



Cyber Submission Form

Applicant Information

Company Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Website, URL, and/or Email Domain (enter all that apply) _____

Business Information

Gross Revenue (Current year 12 months) _____
 Gross Revenue (Projected for the next 12 months) _____
 Record Count _____ Number of Employees _____
 NAICS Code / Industry Description _____

Additional Security Information

Multi-factored Authentication (MFA)

- Does the applicant have MFA in place for remote network access? _____ Yes No
- Does the applicant have MFA in place for email access? _____ Yes No
- Does the applicant have MFA in place for network administrators and other privileged users? _____ Yes No

Endpoint Detection and Response (EDR)

- Does the applicant use an EDR tool that includes centralized monitoring? _____ Yes No

Backups

- Does the applicant regularly back up and segregate sensitive data? _____ Yes No

Email

- Does the applicant use an email security filtering tool? _____ Yes No

Claims / Previous Cyber Incident Information

Has the applicant had any of the following in the past 5 years?

- A cyber claim? _____ Yes No
- Any knowledge of a circumstance that could lead to a claim? _____ Yes No
- Any incident that may have led to a claim if the applicant had cyber insurance? _____ Yes No

If yes, please explain _____

Existing Coverage

Does the applicant have existing Cyber coverage? _____ Yes No

If yes, enter the following:

- Carrier Name _____ Limit _____ Retention _____
- Expiration Date _____ Expiring Premium _____

Note: The applicant will need to complete, sign, and date a carrier application to bind coverage. The above information will allow us to obtain accurate quotes from multiple carriers.