

CYBER LIABILITY QUESTIONNAIRE

Safe. Simple. Smart.

PO Box 29502 #69121, Las Vegas, Nevada 89126 | P: (858) 618-1648 | F: (858) 618-1655 | www.cresinsurance.com

Company Name:	DBA:			
Year Established:	Subsidiary/Franchise:			
Full Address:				
FEIN:				
Contact Person:				
	Email:			
Designated Information Security Conta	lct:			
Phone:	Email:			
Title:	Company:			
Website and Email Domains (Please ad	d ALL know domains):			
	agement, Mortgage Brokering, Escrow, etc.)			
Secondary Industry:				
Total Revenue for the previous 12 mont	hs:			
Expected revenue in the next 12 month	s:			
Number of Employees:				
Does your organization provide manda Yes No Does your organization have sensitive in the sensensitive in the sensitive in the sensitive in the sens	tory information security training to all employees at least annually? information stored on the cloud?			
Is your organization engaged in any of the following businesses? Select all that apply.				
Adult Content Cryptocurre	ncy of Blockchain 🗌 Gambling 🗌 Payment Processing			
Managed Service Provider (MSP), I administration services provider	Managed Security Service Provider (MSSP), or Remote network			
None of the above				
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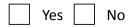
CYBER INCIDENT, CLAIM, OR LOSS

During the past three years, did your organization experience a cyber-incident, claim or loss, whether insured or not, which could have been covered under a policy similar to the proposed insurance, this includes but is not limited to any:

Yes No	Actual or reasonably suspected data breach or security failure, including notifying consumers or third parties of data breach or security failure
Yes No	Claims or complaints with respect to privacy injury, breach of information or network security, unauthorized disclosure of information, defamation, or content infringement
Yes No	Government action, investigation, or subpoena regarding any alleged violation of a privacy law or regulation
Yes No	Actual or attempted extortion demand with respect to its data or computer systems

POSSIBLE CLAIMS

Does your organization have knowledge or information regarding any fact, circumstance, situation, or event that could reasonably give rise to a claim or loss under the proposed insurance?



ENCRYPTION

Does your organization implement encryption on laptop computers, desktop computers, and other portable media devices?

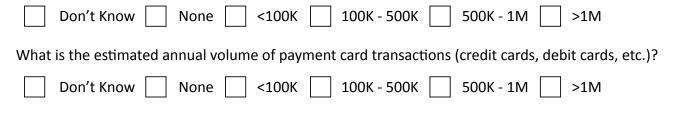
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PCI, PII, PHI

Does your organization collect, process, store, transmit, or have access to any Payment Card Information (PCI), Personally Identifiable Information (PII), or Protected Health Information (PHI) other than employees of your organization? <u>What are PII and PHI?</u>

Yes	No
Yes	

How many PII or PHI records does your organization collect, process, store, transmit, or have access to?





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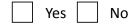
CONTENT COMPLAINTS

Within the last 3 years has your organization been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications?



CONTENT REMOVAL

Does your organization enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right?



WEEKLY BACKUPS

Does your organization maintain at least weekly backups of all sensitive or otherwise critical data and all critical business systems offline or on a separate network?

Yes

MULTI-FACTOR AUTHENTICATION

No

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

Email

	Yes		No		N/A - No remote access allowed
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Virtual Private Network (VPN)

No

Yes

No N/A - No Viri

N/A - No Virtual Private Network allowed

Remote Desktop Protocol (RDP), RDWeb, RD Gateway, or other remote access

Yes No N/A - No remote access allowed

Network / cloud administration or other privileged user accounts

	Yes		
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On administrative accounts and all cloud services where supported



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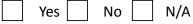
FUNDS TRANSFER REQUESTS

Does your organization require a secondary means of communication to validate the authenticity of:

Funds transfer requests (ACH, wire, etc.) before processing a request in excess of \$5000?

Yes	No	N/A
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Any request to change banking details (ACH, wire, payroll distribution, etc.)?



Does the policy holder or their employees verify vendor/supplier bank accounts before adding to their accounts payable systems?



Does the policy holder or their employees authenticate funds transfer requests (e.g.by calling a customer to verify the request at a predetermined phone number)?



Does the policy holder or their employees prevent unauthorized employees from initiating wire transfers?



Signature

Date