



Signature Cyber Application Checklist

Please ensure that the following documents have been COMPLETED in FULL and SIGNED where required:

- Signature Cyber Application Form
- 5 Year Loss Run (if applicable)

Please email the completed application package to Signature Risk Partners at:

applications@signaturerisk.com

Signature Cyber Application Form

General Information

Name of Insured (all legal entities):	
Mailing Address:	
Risk Location (<input type="checkbox"/> as above)	
Contact:	Title:
Web Site:	Email:
Business Tel.:	Twitter: @

1. Renewal Date: _____ Expiring Premium: \$ _____ Target Premium: \$ _____
2. Current Insurance Company: _____ Deductible: \$ _____
3. Has the Management or Ownership changed in the last 12 months? Yes No
If Yes, please explain: _____
4. Annual Revenue (last 12 months): \$ _____

Coverage Options & Questionnaire

Privacy & Data Breach Liability Required: \$100,000 \$250,000 \$500,000 \$1,000,000

Fraudulent Instruction Coverage Required: Not Requested \$25,000 \$50,000 \$100,000

1. You have installed virus protection software, anti spyware and firewall for all communications? Yes No
2. You use data encryption, user log-in and monitor user online activity? Yes No
3. Do you require regular password and log-in changes? Yes No
4. Do you regularly update virus protection in accordance with software vendor recommendations? Yes No
5. Do you provide training/awareness to employees about phishing and information security? Yes No
6. Do you create regular back ups of all electronic data and files? Yes No
7. Are all electronic data and file back-ups stored offsite? Yes No
8. Do you maintain and implement a patch management process to ensure timely patching of your network? Yes No
9. Does your organization comply with all Data Breach Laws? Yes No
10. All fund transfers are subject to Dual Verification? (i.e. A call is made to verify payment instructions) Yes No
11. Does your organization have written contracts with any third party IT companies? Yes No
12. Are you aware of any past event(s) that may lead to a loss or claim? Yes No

Declarations

- I/We declare that:**
1. The information in this application is true and correct and I/we have not withheld any relevant information.
 2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.

Signature of Applicant: _____ Date: _____