

PO Box 29502 #69121, Las Vegas, Nevada 89126 | P: (858) 618-1648 | F: (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

How often does the organization apply updates to critical IT-systems and applications?

Weekly Monthly Quarterly Bi-Annually Annually

How often does the organization perform backups of business-critical data?

Weekly Monthly Quarterly Bi-Annually Annually

If your organization performs backups, please select all that apply.

Encrypted Tested Online or Designated Cloud Service Other

YES NO Do you enforce Multi-Factor Authentication (MFA) for all employees, contractors, and partners?

YES NO Does the organization have an incident response plan - tested and in-effect - setting forth specific action items and responsibilities for relevant parties in the event of cyber incident or data breach matter?

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COVERAGE-SPECIFIC SECURITY ASSESSMENT/ CONTINGENT SYSTEM FAILURE

- YES NO Are all internet-accessible systems segregated from the organization's trusted network?
- YES NO Do agreements with third-party service providers require levels of security commensurate with the organization's information security standard?

FULL SYSTEM FAILURE

How often does the organization perform backups of business-critical data?

Weekly Monthly Quarterly Bi-Annually Annually

- YES NO Are all internet-accessible systems segregated from the organization's trusted network?
- YES NO Has the organization tested a full failover of the most critical servers?

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: _____