



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: _____ **Web Site:** _____

Business Telephone Number: _____ Fax: _____

3. Physical Location of Business (if different): _____

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? Yes No If no, how many years have you been in business? _____



10. How many years of experience do you have? _____

11. Applicant is: Individual Corporation Partnership Joint Venture Other (describe):

12. Total Number of Employees: # _____ Full-Time: # _____ Part-Time: # _____

13. A How many employees are in your firm? _____

B Annual revenue from the most recently completed fiscal year: _____

C If your firm uses laptops, are all laptops password protected? Yes No

D Does your firm's computer network have a firewall in place? Yes No

E 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

H Are procedures in place to report and respond to unauthorized attempts to access computer systems?
 Yes No

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.

- Had any information security breaches including unauthorized access, unauthorized use, unauthorized disclosure, virus, denial of service attack, theft of data fraud, electronic vandalism, sabotage or other security events? Yes No
- 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'