



CYBER QUESTIONNAIRE

1. What industry best applies to you: _____

2. Company Name: _____

3. Insured's Full Name: _____

4. Insured's Phone #: _____ Insured's Email: _____

5. Address: _____

6. Projected Annual Revenue: _____ Effective Date: _____

7. What number of protected records do you process or maintain?

Healthcare Records

0-250k

More than 250k-500k

More than 500k- 1 Million

Over 1 Million

Just for my employees

Personal Information Records

0-250k

More than 250k-500k

More than 500k- 1 Million

Over 1 Million

Just for my employees

Payment Card Transaction Records

Process less than 20,000 transactions annually

Process 20,000 to 1 Million transactions annually

Process more than 1 Million transactions annually

If you process payment card transactions, are you (or your vendors) PCI Compliant? Yes No
(PCI Compliant - Payment Card Industry Compliance) [Click here to learn more: PCI Compliance](#)

8. Have you experienced a theft or unintended release, disclosure or loss of protected records in the past three years? Yes No

9. Have any claims, suits or proceedings been made during the past three years against you or any of your predecessors in business or subsidiaries for which coverage would be available under a policy applicable to network security and privacy liability? Yes No

10. Website: _____

Date

Agent Signature