Western World
INSURANCE GROUP

Cyber-Liability
Supplemental Application

1. Name of Organization: _____

2. Total Number of Customer/Student Records: _____

3. Privacy/Network Security:

   a. Do you require written contracts or agreements with all vendors/third party service providers?

   ☐ Always   ☐ Sometimes   ☐ Never

   b. Do you have written policies in place which address:

1. Records and information management compliance?	☐ Yes	☐ No
2. Network security?	☐ Yes	☐ No

   c. Has a network security assessment or audit been conducted within the past 12 months?   ☐ Yes   ☐ No

   d. Is firewall technology used at all internet points-of-presence to prevent unauthorized access to internal networks?   ☐ Yes   ☐ No

   e. Does your company use antivirus software on all desktops, portable computers and mission critical servers?   ☐ Yes   ☐ No

   f. Do you have a written disaster recovery and business continuity plan for your network?   ☐ Yes   ☐ No

   g. Does the Applicant follow established procedures for carrying out and confirming the destruction of client or employee data and/or sensitive information?   ☐ Yes   ☐ No

   h. Do you have a written data breach response plan?   ☐ Yes   ☐ No

4. Please check the limits you are requesting: ☐ $25,000   ☐ $50,000   ☐ $100,000   ☐ $250,000

5. Loss and Claims Activity

   a. Does any proposed Applicant have knowledge or information of any act, error, omission, fact, circumstance, inquiry or formal or informal investigation which might give rise to a claim under the proposed policy?   ☐ Yes   ☐ No

   b. In the last five years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that would be covered by this policy?   ☐ Yes   ☐ No

   c. During the last three years, has anyone alleged that their personal information was compromised, or have you notified customers that their information was or may have been compromised, as a result of your activities?   ☐ Yes   ☐ No

   Provide details of each claim on a separate page.

Signed: _____

   (Must be signed by Officer of the Applicant)

Title: _____   Date: _____