

Cyber Liability Application

Email completed application to submit@midman.com.

Requested Effective Date: _____

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

COMPANY DETAILS			
Insured Company:			
Contact Name:			
Address:			
City:		State:	Zip:
Telephone #:		Fax #:	
Email Address:		Website Address:	
Please state when your company was established: MM/DD/YY			
Please state the following:			
	Last complete fiscal year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:			
Other territory revenue:			
Total revenue:			
Gross profit:			
Date of fiscal year end:			

ACTIVITIES
Please briefly describe below the nature of your business activities: <i>If you have a brochure, or company literature, please attach to this form.</i>
Please provide a full breakdown of your total revenue by activity: <i>The total of all activities listed here should equal 100%</i>
Do you provide any technology services or products to third parties: <i>If yes, please provide full details.</i>

Please detail which of the following data types you collect:			
Credit or debit card details		Yes	No
Social security numbers		Yes	No
Credit history or ratings		Yes	No
Medical records or health information		Yes	No
Customer bank records or details		Yes	No
Third part corporate confidential data		Yes	No

If you collect credit or debit card data, are your internal systems accredited by the PCI as being compliant? <i>If no, please confirm when you anticipate achieving PCI accreditation?</i>	Yes	No
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If you collect medical records or health information, has a HIPAA compliance audit been conducted during the last 2 years? <i>If no, when is your next HIPAA compliance audit due?</i>	Yes	No
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Please indicate which of the following media activities you engage in:			
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Print advertising		Yes	No
Television or radio advertising		Yes	No
Online advertising		Yes	No
Social media marketing		Yes	No
Printed publications		Yes	No
Event / conference organizing		Yes	No

Please list all of your current public facing URLs:

URL	Nature of website	Estimated current monthly unique visitors	Estimated monthly unique visitors over the next 12 months

RISK MANAGEMENT

Do you collect third party data without explicit consent? <i>If yes, please provide details of what data you collect, how you collect it and why you do not obtain explicit consent before the data is collected:</i>	Yes	No
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Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data?	Yes	No
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Do your internal IT systems comply with all of our minimum security requirements detailed below? <ul style="list-style-type: none"> • Anti-virus software must be installed on all windows based desktops and servers (excluding database servers) • All external network gateways must be protected by a firewall; • All critical data must be backed up on at least a weekly basis; <i>If no, then please explain:</i>	Yes	No
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Do you ensure that all sensitive data is encrypted when stored on portable devices?	Yes	No				
Do you outsource the handling of sensitive data to a third party?	Yes	No				
<i>If yes does the third party provide you with an indemnity to cover a breach of sensitive data? If no, please explain why:</i>	Yes	No				
Do you host any user generated content on your website?	Yes	No				
<i>If yes, do you have written procedures in place to edit, remove or respond to offending, inappropriate, inaccurate or infringing content including website content? If no, please explain why:</i>	Yes	No				
Have you got a fully documented and tested business continuity plan in place?	Yes	No				
Have your systems been subject to a third party security audit?	Yes	No				
<i>If yes, have all high risk recommendations from your most recent audit been implemented? If not all high risk recommendations have been implemented, please explain why?</i>	Yes	No				
Have your systems been audited as being compliant with ISO 27001 or equivalent?	Yes	No				
Please provide details of your current or required insurance policies:						
Type of Insurance	Inception/ expiration date	Limit of liability	Deductible	Premium	Insurer	Retroactive date (if known)
Cyber/privacy liability						
Media liability						

CLAIMS EXPERIENCE AND INSURANCE HISTORY	
Regarding all types of insurance to which this application form relates AFTER REASONABLE INQUIRY:	
Are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last 5 years?	Yes No
Are you aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?	Yes No
Have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof?	Yes No
Have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?	Yes No
Has there ever been an unforeseen outage to your website for more than 3 hours?	Yes No
<i>If the answer to any of the above questions is yes, then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.</i>	

DECLARATION	
<p><i>I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.</i></p> <p><i>I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.</i></p> <p><i>I undertake to inform underwriters of any material alternation to these facts occurring before the completion of this contract.</i></p>	
SIGNATURE OF OWNER OR OFFICER OF APPLICANT:	
PRINTED NAME & TITLE OF SIGNATORY:	
DATE OF SIGNATURE:	

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