

CYBER INSURANCE

This is an editable form. However, you can not save information on this form in a pdf file. Once you complete the form, you are able to print a hard-copy or print to a pdf file. Once you have completed the form, you can submit it by fax or email. Fax: 336-344-7010 Email: bpoland@driespoland.com

Named Insured: _____

FEIN # _____ (Must have to quote) Agency Name: Dries Poland Insurance

Address: _____

City: _____ ST _____ ZIP _____

Phone#: _____ Contact Name _____

Email Address _____

Description of business operations: _____

Renewal Date: _____ Year Business Started _____

Type Organization: Individual Partnership Corporation LLC

Prior Carrier: _____ Exp. Premium _____

Prior Losses (3years) (info needed to get best pricing) (3yearloss runs will be required to bind): _____

Number of Employees: _____

Projected Annual Revenue: _____

Are you subject to:

- a. PCI/DCI Compliance
- b. HIPAA/HITECH Compliance
- c. None

Do you have revenue generating permanent physical locations outside the US? Yes No

For how many customers, employees, and vendors do you (or a vendor on your behalf) store, transmit or have

access to at least one of the following pieces of sensitive information? _____

- a. Personal Information (Name, DOB, Address, etc.)
- b. Credit/Debit Cards
- c. Financial/Banking
- d. Medical (PHI)
- e. Social Security or National Id
- f. Other Sensitive Data

Do you have both antivirus and firewalls in place? (updated at least monthly)? Yes No

Do you encrypt sensitive data on:

Office Computers

Mobile Devices (laptops, cell phones, flash drives, tablets, etc.)

Networks

None

Do you backup critical business systems, data, and Personally Identifiable Information (PII) at least once a week?

Yes No

Has any regulatory, governmental or administrative action been brought against you due to your handling of sensitive data?

Yes No

Within the last 5 years, have you experienced or have reason to suspect any of the following (or something similar to them):

System intrusions

Tampering

Virus or malicious code attacks

Loss of data

Loss of portable media

Hacking incident

Extortion attempt

Data theft

Copyright or trademark dispute

None

By completing and submitting this form you agree that no coverage is bound and no policy is in effect until you are contacted by one of our representatives. All information submitted is held in the strictest confidence and is only gathered for the purposes of providing you an insurance quote. To provide the most accurate quote possible please complete all areas that apply. To provide accurate quotes, Dries Poland Insurance needs to share your information with our insurance carrier partners. By submitting this form, you agree that we will share your company's information with our partners, and you agree to be contacted by the insurance carrier if you purchase an insurance policy.