



## CYBER SECURITY LIABILITY/PRIVACY LIABILITY NON-BINDING PREMIUM INDICATION FORM

This non-binding premium indication form is for a “non-binding premium estimate” for the prospective insured. A contract of insurance cannot be confirmed and the resulting indication is subject to change.

### SECTION I – GENERAL INFORMATION

Name of Applicant:

Address of Applicant:

City:

State:

Zip:

Website: www.

Telephone: (     )

Nature of operations of Insured:

Annual revenue: \$

Number of employees:

### SECTION II – RISK CONTROLS

- |   |     |                             |
|---|-----|-----------------------------|
| 1. Do you have a firewall?  | Yes | No                          |
| 2. Do you have a virus protection program in place?   | Yes | No                          |
| 3. Do you have a person responsible for information security?   | Yes | No                          |
| 4. Do you outsource a critical part of your internal network/computer system or internet access/presence to others? If yes, please explain:   | Yes | No                          |
| 5. Do you have a written privacy or security policy?  | Yes | No                          |
| 6. Do you control access to your computer systems?  | Yes | No                          |
| 7. Does your hiring process include criminal background checks?   | Yes | No                          |
| 8. Have you ever experienced a privacy breach or security breach?<br>If yes, explain via separate sheet.  | Yes | No                          |
| 9. Do you have a program in place to test your security/privacy controls?<br>Including the services of your vendors?  | Yes | No                          |
| 10. Do you allow employees to download Personally Identifiable Information of customers or confidential information in your care belonging to third parties onto laptops or other storage media?<br>If yes, is the information encrypted? | Yes | No                          |
| 11. Types of Personally Identifiable Information held (check all that apply):   |     |                             |
| Social Security Numbers   |     | Drivers Licenses            |
| Bank Account Details  |     | Personal Health Information |
| Credit Card Numbers   |     | Other - Please specify:     |

Representative or Authorized Agent (Please Print/Type)

Date

E-mail Address

Any offer of insurance coverage resulting from the submission of this non-binding premium estimate sheet will be an estimate of premium costs, forms, terms and conditions. To secure a bindable quotation, it will be necessary to complete a Cyber Security Liability Insurance application and submit all required attachments.

For more information regarding this product or to download the application and other forms, please visit our website at [www.phly.com/products/cybersecurity.aspx](http://www.phly.com/products/cybersecurity.aspx).