



Netsafe Short Form Cyber Application

General Information

Name of Applicant (Insured Organization):			
Address:			
City:	State:	Zip:	Telephone:
Date Established:		State of Incorporation:	
Website:			
Revenues:			

Type of Private Information	Estimated Number of Records
Personal Identifiable Information (PII) - (i.e. - Social Security, Customer Info. or Biometric Data)	
Personal Healthcare Information (PHI) - (i.e. - Medical Records, Health Insurance Account)	
Financial Information - (i.e. - Credit Cards, Bank Account Information, Money/Securities)	
Third Party Corporate Information - (i.e. - Non - Disclosure Contract)	<input type="checkbox"/> Yes <input type="checkbox"/> No

GOVERNANCE CONTROLS

- Are you subject to any Regulations – Biometric Data Law, GDPR, CCPA or HIPPA? ☐ Yes ☐ No
If yes, are you compliant including protocols to prevent the wrongful collection of Private Information? ☐ Yes ☐ No
- Does your organization have a Written Information Security Policy (WISP) and/or Privacy Policy? ☐ Yes ☐ No
- Vendor Risk Management Protocols - Cyber Risk Controls and Contractual Language? ☐ Yes ☐ No
- Is the Applicant compliant with Payment Card Industry Data Security Standards (PCI-DSS)? ☐ N/A ☐ Yes ☐ No
- Have an employee-training program relating to Cyber Risk, including Phishing? ☐ Yes ☐ No

SECURITY CONTROLS

- How many network capable endpoints (computers or mobile devices) does the Applicant have in their care, custody or control?
- What is the approximate total dollar values of the computer system?
- Do you have Firewalls? ☐ Yes ☐ No
- Do you have Anti-Virus – Static or Heuristic? ☐ Yes ☐ No
- Encryption tools on Private Information – At Rest, In-Transit and/or Mobile Devices ☐ Yes ☐ No
 - If possible, please provide some information around your encryption policy/procedure (Optional):
- End-Point Detection/Response (EDR) or Intrusion Detection/Prevention (IDR) Tool? ☐ Yes ☐ No
- Conduct Vulnerability Scanning and Patching for all platforms or applications? ☐ Yes ☐ No
If yes, how often:

13. Do you have Multi-Factor Authentication enforced on the following platforms:

- | | |
|--|--|
| a. Privileged User Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Remote Access – Remote Desktop, Virtual Private Network, Virtual Desktop Infrastructure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Email, including Office 365, G-Suite or other provider | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Critical platforms or applications to operate the business | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Critical platforms or applications that handle Private Information | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Backups or Recovery | <input type="checkbox"/> Yes <input type="checkbox"/> No |

14. Do you have an email filtering tool including the ability to pre-screen, external source identification, attachments and links evaluation, quarantine, sandbox or automatic detonation of malicious emails? ☐Yes ☐No

15. Do you take regular backups of all organizational critical platforms, applications or information? ☐Yes ☐No

If yes:

- | | |
|--|--|
| a. Are the backups encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is recovery of critical platforms, applications or information from backups documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are backups stored in a secure location (separate from network or system)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. How frequently is data backed up? <input type="text"/> | |
| e. How often is the recovery from backups being tested? <input type="text"/> | |
| f. Recovery Time Objective (RTO) to restore from backups? <input type="text"/> | |

16. Do you have plans in place for Incident Response, Business Continuity and Disaster Recovery? ☐Yes ☐No
If one or more of these plans are in place, have they been tested? ☐Yes ☐No

MEDIA CONTENT CONTROLS

- | | |
|---|--|
| 17. Content Review Process – Review Content/Material being disseminated prior to release? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Does the Applicant attain proper licensing for Content/Material? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Does the Applicant have procedures in place to remove controversial Content/Material? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CYBER CRIME CONTROLS

- | | |
|--|--|
| 20. Are all wire transfers subject to a three step process: (a) initiation (b) approval and (c) release?
If yes, are the steps completed by two or more authorized individuals? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Is a callback or alternative notification process in place for all electronic transfers of funds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Do you train your employees concerning the detection of Business Email Compromise (BEC)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DECLARATION AND SIGNATURE

During the past five (5) years, has the **Applicant** experienced any incidents, occurrences, **Claims** or **Losses** related to the (i) a **Network Security Breach**, (ii) a **Privacy Violations** or (iii) an **Privacy Threat** or **Security Threat** stemming from the **Applicant** or does the **Applicant** have knowledge of a situation or circumstance which might otherwise result in a **Claim** against the **Applicant** with regard to issues related to the Insurance sought? ☐ Yes ☐ No
(If 'Yes', please attach complete details.)

Name (Please Print): Title (Must be Principal, Partner, or Officer)

Signature: Date: