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Company Name:	Website:
Address:	
Revenue:	What do you do?

Records:

Personal Health Info	❑ 0-100k	❑ 100k-1M	❑ 1-3M	❑ 3M+	❑ Just for my employees
Personal Identifiable Info	❑ 0-100k	❑ 100k-1M	❑ 1-3M	❑ 3M+	❑ Just for my employees
Credit Card Transactions	❑ 1-20k ***Level 4 merchant***	❑ 20k to 1M ***Level 3 merchant***	❑ More than 1M ***Level 1 and 2 merchant***		

If credit card transactions occur, do you or your credit card vendor have current valid PCI compliance? ❑ *Yes* ❑ *No*

Do you implement Multi-Factor Authentication (MFA) for all remote access? ❑ Yes ❑ No ❑ N/A
This includes Microsoft Office (365), cloud data platforms, or physical/cloud servers.

Do you maintain offsite and/or cloud backups that are less than 1 month old? ❑ Yes ❑ No ❑ N/A

Can you recover all of your business and critical data in less than 10 days? ❑ Yes ❑ No

In the past three years, have you had any form of cyber incident including, but not limited to, a ransomware event, social engineering fraud, data theft, breach, or disclosure? ❑ Yes ❑ No

If yes. How much did the loss cost including any damages, legal costs, IT costs, etc.? _____

- What happened? _____
- What have you done since the event to prevent it from happening again?

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General

Does your organization have a formal incident response plan? ❑ Yes ❑ No

Does your organization have a formal Business Continuity/Disaster Recovery Plan? ❑ Yes ❑ No

If yes, was your Business Continuity/Disaster Recovery Plan tested during the past year? ❑ Yes ❑ No

Does the Applicant have a Chief Information Security Officer or equivalent position? ❑ Yes ❑ No

If yes, please identify the person and title.

Name: _____ Title: _____

If no, where does principal responsibility for overseeing information security reside within the organization?

_____

Data Collection

Personal and Corporate Data – Category

How many of each of the following types of records do you input, store, process, or maintain on your own servers, with a third party, or in the cloud.

Number of Protected Health Records _____

Number of Protected Personal Information Records _____

Number of Banking or Credit Card Records _____

Do you collect, input, store, process, or maintain any Protected Personal Information or Protected Healthcare Information Records for third party corporate entities? ❑ Yes ❑ No

Do you store, process or maintain any third party corporate confidential information? ❑ Yes ❑ No

Personal and Corporate Data – Location and Transit

Are any protected records noted above processed, stored, inputted, collected or otherwise handled on or in any of the following assets under your control or authorization?

Websites ❑ Yes ❑ No

Computer system *(comprising a network of computing equipment and servers owned or leased by you)* ❑ Yes ❑ No

Laptops, personal portable or mobile devices *(including mobile storage, e.g., USB flash drives)* ❑ Yes ❑ No

Physical files and premises *(non-electronic)* ❑ Yes ❑ No

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Is any data collected, inputted, stored, processed, or maintained off-site via a third party computer system or network on your behalf? ❑ Yes ❑ No

If yes, please answer the questions below. *(You may be asked to provide specimen or actual contracts as part of your application.)*

i. Do you enter into written agreement for such third party services that address care, use and control of sensitive or confidential information? ❑ Yes ❑ No

ii. Do the written agreements provide you with indemnification in the event of a breach of such third party service provider's systems, networks or other assets? ❑ Yes ❑ No

iii. Do you require such third parties to provide evidence of network security and privacy liability coverage? ❑ Yes ❑ No

Personal and Corporate Data—Data Security, Prevention and Response

With respect to Protected Personal Information or Protected Healthcare Information Records and third-party confidential corporate information under your control or authorization, which of the following methods of data security, breach prevention or detection, and data security risk management do you employ in your operations?

