?					
	В	Annual revenue from the most recently completed fiscal year:					
	С	If your firm uses laptops, are all laptops password protected?  Yes  No					
	D	oes your firm's computer network have a firewall in place?  Yes  No					
	Е	Does your firm use anti-virus, anti-spam and anti-malware software?  Yes  No					
	F	Are data backups of your computer system performed a minimum of every seventy-two (72) hours?					
		□Yes □No					
	G	Are physical security procedures in place to control access to your firm's computer system(s)?					
		□Yes □No					
	Н	Are procedures in place to report and respond to unauthorized attempts to access computer systems?					
	Dusid	a the fallowing information about your final incomence.					

## **14.** Provide the following information about your firm's insurance:

	Insurance Company	Policy Period	Limits	Deductible
Professional Liability				
General Liability				
Business Auto				

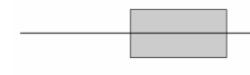
## 15. Claims Awareness

- During the past five (5) years, have any claims or suits been made against the applicant or any principal, partner, officer, director, member, employee or other proposed Insured that could or would be covered under this policy? 
  Yes No
- Is any owner, principal, partner, officer, director, member, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the proposed insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors? Yes No

Within the past five (5) years, have you.

- Notified customers or employees that their information may have been compromised? Yes No
- Had any cyber extortion threats or similar or related threats? 
  Yes 
  No





If "Yes' to any questions, please provide details'

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