

CYBER INSURANCE APPLICATION FORM

This application form is for companies with revenues of less than \$50m who are looking for cyber insurance limits of \$5m or below.

CONTACT & COMPANY DETAILS

Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy:

Contact Name: _____ Position: _____

Email Address: _____ Telephone Number: _____

Company Name: _____ Last Year's Gross Revenue: \$ _____

Website: _____ Date Established: M M / D D / Y Y Y Y

Physical Address of Headquarters: _____

Primary Industry Sector & Description of Business Activities: _____

PREVIOUS CYBER INCIDENTS

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

Cyber Crime Cyber Extortion Data Loss Denial of Service Attack IP Infringement

Malware Infection Privacy Breach Ransomware Other (please specify)

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than \$10,000? Yes No

If yes, please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again:

IMPORTANT NOTICE

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. Evolve MGA will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data.

Contact Name: _____ Position: _____

Signature: _____ Date: M M / D D / Y Y Y Y