Cyber Liability Insurance Application Form

Applicant Information

Company Name

Contact Name

Email

Phone Number

Address

Industry

Number of Employees

Annual Revenue

Coverage Information

Requested Coverage Amount

Policy Effective Date

Cyber Security Details

Do you have dedicated IT staff?

Do you have written cyber security policies?

Is multi-factor authentication in use?

Is sensitive data encrypted?

Claims History

Have you had previous cyber incidents or claims?

[▼]

If yes, please provide details

[   ]

Declaration

Additional Information or Comments

[   ]