

# MOTORISTS INSURANCE GROUP CYBER COVERAGE SUPPLEMENTAL APPLICATION

The limit of liability for the insurance applied for shall be reduced, and may be exhausted by defense costs and claim handling expenses.

Named Insured: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**1. Optional Coverages Requested** – Coverage, if approved, will include First Party Privacy Breach Expense, Regulatory Proceeding Claim Expense, First Party Data Recovery Expense and Third Party Cyber Liability Coverage (read policy for coverage specifics). Please indicate any additional coverages being requested.

First Party Business Income and Extra Expense

**Aggregate Limits:** (First Party Privacy Sublimit will be 50% of Aggregate subject to a \$25,000 minimum and \$250,000 maximum)  
(Business Income and Extra Expense Sublimit will be 25% of Aggregate subject to \$100,000 maximum)

\$50,000     \$100,000     \$250,000     \$500,000     \$1,000,000

**Proposed Coverage Period:** From: \_\_\_\_\_ To: \_\_\_\_\_

**2. General Information**

Description of Operations , including operations of subsidiaries (if any): \_\_\_\_\_

Date Business Established \_\_\_\_\_ Website Address \_\_\_\_\_

Total Revenue/Sales \$ \_\_\_\_\_ Sales over Internet \$ \_\_\_\_\_

Number of Full-Time Employees \_\_\_\_\_ Number of Part-Time Employees \_\_\_\_\_

**3. Network Information**

a) Does your website perform any of the following functions?

i) Provide informational content about what you do or provide?  Yes  No

If yes, are any rights to content owned by others?  Yes  No

*If yes, attach explanation*

ii) Do you conduct e-Commerce on your website?  Yes  No

If yes, is a Third Party vendor used to secure transactions?  Yes  No

iii) Is your website interactive (blogs, real time messaging, forums, etc)?  Yes  No

iv) Is your website used to perform banking transactions?  Yes  No

v) Does your website collect personally identifiable material regarding visitors?  Yes  No

If yes, do you sell or otherwise distribute to any Third Parties?  Yes  No

vi) Does your website have published terms of use approved by legal counsel?  Yes  No

b) Do you control a website for any third party?  Yes  No

*If yes, attach explanation*

c) Are any of the following types of electronic data of others stored in your computer system? *Attach explanation of yes answers*

Medical Records  Yes  No

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Social Security Numbers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bank Account Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trade Secrets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intellectual Property Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 4. Network Security Information

- a) Do you have an individual dedicated to managing your website and network security?  Yes  No  
 If yes, name and title \_\_\_\_\_
- b) Do you utilize 128-bit or higher encryption for data stored and transmitted?  Yes  No  
 If no, attach description of security procedures used to protect data you store.
- c) Is vendor or customer information stored on mobile devices or portable computers?  Yes  No
- d) Do you use a "cloud" service through a Third Party Vendor to store vendor or customer information?  Yes  No
- e) Is there a formal policy regarding use or safekeeping of the mobile devices or portable computers?  Yes  No
- f) Do you have a firewall?  Yes  No
- g) How often do you run anti-virus software?  Daily  Weekly  Greater than Weekly
- h) Do you require system users to change passwords at least every ninety (90) days?  Yes  No

## 5. Loss/Incident Information

- a) Have you experienced a loss under the coverages applied for in the last five years?  Yes  No  
 If yes, attach description and amount of loss.
- b) Have you experienced a security breach or data loss in the last five years?  Yes  No  
 If yes, attach description of security breach or data loss.
- c) Have you received any complaints about website content in the last five years?  Yes  No  
 If yes, attach description and resolution of complaint.
- d) Are you aware of any circumstances or incidents which could result in a loss under the coverages applied for in the last five years?  Yes  No  
 If yes, attach explanation.

## 6. Prior Coverage

- a) Have you ever had insurance for the coverages you are applying for?  Yes  No  
 If yes, list coverage, period and Insurer:

Coverage Period	Insurer	Limits	Premium

- b) Have you been canceled or declined the coverages applied for by in the last five years?  Yes  No  
 If yes, provide details.

By checking below, you agree that 1) all statements, answers, and any attached explanations are accurate and complete; 2) the representations in the statements, answers, and any attached explanations are your representations to the Company and are material inducements to the Company to provide a proposal for insurance; and 3) any policy issued by the Company will be issued in reliance upon your representations.

Insured's Acknowledgment:  Yes  No

Agent's Acknowledgement:  Yes  No