

## Stand-alone Cyber Submission Form

### Applicant Information

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite/Unit/Floor \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Website, URL, and/or Email Domain (enter all that apply) \_\_\_\_\_

### Business Information

NAICS Code / Industry Description \_\_\_\_\_  
Gross Revenue (Previous year 12 months) \_\_\_\_\_  
Gross Revenue (Projected for the next 12 months) \_\_\_\_\_  
Record Count (PII, PHI, PCI) \_\_\_\_\_  
Number of Employees \_\_\_\_\_

### 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.