

NONPROFIT & SOCIAL SERVICES CYBER SUITE SUPPLEMENT

GENERAL INFORMATION			
Insured Name:		Policy Effective Date:	
Insured Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Insured Address:			
City:		State:	Zip:
Contact Name & Title:			
Phone:	Fax:	Email:	
CYBER SUITE			
Cyber Suite is available in all states except the following: CA, CT, HI, NY.			
To select Limit of Insurance, complete either Section A or Section B.			
SECTION A: Complete for Applicants in the following states: AR, MN, NM, OK, RI, SD, VT.			
SECTION B: Complete for Applicants in all eligible states other than those required to complete Section A.			
A. Limit of Insurance (see above for list of applicable states)			
1. The Cyber Annual Aggregate Limit is broken down between first and third party, with an additional split for liability and defense.			
2. Select Limit of Insurance from the list below:			
<input type="checkbox"/> \$12,500 / \$6,250 / \$6,250 (\$1,000 deductible)			
<input type="checkbox"/> \$25,000 / \$12,500 / \$12,500 / \$12,500 (\$1,000 deductible)			
<input type="checkbox"/> \$50,000 / \$25,000 / \$25,000 (\$1,000 deductible)			
<input type="checkbox"/> \$125,000 / \$62,500 / \$62,500 (\$2,500 deductible)			
<input type="checkbox"/> \$250,000 / \$125,000 / \$125,000 (\$10,000 deductible)			
<input type="checkbox"/> \$500,000 / \$250,000 / \$250,000 (\$10,000 deductible) Complete Section C below.			
B. Limit of Insurance (see above for applicable states)			
1. Select Limit of Insurance from the list below:			
<input type="checkbox"/> \$25,000 (\$1,000 deductible)		<input type="checkbox"/> \$1,000,000 (\$10,000 deductible) *Complete Section C	
<input type="checkbox"/> \$50,000 (\$1,000 deductible)		<input type="checkbox"/> \$2,000,000 *Complete Section C	
<input type="checkbox"/> \$100,000 (\$1,000 deductible)		<input type="checkbox"/> \$3,000,000 *Complete Section C	
<input type="checkbox"/> \$250,000 (\$2,500 deductible)		<input type="checkbox"/> \$4,000,000 *Complete Section C	
<input type="checkbox"/> \$500,000 (\$10,000 deductible) *Complete Section C		<input type="checkbox"/> \$5,000,000 *Complete Section C	
C. Additional Underwriting Questions (for limits over \$250,000)			
1. Has the insured at any time during the past 36 months experienced a cyber incident (e.g., hacking intrusion, malware infection, fraud loss, breach of personal information, or extortion) that cost them more than \$10,000 or experienced a lawsuit or other formal dispute (with either a private party or government agency) arising from a cyber incident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the insured use up-to-date anti-virus and anti-malware protection on all of their endpoints (e.g., desktops, laptops, servers)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are all of the insured's internet access points secured by firewalls?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the insured restrict employees' and external users' IT systems' privileges and access to personal information on a business-need-to-know basis?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the insured perform backups of business-critical data on at least a weekly basis?			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Does the insured encrypt all of their mobile devices (e.g., laptops, flash drives, mobile phones) and confidential data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the insured have a multi-factor authentication solution implemented for all external connections to their IT network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the insured have multi-factor authentication implemented for all access to email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Cyber Fraud Coverage	
Add Cyber Fraud coverage (sublimit \$10,000):	<input type="checkbox"/> Yes <input type="checkbox"/> No