

Cyber Liability Enrollment Form

Policyholder: _____

Contact Person: _____

Policyholder's Address: _____

Policyholder's Phone: _____

Policyholder's Email: _____

Broker: _____

Applicant hereby represents that:

1. It is an entity domiciled in the United States.
2. Does not fall within any of the following ineligible business classes?
(1) Banks, (2) Credit Unions, (3) Payment Processors, (4) Gambling Organizations, (5) Online Adult Industry, (6) Social Media/Networking Firms, (7) Cloud Providers (8) Network Providers (9) Managed Security Providers (10) Managed Service Providers (11) Federal and State Government Agencies (12) Municipalities (13) Franchise (14) Cryptocurrency (15) Marijuana/Cannabis (16) Schools and Universities (Public, Private and Charter)
3. Has not suffered a cyber-related event, breach, outage, loss, or claim in the past 12 months
4. For all fund transfer requests or payments, do you confirm payment instructions via a method other than the original means of the instruction (for example, calling an individual at an independently verified number to confirm an email wire transfer request)
5. Implements Multi-Factor Authentication (MFA) for remote access to their network
6. Has offsite (e.g. cloud) back-ups which are not more than 1 month old
7. Can recover critical data & systems within 3 days

Select your Annual Revenue (for Union applicants) or Contributions (for Benefit Plans).

Check Selection	Limit	Annual Revenues or Contributions	Premium
	\$250,000	\$0 - \$250,000	\$800.00
	\$1,000,000	\$0- \$999,999	\$2,600.00
	\$1,000,000	\$1,000,000 - \$4,999,999	\$3,100.00
	\$1,000,000	\$5,000,000 - \$9,999,999	\$5,200.00

Applicant understands that this acknowledgment is an application for insurance and will be relied on by an insurer in providing coverage.

Authorized Signature: _____

Requested Effective Date: _____

Date: _____