

CYBER LIABILITY INSURANCE INDICATION

THIS IS A CLAIMS-MADE AND REPORTED COVERAGE

Insured Name: _____

Insured Address: _____

Contact Email Address: _____

	Option 1	Option 2	Option 3	Option 4
Limits of Liability – Each Claim				
• Privacy Liability	\$250,000	\$500,000	\$1,000,000	\$2,000,000
• Breach Notification	\$250,000	\$500,000	\$1,000,000	\$2,000,000
• Media Liability	\$250,000	\$500,000	\$1,000,000	\$2,000,000
• System Damage & Business Interruption	\$250,000	\$500,000	\$1,000,000	\$2,000,000
• Regulatory Proceedings	\$250,000	\$500,000	\$1,000,000	\$2,000,000
• Threats & Extortion	\$250,000	\$500,000	\$1,000,000	\$2,000,000
• Payment Card Industry Fines or Penalties	\$250,000	\$250,000	\$500,000	\$500,000
Limits of Liability – Policy Aggregate	\$250,000	\$500,000	\$1,000,000	\$2,000,000
Retention	N/A	\$5,000	\$5,000	\$5,000
Annual Program Cost (Full Prior Acts)	N/A	\$822	\$1,012	\$1,290
Surplus Lines Taxes & Fees	N/A	Varies by state	Varies by state	Varies by state

THE ABOVE INDICATION IS SUBJECT TO THE FOLLOWING STATEMENTS BEING CORRECT AND IS BASED ON THE INFORMATION WE HAVE ON FILE OR THAT YOU HAVE PREVIOUSLY PROVIDED:

- You back up your data at least once a week and store in an offsite location or your outsourcer does so.
 Yes No
- You have antivirus and firewalls in place and that these are regularly updated (at least quarterly).
 Yes No
- You are not aware of any circumstances, complaints, claims, loss or penalties / fines levied against you in the last five years in relation to the risks that this Quote applies to.
 Yes No
- You have (0-200) current members.
 Yes No
- You outsource parts of your Information Technology Services to a third party Vendor
 Yes No if yes please complete addendum part 3

If statement 1 is not true then this policy will not provide cover for System Damage & Business Interruption.

If statement 2 is not true then this indication is no longer valid and a bindable quote will not be made available.

If statements 3, or 4 are not true then the above terms will not stand and the attached addendum will be required to provide bindable quote terms.

OTHERWISE TO HAVE THIS INDICATION BECOME BINDABLE: Select the limit option, sign, date and return this form.

Please bind: Option 1: \$250,000 Option 2: \$500,000 Option 3: \$1,000,000 Option 4: \$2,000,000

By signature below, I accept and understand this proposal provides only a summary of the details; the policy will contain the actual coverages. I authorize the coverage checked above to be bound effective (Date) expiring on (Date) Further I also confirm the values, schedules & other data contained in the proposal are from our records and acknowledge it is our responsibility to see that they are maintained accurately

 (Must be signed by a President or Equivalent)

 Date

CYBER LIABILITY INSURANCE ADDENDUM

If you answered NO to any of the questions posed in the Cyber Liability Indication Form please complete the following:

Please Note if you answered NO to question 1 then we will be unable to provide you with cover for System Damage & Business Interruption.

Please Note if you answered NO to question 2 then the indication provided is no longer valid and a bindable quote will not be made available.

Part 1

If Statement 3 is not correct then could you please confirm that the claims have not exceeded USD 25,000 in the last year?

Yes No

If No, then please provide full details of this claim including the break-down of costs and what has been done to prevent this from re-occurring:

Part 2

If Statement 4 is not true then please provide details below of the exact number of members currently in the union:

Part 3

If Statement 5 was answered Yes, please provide details on any applicable Vendors used to provide the below:

- Managed Security Services:
- Cloud / Back up / Website Hosting:
- Internet Service Provider:
- Business Critical Software Provider:
- Data Processor:
- Point Of Sale Hardware Provider:

(Must be signed by an President or Equivalent)

Date