



Signature Cyber Application Form

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

General Information

Name of Insured (all legal entities):

Mailing Address:

Risk Location: (as above)

Contact:

Title:

Web Site:

Email:

1. Renewal Date: Expiring Premium: Limit Requested:

2. Description of Business Activities:

3. Has the Management or Ownership changed in the last 12 months?

If Yes, please explain:

4. Annual Revenue (last 12 months):

5. Number of Employees

Risk Questionnaire

1. You have installed Virus Protection Software, Anti Spyware and Firewall for all communications.
2. You use Data Encryption, User Log-In and monitor user online activity.
3. Do you require regular Password and Log-In changes?
4. Do you regularly update Virus Protection in accordance with software vendor recommendations?
5. Do you provide training/awareness to all employees about security and privacy policies and procedures?
6. Do you create regular back-ups of all Electronic Data and Files?
7. Are all Electronic Data and file back-ups stored offsite?
8. Do you maintain and implement a Patch Management Process to ensure timely patching of your network?
9. If applicable, is your organization compliant with the Payment Card Industry Data Security Standard (PCI DSS)?
10. If applicable, is your organization compliant with Healthcare Regulations related to Personal Data?
11. All fund transfers are subject to Dual Verification? (i.e. A call is made to verify payment instructions)
12. Does your organization have written contracts with any third party IT companies?
13. Are you aware of any past event(s) that may lead to a Loss, or have you had Any Claims within the past 5 years?
14. Is multi-factor authentication required for access to privileged accounts?
15. Are all mobile devices, including phones, tablets and USB sticks, password protected?
16. Approximate number of PII/PHI Records?
17. Does your organization have Disaster Recovery procedures or a Business Continuity Plan?
18. Please check all types of Personal Information used, stored or processed:

Payment Data Card**Financial Data (i.e. Bank Account info, etc.)****Healthcare Data****Name, Address, Contact Information****Government Issued ID (i.e. SIN, Driver's License, etc)****Other (please specify):**

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: _____