

## CYBER QUICK QUOTE QUESTIONNAIRE

To receive an *estimate* of cost, provide the information below. A completed application is required for a firm quote.

**APPLICANT DETAILS:**

Name of Applicant: \_\_\_\_\_  
(Include names of all subsidiaries or affiliated companies to be insured, attach a separate sheet, if necessary)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

\_\_\_\_\_

Domain website addresses: \_\_\_\_\_  
(include all to be covered)

**ANNUAL REVENUE AND EXPOSURE:**

- |   |   |
|---|---|
| 1. Total Annual Revenue:  | \$ _____  |
| 2. Proposed Effective Date:   | ____/____/____  |
| 3. Do you send or receive wire transfers?<br>If <b>Yes</b> , do you have controls in place that require <b>ALL</b> funds and wire transfers over \$10,000 to be authorized and verified by at least two employees prior to execution?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Always<br><input type="checkbox"/> Sometimes |
| 4. If <b>Yes</b> do you have multi-factor authentication (MFA)* in place for all remote access and electronic funds transfer transactions?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 5. Does your wire transfer authorization process include the following:<br>(a) Do you have a process in place that includes two authorized individual's approval prior to any electronic funds transfers (EFT)?<br>(b) A protocol for confirming all payment or funds transfer instructions/requests from a new vendor, client, or customer via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client, or customer before the payment or funds transfer instruction/request was received?<br>(c) A protocol for confirming any vendor, client or customer account information change requests (including requests to change bank account numbers, contact information or mailing addresses) via direct call to that vendor, client or customer using only the telephone number provided by the vendor, client or customer before the change request was received? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No      |
| 6. Do you have privacy/cyber awareness/social engineering training in place for all employees and with what frequency?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Frequency:<br>_____   |

\*Multi-factor Authentication (MFA) Multi-factor is an authentication method in which a computer user is granted access only after successfully presenting two or more pieces of evidence to an authentication mechanism.

**CURRENT CYBER INSURANCE INFORMATION:**

	#	O	)	h	Retro Date
Current Year					

Limits requested with this questionnaire:  
\$ \_\_\_\_\_

**CLAIMS:**

In the last three (3) years, has the Applicant or any other person or organization proposed for this insurance ever received any complaints, claims or been subject in litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the Applicant's customers' ability to rely on the Applicant's network? If **yes**, provide details:  Yes  No

---

---

---

---

**Applicant Info:**

Applicant Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Broker Info:**

Broker Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_