

# application to bind cyber

all questions must be answered and declaration signed and dated prior to submitting



your business	applicant's name	_____			as may be shown on any certificate issued
	hq address	_____			must include zip code
	contact email	_____			will be used to manage risk management services
	business type	_____			where multiple types, please detail below
	revenues	\$ _____	is a 30%+ variance (+ or -) expected in next 12 months?		yes <input type="checkbox"/> no <input type="checkbox"/>
your website	address (url)	_____			home page of your primary website
	media posting	is media content reviewed prior to posting on your website?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
	posting	are there takedown procedures in place for user generated content?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
cyber security	operating system	use of commercially licensed & supported (by developer e.g. Microsoft) operating system?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
	patches	are any and all critical patches applied within 30 days of their release?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
	email policy	an email & internet usage policy that has been shared with all staff	yes <input type="checkbox"/>	no <input type="checkbox"/>	
	password	mandatory non-trivial ID & passwords with periodic password changes?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
	network security	use of commercially licensed firewall and anti-virus (or similar) software?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
system support	cloud service	who are utilized? _____	or state	n/a <input type="checkbox"/>	
	business continuity	is cloud service provider responsible for business recovery after network failure?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
	business interruption	&/or do you have business continuity plan and data backup or recovery procedures in force to avoid business interruption loss from failure of any critical systems?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
personal records	PII Record Definition please read	a record containing information that can be used to distinguish/trace an individual's identity directly or indirectly via links with other information e.g. name, addresss, social security number, financial account, biometric data. <b>PII includes PHI</b> , being any info re health status, healthcare provision, or payment for healthcare and can be linked to a specific individual. <b>note:</b> count 1 PII/PHI record per individual regardless of volume of data held on a person			
	PII record number	0-25,000 <input type="checkbox"/>	25-50,000 <input type="checkbox"/>	50-100,000 <input type="checkbox"/>	100-250,000 <input type="checkbox"/>
	regulation	confirm up to date compliance with relevant regulatory and industry frameworks including Payment Card Industry Data Security Standard (PCI DSS)	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
breaches / claims history	breach	over the past 2 (two) years have you experienced:- any significant system intrusion, tampering, virus, hacking or malicious code attack and/or any network outage which resulted in loss of PII/data or buisness income loss?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
	regulatory	any, received notice of, or become aware of any privacy violations or been subject to any disciplinary, regulatory actions, sanctions or penalties?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
	claim/circumstance	any lawsuit, claim or settled allegations of suit and/or become aware of any circumstance you could reasonably anticipate to lead to a claim for this type of insurance?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
	details <b>must</b> include	<b>what happened - incl. downtime</b> _____ <b>and</b> _____ <b>action taken to prevent repetition</b> _____ <b>and</b> _____ <b>cost to applicant or it's insurers</b> _____	if you have answered <b>yes</b> to <b>any</b> of the above 3 questions, then please provide details (continue on separate sheet if required).		
industry specific	industries	financial, healthcare, legal (law firm), or manufacturer			
	what to do	please turn to page 2 and answer the industry specific question for your above identified industry sector			
	note	the questions overleaf are compulsory for respective industries and application cannot be accepted if incomplete			
bind request	Please confirm the <b>12 month</b> option on your non-binding indication you now wish to proceed to bind:-				
	effective date	<input type="text"/>	limit	<input type="text"/>	premium <input type="text"/>
formal declaration	I hereby declare I am authorized to complete this application on behalf of the applicant(s) and that after due inquiry, to the best of my knowledge, the responses in this application are true, complete and no material facts have been misstated, surpressed or omitted.				
	signature	_____	position	_____	
	print name	_____	date	_____	

