

**CyberRisk Insurance Eligibility
Quick Questionnaire**

GENERAL INFORMATION

| | | | |
|---|------|-------------------------|----------------------|
| Date Form Completed: | | Person Completing Form: | |
| How did you hear about Moody? | | | |
| Business Name (incl Corp and T/A names): | | | |
| Contact Person: | | | Title: |
| Mailing Address: | | | |
| Location Address: | | | |
| Phone: | Fax: | Email: | |
| Entity Type (Corp, Sole Prop, LLC, etc.): | | Federal ID #: | |
| Date Business Started: | | Website: | |
| Nature of Business: | | | |
| Total Revenues: | | Total Assets: | Number of Employees: |

UNDERWRITING INFORMATION

Which of the following are currently in place:

| | |
|---|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Up-to-date, active firewall technology | Yes <input type="checkbox"/> No <input type="checkbox"/> Updated anti-virus software active on all computers and networks |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Patch management procedures | Yes <input type="checkbox"/> No <input type="checkbox"/> Intrusion detection software |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Multi-factor login for privileged access | Yes <input type="checkbox"/> No <input type="checkbox"/> Valuable/sensitive data backup procedures |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Remote access limited to VPN | Yes <input type="checkbox"/> No <input type="checkbox"/> Procedure to test or audit network security controls |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Incident response plan | Yes <input type="checkbox"/> No <input type="checkbox"/> Disaster recovery plan, business continuity plan, or equivalent |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Media and website content controls | Yes <input type="checkbox"/> No <input type="checkbox"/> A person or department responsible for information security |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Require service providers to demonstrate adequate network security | |

If applicable, is the Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? Yes No N/A

If applicable, is the Applicant HIPAA compliant? Yes No N/A

Does the Applicant encrypt private or sensitive data? At Rest In Transit On Laptops and Mobile Devices

UNDERWRITING SECTION COMMENTS:

LOSS INFORMATION

In the past 3 years, has the Applicant: (a) experienced a network or computer system disruption due to an intentional attack or system failure, an actual or suspected data breach, or an actual or attempted extortion demand; or (b) received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customer's ability to rely on the Applicant's network?

Yes No

Is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the insurance policy for which the Applicant is applying?

Yes No

If any Loss Information question is answered Yes, please attach details of each claim, complaint, allegation or incident, including costs, losses or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.

COMMENTS AND ADDITIONAL INFORMATION