



**CYBER COVERAGE & DATA COMPROMISE COVERAGE
SUPPLEMENTAL APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

Entity Name	Date
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CYBER: Indicate the increased limit you are requesting for each coverage:

First Party Computer Attack	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Third Party Network Security Liability and Electronic Media Liability	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000

DATA COMPROMISE: Indicate the increased limit you are requesting for each coverage:

First Party Computer Attack / Third Party Network Security Liability	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
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1. Has your organization suffered a breach of personal information in the last twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you conduct background checks on prospective employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a posted document retention/destruction policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you maintain regularly updated computer security measures, e.g. firewall configured to maximum security, secured wireless connectivity, virus protection configured to update automatically?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access? In the case of electronic records, this includes using networks that cannot be accessed externally.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are requesting optional increased limits of \$500,000 or \$1,000,000, please also answer the following:

6. Is anti-virus software installed on all computers and maintained via a central resource?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is access to personal information and/or third party confidential information restricted by job position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there a Chief Information and/or Chief Security Officer (or equivalent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have a comprehensive Information Security and Privacy Policy addressing such items as use of email (including size limitations), etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are all users issued unique IDs and passwords when connecting to or accessing the internal network and do passwords require periodic changes, minimum length and mixed case, letters, numbers and special characters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you backup computer data and store it off site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you use encryption techniques for secure communications and the transfer of confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are a MUNICIPALITY, please answer the following:

14. Does the municipality rely on an outside vendor or other service provider to collect payment for significant categories of municipal revenue, such as property and sales taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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