

CYBER QUICK QUOTE QUESTIONNAIRE

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

APPLIC	ANT DETAILS:		
Name	of Applicant:		
		ames of all subsidiaries or affiliated companies to be insured, attach a separate	sheet, if necessary)
Addres			
-	ate, Zip:		
Phone:			
Email:			
Descrip	otion of Operations:		
Domai	n website addresses:		
		(include all to be covered)	
ANNU	AL REVENUE AND EX	POSURE:	
1.	Total Annual Revenue	::	\$
2. F	Proposed Effective Da	te:	
3. [Do you send or receiv	e wire transfers?	☐ Yes ☐ No
I	f Yes , do you have co	ntrols in place that require ALL funds and wire transfers	☐ Yes ☐ No
(over \$10,000 to be au	thorized and verified by at least two employees prior to	☐ Always
	execution?		☐ Sometimes
		nulti-factor authentication (MFA)* in place for all remote	☐ Yes ☐ No
		funds transfer transactions?	
	•	er authorization process include the following:	
-		cess in place that includes two authorized individual's	☐ Yes ☐ No
		electronic funds transfers (EFT)?	
		firming all payment or funds transfer instructions/requests	☐ Yes ☐ No
		lient, or customer via direct call to that vendor, client or	
		he telephone number provided by the vendor, client, or	
	-	payment or funds transfer instruction/request was	
	received?		□ Vos. □ No
	· · ·	firming any vendor, client or customer account	☐ Yes ☐ No
	_	equests (including requests to change bank account	
		ormation or mailing addresses) via direct call to that	
		omer using only the telephone number provided by the	
		omer before the change request was received?	□ Voc □ No
		cyber awareness/social engineering training in place for all	☐ Yes ☐ No
(employees and with w	vnat frequency?	Frequency:

^{*} 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:

•	#	0)	h	Retro Date
Current Year					

Limits requested with this question	onnairo:	
\$		
CLAIMS:		
In the last three (3) years, has the this insurance ever received any matters of privacy injury, identity theft of information, damage to rely on the Applicant's network?	□Yes □ No	
Applicant Organization:		
Print Name:		
Title:		
Signature:		
Date:		

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