Automated Virus scans of computer system ❑ Yes ❑ No

Encryption of laptops or mobile devices ❑ Yes ❑ No

Encryption of network data during file transfers *(including back-up files stored off-site)* ❑ Yes ❑ No

Password protection for access to network *(including on all mobile or portable devices)* ❑ Yes ❑ No

Real-time network monitoring for possible intrusions or abnormalities ❑ Yes ❑ No

Automated Patch management program ❑ Yes ❑ No

System Security Audit *(performed annually or more frequently)* ❑ Yes ❑ No

Privacy disclosure statement on website ❑ Yes ❑ No

Please describe any other privacy controls:

Do you transact business utilizing debit, credit, pre-paid, ATM, POS or similar transaction methods? ❑ Yes ❑ No

If Yes, have you been certified compliant within the past twelve (12) months with the Payment Card Industry Standards for data security that are applicable to your business? ❑ Yes ❑ No

In the past three years, have you notified any individual or entity that their data or information was subject to an actual or suspected breach of privacy while in your care, custody or control? ❑ Yes ❑ No

If Yes, please describe:

Do you have written procedures for notifying customers, clients and employees of a breach in security that may affect their information? ❑ Yes ❑ No

If Yes, please provide a short description of your procedures:

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Training & Awareness

Does the applicant conduct mandatory information security and privacy training of employees and contractors having the following content at least annually?

Social engineering ❑ Yes ❑ No

Phishing campaigns ❑ Yes ❑ No

Role based training ❑ Yes ❑ No

Privacy/data handling compliance ❑ Yes ❑ No

Security/threat awareness ❑ Yes ❑ No

Governance & Controls

Does the applicant employ any intrusion detection and prevention solution? ❑ Yes ❑ No

Does the applicant employ an endpoint detection and response solution? ❑ Yes ❑ No

If yes, are any of the following solutions employed? ***Select all that apply.***

❑ Carbon Black Cloud ❑ Cisco AMP ❑ Crowdstrike Falcon ❑ Cylance ❑ Endgame Endpoint Protection

❑ Symantec EDR ❑ Windows Defender Identify any others:

Does the applicant employ Microsoft (Office) 365? ❑ Yes ❑ No

If yes, are the following implemented? Microsoft 365 Advanced Threat Protection (ATP) ❑ Yes ❑ No

Multi-factor authentication for all Microsoft 365 users ❑ Yes ❑ No ***Note: both included if enhanced security is turned ON***

Is Multi-factor authentication required to access the following:

Critical Information ❑ Yes ❑ No

Administrator access ❑ Yes ❑ No

Personal devices ❑ Yes ❑ No

Noncritical information and applications ❑ Yes ❑ No

Does the applicant employ any of the following solutions?

SPF ❑ Yes ❑ No DKIM ❑ Yes ❑ No DMARC ❑ Yes ❑ No

Does the applicant actively monitor all administrator access for unusual behavior patterns? ❑ Yes ❑ No

Is remote access or Remote Desktop Protocol (RDP) enabled? ❑ Yes ❑ No

If yes, are the following implemented?

VPN access only ❑ Yes ❑ No

Multi-factor authentication for access ❑ Yes ❑ No

Network level authentication enabled ❑ Yes ❑ No

RDP honeypot(s) ❑ Yes ❑ No

Identify any other:

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Backups

How frequently is Critical Information backed up? At least:

❑ Continuously ❑ Daily ❑ Weekly ❑ Monthly ❑ Quarterly ❑ Semi annually ❑ Annually

Where are backups stored? ***Select all that apply***

❑ Cloud ❑ On premises ❑ Offline storage ❑ Offsite storage
❑ Secondary data center
Identify any others:

Are backups subject to the following measures?

Multi-factor authentication ❑ Yes ❑ No

Encryption ❑ Yes ❑ No

Segmentation ❑ Yes ❑ No

Virus/malware scanning ❑ Yes ❑ No

Unique backup credentials stored separately from other user credentials ❑ Yes ❑ No

Does the applicant employ a physical and logical separation from the rest of the applicant's network such that the likelihood of one incident impacting live and backed up data is mitigated? ❑ Yes ❑ No

How frequently are backups made to offsite storage? At least: ❑ Weekly ❑ Monthly ❑ Quarterly

How frequently is a full recovery from a backup tested? At least: ❑ Monthly ❑ Quarterly ❑ Annually

Recovery Time & Impact

In the event of an interruption of the applicant's network, what is the applicant's recovery time objective for critical systems, applications and processes?

At most: ❑ < 8 hours ❑ 8-12 hours ❑ 12-24 hours ❑ 24-48 hours ❑ > 48 hours

In the event Critical Information, or critical systems, applications or processes became unavailable, how long would it take to materially interrupt the applicant's business?

