

**Cyber Supplemental Application**

|  |
| --- |
| Instructions (*This supplemental application should accompany the applicable Full Severson Ridge Application)* |
| * Please print clearly or type.
* If additional space is needed to answer any question, attach details on a separate sheet using the first Named Insured’s letterhead and reference the applicable section number.
 | * This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the first Named Insured.
* Answer all questions completely. If any question(s) does not apply, enter “N/A” in the space provided.
 |

|  |
| --- |
| Section 1. Loss History:  |
| 1. During the last three years has your Organization suffered a security breach requiring customer or third-party notification according to state or federal regulations?
 | [ ]  Yes | [ ]  No |
| If Yes, please describe both the cause of the security breach and the economic loss to your organization:       |
| If Yes, how did your organization respond to the security breach?       |

|  |
| --- |
| Section 2. Management/Training:  |
| 1. Does your organization have an individual officially designated for overseeing information security?
 | [ ]  Yes | [ ]  No |
| 1. Does your organization provide mandatory information security training to all employees at least annually?
 | [ ]  Yes | [ ]  No |
| If Yes, are your information security personnel provided with additional training to help them understand current security threats?  | [ ]  Yes | [ ]  No |
| If Yes, please describe:       |

|  |
| --- |
| Section 3. Cyber Revenue:  |
| 1. Annual revenue generated from or attributable to activities conducted on your web site(s) (If applicable): $
 |
| 1. Summary of e-commerce activities conducted via your web site(s):
 |

|  |
| --- |
| Section 4. Sensitive Information:  |
| 1. Does your organization encrypt all e-mails containing sensitive information sent to external parties? (e.g. personally identifiable information [PII], personal health information [PHI], payment card information [PCI]
 | [ ]  Yes | [ ]  No |
| 1. Does your organization encrypt all sensitive information stored on mobile devices? (e.g. phones, tablets, wearable computers, flash drives)
 | [ ]  Yes | [ ]  No |
| 1. Does your organization have sensitive information stored on the cloud? (e.g. Carbonite, Google Drive, Dropbox)
 | [ ]  Yes | [ ]  No |
| If Yes, which provider(s) is used?  |
| Section 5. Cyber Insurance History:  |
| 1. List prior cyber/security privacy insurance for the past three years, including both stand-alone policies and supplemental coverage provided under some other type of insurance.
 |
| Insurance Company | Limits | Retention | Policy Period | Premium |
|       | $       | $       |       | $       |
|       | $       | $       |       | $       |
|       | $       | $       |       | $       |
| 1. Has any cyber/security privacy insurance policy listed above been canceled or non-renewed?
 | [ ]  Yes | [ ]  No |
| 1. What is the retroactive date of your cyber insurance policy currently in effect? (If you do not have a current cyber insurance policy, please answer “N/A”
 |
| Coverage Part | Retroactive Date |
| Security Agreement |       | [ ]  N/A |
| Extortion Threats |       | [ ]  N/A |
| Replacement or Restoration of Electronic Data |       | [ ]  N/A |
| Business Income and Extra Expense  |       | [ ]  N/A |
| Public Relations Expense |       | [ ]  N/A |
| Security Breach Liability |       | [ ]  N/A |

|  |  |
| --- | --- |
| **Section 6. Notice to Insured:** |  |
|  |  |
| Applicant: |       | Title: |       |  |
| Applicant’s Signature: |       | Date: |       |  |
| Agent / Broker Name: |       |  |
|  |  |  |

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.**

**Completion of this form does not bind coverage. Applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**