

PO Box 29502 #69121 | Las Vegas, NV 89126-9502 | (858) 618-1648 | Fax (858) 618-1655 | www.cresinsurance.com

Named Insured: _____ FEIN#: _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Email: _____ Phone: _____

Website Domain(s): _____

Designated Information Security Contact: _____ Email: _____ Phone: _____

#Employees (including Brokers & Agents): _____ Total Payroll (Including Commissions): \$ _____

Primary Industry (ie. Real Estate, Property Management, Mortgage Brokering, Escrow, etc.): _____

Secondary Industry: _____ Total Revenue: \$ _____

SECURITY ASSESSMENT – Consider anyone for whom this insurance would apply when answering:

YES NO Have you ever had any cyber insurance claim(s)?
IF YES, Explain: _____

YES NO Are you aware of any circumstances that could give rise to a claim under this insurance policy?
IF YES, Explain: _____

YES NO Does your organization provide mandatory information security training to all employees at least annually?
 YES NO IF NOT, are you willing to implement it during the policy period?

YES NO Does your organization encrypt emails, mobile and computing devices containing sensitive information (ie. PII, PHI, PCI) sent to external parties?
IF YES, What is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?
 Less than \$100,000 \$100,000-\$500,000 \$500,000-\$1,000,000 More than \$1,000,000

YES NO Does your organization have sensitive information stored on the cloud?

For which of the following services do you enforce Multi-Factor Authentication (MFA)?

- Email
- Virtual Private Network (VPN), Remote Desktop Protocol (RDP), RDWeb, RD Gateway, or other remote access
- Network/cloud administration or other privileged user accounts

SOCIAL ENGINEERING/FUND TRANSFER FRAUD (Optional coverage) – Consider anyone for whom this insurance would apply when answering:

YES NO Do you verify vendor/supplier bank accounts before adding to your accounts payable systems?

YES NO Do you authenticate funds transfer requests (ie. calling customer to verify request at predetermined phone#)?

YES NO Do you prevent unauthorized employees from initiating wire transfers?

Signature: _____ Name: _____ Date: _____