



# CYBER & PRIVACY APPLICATION FOR PROFESSIONALS

PLEASE COMPLETE THIS FORM ELECTRONICALLY TO ENSURE THAT WE CAN RESPOND TO YOUR REQUEST QUICKLY.

Company Name:			
Address:			
City, State, Zip:			
Telephone:			
Contact Name & Email:			
Total Revenue:	\$	Employees:	

Please select one of the following activities that best describes your business:

- Accountant   
 Architect   
 Consultant   
 Engineer   
 Insurance Broker   
 Doctor/Physician   
 Lawyer

Required Inception Date:

### STATEMENT OF FACT FOR CYBER & PRIVACY LIABILITY COVERAGE

Do you and your subsidiaries comply with all the requirements detailed in the Statement of Fact below? Yes No

<ol style="list-style-type: none"> <li>You have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on a regular basis.</li> <li>You have firewalls installed on all external gateways.</li> <li>You take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or your outsourced service provider meets this requirement.</li> </ol>
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### CLAIMS INFORMATION

In regards to claims, are both of the below statements true? Yes No

<ol style="list-style-type: none"> <li>After full inquiry, you are not aware of any circumstances, complaints, claims, loss, or penalties/fines levied against you in the last five years, in relation to the risks that this application relates to.</li> <li>You are not aware of any circumstances or complaints against you in relation to data protection or security, or any actual security violations or security breaches either currently or in the past 5 years.</li> </ol>
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### DECLARATION

I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.

I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

Full Name:  Date:

Position:  Signature:

PLEASE NOTE: DO NOT PRINT AND SCAN THIS FORM. PLEASE COMPLETE THIS FORM ELECTRONICALLY, SIGN USING A DIGITAL SIGNATURE, SAVE A COPY FOR YOUR RECORDS, AND SUBMIT VIA EMAIL. THIS WILL ENSURE WE PROCESS YOUR APPLICATION QUICKLY.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF INSURANCE, PLEASE IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES. THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURERE IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED INTO THIS APPLICATION.