At most: ❑ < 1 hours ❑ 1-8 hours ❑ 8-12 hours ❑ 12-24 hours ❑ 24-48 hours

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Social Engineering

Does the Applicant have a Chief Information Security Officer or equivalent position? ❑ Yes ❑ No

If yes, please identify the person and title. Name:_____ Title: _____

If no, where does principal responsibility for overseeing information security reside within the organization?

Does the Applicant operate any gaming establishment or any financial institution, advisor, bank, escrow company, collections agency, or similar type of business? ❑ Yes ❑ No

If yes, please provide full details.

Does the Applicant provide guidance and periodic anti-fraud training to employees concerning the detection of phishing and other social engineering scams? ❑ Yes ❑ No

If yes, please state the date of the last training.

Within the last 12 months, has the Applicant received fraudulent emails, purportedly from customers, vendors, or employees seeking to direct transfers of the Applicant's funds or securities? ❑ Yes ❑ No

If yes, please provide a brief summary of each incident or a record describing each incident.

Please check below each procedure used to verify new customers or clients prior to initiating any financial transaction with them.

❑ D&B Report

❑ Other credit worthiness check _____

❑ Bank account verification

❑ Confirmation of physical address

❑ Other: ***please describe***

Please check below each procedure used to authenticate funds or securities transfer instructions prior to transfer.

❑ Call the customer or client at a predetermined number

❑ Send a text message to the customer or client at a predetermined number

❑ Receipt by the Applicant of a code known only to the customer or client

❑ Other: ***please describe***

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Does the Applicant verify all vendor or supplier bank accounts by a direct call to the receiving bank prior to adding the vendor or supplier to the authorized master vendor list? **If no,** please provide details.	❑ Yes ❑ No
When a vendor or supplier requests any changes to its account details *(including, but not limited to, bank routing numbers, account numbers, telephone numbers, or contact information),* does the Applicant:	
Confirm all requests by a direct call to the vendor or supplier using only a contact number provided by the vendor or supplier before the request was received? **If no,** please provide details.	❑ Yes ❑ No
Send notice of receipt of the request to someone other than the person who sent the request, before making the change? **If no,** please provide details.	❑ Yes ❑ No
Require review of all requests by a supervisor or next-level approver before any change is made? **If no,** please provide details.	❑ Yes ❑ No
Does the Applicant incorporate any of the procedures described in above questions into its contracts with vendors or suppliers?	❑ Yes ❑ No
Does the Applicant run exception reports showing all changes to vendor or supplier details?	❑ Yes ❑ No
If yes, please state how often are the reports run, by whom they are reviewed, and the date of the last report.	
Who in the Applicant's organization has the authority to initiate funds or securities transfers?	
Can funds or securities transfer authority be delegated to anyone verbally or in writing?	❑ Yes ❑ No
If online banking software is used to perform funds transfer functions, is access to the portal restricted to specific users and terminals?	❑ Yes ❑ No ❑ N/A
Are international and domestic funds and securities transfer procedures performed consistently across all business?	❑ Yes ❑ No ❑ N/A

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Additional Comments

By signing this document, the undersigned officer, director, or partner of the entity identified in the "APPLICANT INFORMATION" section of this application represents, after inquiry, that:

1. The statements and answers given in this application and all materials submitted herewith are accurate and complete;
2. That no facts or information material to the risk proposed for insurance have been misstated or concealed;
3. The statements and answers furnished to the Insurer are representations made to the Insurer on behalf of all persons and entities proposed for coverage;
4. These representations are a material inducement to the Insurer to provide a proposal for insurance;
5. Any policy the Insurer issues will be issued in reliance upon those representations;
6. You will report to the Insurer immediately in writing any material change in your activities, products and services;
7. You will report to the Insurer immediately in writing any material changes to the answers provided in this application which occur or are discovered between the date of this application and the effective date of the policy for which coverage is sought by submission this application; and
8. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

WARNING: Any person who, with intent to defraud or knowing that s(he) is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

This Application must be signed by the Applicant's Chief Executive Officer, President, Chief Information Officer, Chief Technology Officer, Chief Security Officer, Chief Operating Officer, Chief Financial Officer or General Counsel or Risk Manager, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.

Name: _____ Name: Signature _____

Title: _____ Date: _____

Click here to view the State Fraud Statements or visit wingmaninsurance.com/state-fraud-statements