

Cyber Insurance – Application Form - Short

Applicant Name:			
Applicant Address:			
Subsidiaries:			
State of Domicile:		Website Address:	
Year Established:		Number of Employees:	
Industry Sector:			
Nature of Business:			

Financial Information	Last Complete Financial Year	Current Year (Estimate)	Next Year (Estimate)
Gross Annual Revenue			
Annual Net Income before Taxes			
Percentage of Gross Annual Revenue - Payment Card			
Percentage of Gross Annual Revenue – Online			

General Information		Yes	No
1	Are all servers, firewalls, etc. located in a purpose-built server room with access restricted to appropriate personnel?		
2	Are backups taken at least weekly and stored in a secure off-site location?		
3	Do you have an email and internet usage policy that has been shared with all employees?		
4	Do you have firewall architecture in place?		
5	Do all systems users have individual, mandatory and non-trivial user IDs and passwords with forced periodic password changes?		
6	Are all PCs and servers protected with up-to-date anti-virus that is updated regularly?		

Data	Number	
7	What is the total number of Personal Identifiable Information records stored on your networks?	
8	What is the total number of Social Security Numbers stored on your networks?	
9	What is the total number of Personal Health Information records stored on your networks?	
10	How many payment card transactions do you process annually?	
11	What is the total number of Payment Card records stored on your networks?	

Name	Signature	Position	Date