Cyber Liability — Prospect Intake Form

Business Snapshot

Business Name:		**DBA (if different):**	
Business/Office Address:		**City / State / ZIP:**	
Mailing Address (if different):		**City / State / ZIP:**	
Contact Name:		**Phone:**	
Email:		**Entity Type (LLC, Corp, Sole Prop, etc.):**	
Years in Business:		**Annual Revenue (approx.):**	
Federal EIN:		**Website (if any):**	

Data & Systems

Types of Data Collected/Stored (PII, PHI, payment card, etc.):	
Approx. Number of Records Stored (customers/employees):	
Data Stored On-Site, Cloud, or Both?	
Third-Party Vendors With Access to Your Data/Systems? (Y/N — describe):	
Do You Accept Credit Card Payments? (Y/N — PCI compliant?):	

Security Controls

Multi-Factor Authentication in Use? (Y/N — where):	
Data Encrypted at Rest and in Transit? (Y/N):	
Regular Data Backups Performed? (Y/N — frequency, on/off-site):	
Employee Cybersecurity Training Provided? (Y/N — frequency):	
Written Incident Response Plan in Place? (Y/N):	

Coverage Requested

Desired Limits (First-Party / Third-Party):	
Business Interruption from Cyber Event — Coverage Desired? (Y/N):	

Loss History

Any Data Breach, Ransomware, or Cyber Incident in the Past 5 Years? (Y/N — describe):	
Current/Prior Carrier & Expiring Premium (if known):	
Requested Effective Date:	