



CYBER COVERAGE INCREASED LIMITS SUPPLEMENTAL APPLICATION

APPLICANT NAME (as identified in the Professional Liability Insurance Application):

FOR \$500,000 AGGREGATE LIMIT OR ABOVE

I.

1. Have you, at any time during the past 36 months, experienced a cyber incident (hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.) that cost you more than \$10,000 or experienced a lawsuit or other formal dispute (with either a private party or government agency) arising from a cyber incident? your organization suffered a breach of personal information in the last twelve 12 months? Yes No
2. Do you use up-to-date anti-virus and anti-malware protection on all of your endpoints (desktops, laptops, servers, etc.)? Yes No
3. Are all of your internet access points secured by firewalls? Yes No
4. Do you restrict employees' and external users' IT systems privileges and access to personal information on a business-need-to-know basis? Yes No
5. Do you perform backups of business-critical data on at least a weekly basis? Yes No
6. Do you encrypt all of your mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data? Yes No

II. CERTIFICATION

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

BY EXECUTION HEREOF, APPLICANT AFFIRMS THAT ALL STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION FOR INSURANCE ARE TRUE AND CORRECT AS OF THIS DATE. Furthermore, should applicant become aware of a material change or omission relative to the information provided in this supplemental application occurs between now and the effective date of any policy issued by Vela Insurance Services and the Company, written notice of such change will be provided immediately, and applicant agrees that failure to provide such written notice is grounds for

Vela Insurance Services and/or the Company, in its sole and absolute discretion, to modify or withdraw any outstanding quotation or agreement to bind coverage or to void and/or rescind any policy issued by Vela Insurance Services and the Company.

Electronically reproduced signatures will be treated as original.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print Name and title of person authorized to execute on behalf of the applicant:		
Name and address of Broker:		

A copy of this application should be retained for your records.