

**CYBER INDICATION FORM**

**Required for Indication:**

**Does the company use firewall & anti-virus software**

**to protect their computers? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No**

**If the company accepts credit cards as a form of**

**payment, are they or their credit card processor**

**(e.g. PayPal, Square, etc.) PCI Compliant? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No**

**Before processing a wire transfer, does the company**

**confirm the request by a secondary means of**

**communication? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No**

**Does the company or any other proposed insured**

**(including director, officer or employee) have**

**knowledge of or any information regarding any fact,**

**circumstance, situation, event, or transaction which**

**may give rise to a claim, loss or obligation to provide**

**breach notification under the proposed insurance? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No**

**During the past 5 years has the company:**

**Received any claims or complaints with respect to**

**privacy, breach of information or network security,**

**or unauthorized disclosure of information? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No**

**Been subject to any government action, investigation**

**or subpoena regarding any alleged violation of a**

**privacy law or regulation? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No**

**Notified customers or any other third party of a data**

**breach incident involving the Applicant? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No**

**Experienced an actual or attempted extortion**

**demand with respect to its computer systems? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No**

**============================================================================**

**Industry Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revenues - Most Recent Completed Fiscal Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Limit Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Firm Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_**