



Professional Liability Insurance for Insurance Agents and Brokers Cyber Supplemental Application

Note: This supplemental application becomes a part of your application for coverage with Us and therefore forms a part of the Policy if coverage is bound.

1. Name of Applicant: _____

2. What is the number of sensitive data records currently stored? # _____

3. Does your agency have a secure firewall and up-to-date anti-virus program? Yes No

4. Does the Applicant have a document retention and destruction policy? Yes No

5. Is encryption used when transmitting personal information? Yes No

6. Does the Applicant restrict access to private consumer information or customer files to employees on a business need to know basis? Yes No

7. Does any Applicant, director, officer, employee or other proposed Insured have knowledge or information of any fact, circumstance, situation, event, or issue which may give rise to a Claim against any Insured for invasion of or interference with any right of privacy, wrongful disclosure of personal information, or violation of any privacy related statute or regulation?

Yes No If "Yes," please attach details and advise whether or not the potential claim has been reported to any carrier.

8. During the past three (3) years, has anyone made any Claim against the Applicant for invasion of or interference with any right of privacy, wrongful disclosure of personal information, or violation of any privacy related statute or regulation? Yes No If "Yes," please attach details.

Completion of this application or tendering of premium does not bind coverage. This application is subject to company underwriting guidelines.

Signature _____

Date _____

Name (Please Print): _____

Title _____