

Stand-alone Cyber Submission Form

Applicant Information

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Website, URL and/or Email Domain: _____

Business Information

Gross Revenue (Current year 12 months): _____
 Gross Revenue (Projected for the next 12 months): _____
 Record Count: _____ Number of Employees: _____
 NAICS Code/Industry Description: _____

Security Information

	Yes/No
Multi-factored Authentication (MFA):	
Does the applicant have MFA in place for all remote network access?	
Does the applicant have MFA in place for all email access?	
Is MFA in place for network administrators and other privileged users?	
Endpoint Detection and Response (EDR):	
Does the applicant use an EDR tool that includes centralized monitoring?	
Backups:	
Does the applicant regularly back up and segregate all sensitive data?	
Email:	
Does the applicant use an email security filtering tool?	

Claims/Previous Cyber Incident Information

	Yes/No
Has the applicant had any of the following in the past 5 years?	
A cyber claim?	
Any knowledge of a circumstance that could lead to a claim?	
Any incident that may have led to a claim if the applicant had cyber insurance?	

If yes, please explain: _____

Existing Coverage

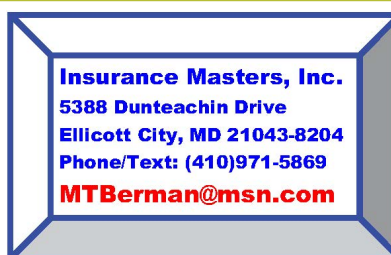
Does the applicant have existing cyber coverage?

If yes, enter the following:

- Carrier Name: _____ Limit: _____ Retention: _____
- Expiration Date: _____ Expiring Premium: _____

Broker Team

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Note: The applicant will need to complete, sign and date a carrier application to bind coverage. The above information will allow us to obtain accurate quotes from multiple carriers.