



Cyber Risk Insurance Indication Form

info.pfic.com/cyber-insurance

1. Company: _____
2. Address: _____
3. Contact: _____ Phone/email: _____
4. Year Established: _____ Website: _____
5. Business Description: _____
6. Gross Revenue: _____ Cost of Goods Sold: _____ (if applicable) Assets Under Management: _____
7. Number of Employees: _____ Number of Independent Contractors (if any): _____
8. Approximate number of customers & employees whose personal or confidential information records you collected, stored, or transmitted during the last 12 months? _____
9. Do you have anti-virus and firewall software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on a regular basis? Yes No
10. If you process or store credit / debit card information, have you OR your card processing point-of-sale vendor been certified as compliant with PCI Data Security Standards? N/A Yes No
11. Do you store personal information on portable devices, including laptops, PDA's, back-up tapes, USB thumb drives and external hard drives? Yes No
If yes, is such data encrypted to industry standards? Yes No
12. When transferring funds into bank accounts where a transfer has not previously been made, do you make verbal contact with the intended recipient of funds, using a phone number NOT contained in the funds transfer request itself, to verify the authenticity of the funds transfer request / instructions BEFORE transferring funds? Yes No
13. After full inquiry, are you aware of any breach, hacking, release of data, violation of any breach regulation or law, or any circumstance which may give rise to a claim under the insurance sought here? Yes No
14. Has any claim, complaint, demand or regulatory proceeding been made or initiated against you? Yes No
If yes, how many claims in the last 5 years? _____
Total paid amount of all claims in the last 5 years _____
15. Current Cyber: Insurer: _____ Effective Date: _____
Limits: _____ Deductible: _____ Premium: _____

Applicant hereby warrants and represents that the statements and answers made above are true, and applicant has not omitted or misrepresented any information.

Signed: _____ Title: _____ Date: _____

Forward completed application to:

Gretchan Francis

gfrancis@pfic.com

(440) 799-1122