MAKING A DIFFERENCE INSURANCE

CYBER INSURANCE

QUOTE QUESTIONNAIRE

1 / Business profile and coverage needs

Complete all applicable fields. Enter N/A or 0 where appropriate.

Click or tap the checkboxes to select. For Yes / No questions, choose one.

1. Applicant information

Legal business name

DBA / trade name

Mailing address, city, state and ZIP

Website / primary domain

Years in business / entity type

Contact name / title

Email

Phone

IT contact / provider and email

Annual revenue / projected next year

Employees / locations

Describe operations, products and services; list subsidiaries to include.

2. Coverage requested

Requested effective date

Requested limit / deductible

Current carrier / expiration date

Current limit / premium

Select all coverages to review:

- ☐ Privacy / breach
- ☐ Ransomware
- ☐ Payment fraud

2 / Data, technology and business dependencies

Complete all applicable fields. Enter N/A or 0 where appropriate.

Click or tap the checkboxes to select. For Yes / No questions, choose one.

3. Data and operations

Data held (personal, health, payment cards, financial); approximate record counts.

Online sales as % of revenue

Countries served / data locations

Do you process or store payment-card information? ☐ Yes ☐ No

Do you handle health or other regulated information? ☐ Yes ☐ No

Do you provide technology products or IT services? ☐ Yes ☐ No

If Yes: describe services; indicate if Technology E&O coverage is needed.

4. Systems and vendors

Email platform / cloud providers

Managed IT / security provider

Critical vendors, outsourced systems and services; describe access they have.

Maximum tolerable downtime

Estimated recovery time / daily revenue

Do not include passwords, account numbers or individual customer records.

3 / Security controls and resilience

Complete all applicable fields. Enter N/A or 0 where appropriate.

Click or tap the checkboxes to select. For Yes / No questions, choose one.

5. Confirm current controls with your IT provider

If partial, unknown or not applicable, explain below; do not guess.

MFA required for all email accounts?	☐ Yes	☐ No
MFA required for all remote network access?	☐ Yes	☐ No
MFA required for administrator / privileged accounts?	☐ Yes	☐ No
MFA required for backup management?	☐ Yes	☐ No
Endpoint detection and response on all endpoints?	☐ Yes	☐ No
Critical security patches installed promptly?	☐ Yes	☐ No
Any unsupported or end-of-life systems in use?	☐ Yes	☐ No
Critical systems and data backed up at least weekly?	☐ Yes	☐ No
Offline, immutable or isolated backup copies maintained?	☐ Yes	☐ No
Backups restored and tested within the past 12 months?	☐ Yes	☐ No
Regular phishing / security awareness training?	☐ Yes	☐ No
Written incident-response and recovery plans?	☐ Yes	☐ No

Explain exceptions / unknowns, patch timing, backup frequency and last restore test.

MFA = multi-factor authentication. Note vendor names where available.

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4 / Fraud prevention, incidents and certification

Complete all applicable fields. Enter N/A or 0 where appropriate.

Click or tap the checkboxes to select. For Yes / No questions, choose one.

6. Payment controls and incident history

Verify payment-detail changes by trusted callback?	☐ Yes	☐ No
Require two-person approval for transfers?	☐ Yes	☐ No
Any cyber incidents or claims in the past 5 years?	☐ Yes	☐ No
Any known incidents or circumstances that may lead to a claim?	☐ Yes	☐ No

If Yes: date, event, amounts paid / reserved, status and corrective actions.

Other coverage needs, contractual requirements or control explanations.

7. Supporting documents (select those available)

- ☐ Current policy declarations
- ☐ Loss runs / incident summary
- ☐ Incident-response plan
- ☐ Security / backup control summary

8. Applicant acknowledgment

This questionnaire supports quoting; carriers may require their own applications.

Coverage begins only after written confirmation from MAD Insurance.

☐ I confirm these responses are accurate to the best of my knowledge.

Authorized name / title (typed acknowledgment)

Date