

Cyber Liability Endorsement Application Form

Insured Information

Named Insured

Mailing Address

City

State

Zip Code

Phone

Email

Website

Coverage Requested

Requested Effective Date

Limit of Liability

Deductible

General Information

Describe business operations

Number of employees

Annual gross revenue

Does your company collect or store Personally Identifiable Information (PII) or Protected Health Information (PHI)?

If yes, describe types of information

Current Coverage

Current cyber liability insurer

Current policy effective dates

Current limit / deductible

Any prior claims or incidents in the past 5 years?

If yes, provide details

Applicant Declaration

Name of Authorized Person

Title

Date