

CYBER LIABILITY PREMIUM INDICATION WORKSHEET

| GENERAL INFORMATION | | |
|--|--|---------------|
| Name of Company: | | |
| Address: | | |
| City: | State: | Zip: |
| Type of Business (i.e. Financial, Healthcare, Technology, Manufacturing, Retail, Professional Services, Other): | | |
| Description of Operations: | | |
| Year Established: | | |
| Website Address: | | Phone Number: |
| YOUR BUSINESS INFORMATION | | |
| Number of Employees: | Full Time: | Part Time: |
| Estimated Gross Annual Revenue: | \$ | |
| Percentage of Revenue from eCommerce: | % | |
| How many Records do you estimate would be at risk in the event of a data breach? When calculating, consider current and former employees, vendors, clients and prospects. <i>Records are defined as Personal Identifiable Information(PII) or Personal Health Information (PHI)</i> | | |
| What type of data do your employees handle? <i>(i.e. consumer data, employee records, credit card information, health information etc.)</i> | | |
| Do you have a privacy and data security protection plan? <i>If yes, describe below</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is your computer system currently encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have a laptop security policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is your mobile computer equipment (laptops & smart phones) encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you provide technology services or products to third parties? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you store sensitive data on web servers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have a Pre-Breach and/or Post-Breach plan in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is there Cyber Liability Coverage currently in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does your company have a dedicated Information Security Manager? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you implement software security patches within 30 days? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you compliant with HIPAA, HITECH, and/or any other relevant regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Comments: | | |
| Liability Limit Requested: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other Amount | | |

Completed by _____

Title _____

Date Submitted _____

This worksheet is not an application for coverage. Once returned we will provide you an indication so we can discuss proper coverage and pricing. You will need to submit a company application in order to get final pricing and put coverage into effect.

E-mail completed Worksheet to: Cyber@NewAgencyPartners.com