Cyber Proactive Response

Insurance application form

US

Basic company details

Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy.

Company Name: Primary Industry Sector:

Primary Address (Address, State, ZIP, Country):

Description of Business Activites:

Website Address:

Date Established (MM/DD/YYYY): Number of employees:

Please state which currency you are reporting in:

Last 12 months Gross Revenue:

If known, please provide the approximate number of unique individuals whose personal identifiable information you collect, store and/or process:

Primary contact details

Please provide contact details for the individual within your organisation who is primarily responsible for IT security. These details will be used to provide information about downloading our incident response app and receiving risk management alerts and updates:

Contact Name: Position:

Email Address: Telephone Number:

Cyber security controls

Please confirm whether multi-factor authentication is enabled and enforced for all remote access to your network: ☐ Yes ☐ No

Please confirm whether multi-factor authentication is enabled and enforced for remote access to all company email accounts: ☐ Yes ☐ No

Please confirm whether you have offline back-ups that are fully disconnected from your live environment or cloud-based back-ups with access secured by multi-factor authentication: ☐ Yes ☐ No

Previous cyber incidents

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

☐ Cyber Crime ☐ Data Loss ☐ Denial of Service Attack ☐ IP Infringement

☐ Malware Infection ☐ Privacy Breach ☐ Ransomware ☐ Theft of Funds

☐ Other (please specify)

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than $10,000? ☐ Yes ☐ No

If 'yes', please provide more information below, including details of the financial impact and measures taken to prevent the incident from occuring again:

Important notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit ***www.cfc.com***

Contact Name: Position:

Signature: Date (MM/DD/YYYY):