

Questions for Coalition Cyber Insurance

Responses to the questions below are necessary to obtain a quotation for Cyber insurance from Coalition and, if desired, Technology Errors & Omissions coverage. Attestation Questions must be completed for both standalone Cyber insurance and Technology Errors & Omissions coverages. After a quotation for insurance is bound, the Named Insured will be asked to electronically sign an application populated with the responses from the questions below.

NAMED INSURED

WEBSITE DOMAIN(S)

PRIMARY INSURED EMAIL CONTACT	SECURITY/IT EMAIL CONTACT		
ADDRESS	CITY	STATE	ZIP
INDUSTRY	NO. OF EMPLOYEES	REVENUE*	GROSS PROFIT / NET REVENUE*
		\$	\$

* Next 12 months

Attestation Questions

1 Within the last 3 years has *Named Insured* suffered any cyber incidents resulting in a claim in excess of \$25,000? NO YES

(If Yes) please explain the cyber incidents and/or claims.

2 Is *Named Insured* aware of any circumstances that could give rise to a claim under this insurance policy? NO YES

(If Yes) please explain the circumstances and/or potential claims.

3 Does *Named Insured* implement encryption on laptop computers, desktop computers, and other portable media devices? NO YES SOMETIMES

4 Does *Named Insured* collect, process, store, transmit, or have access to any Payment Card Information (PCI), Personally Identifiable Information (PII), or Protected Health Information (PHI) other than employees of *Named Insured*? NO YES

4a (If Yes) What is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?

NO RECORDS LESS THAN 100,000 100,000 – 500,000 500,000 – 1,000,000 OVER 1,000,000:

4b (If Yes) How many PII or PHI records does *Named Insured* collect, process, store, transmit, or have access to?

NO RECORDS LESS THAN 100,000 100,000 – 500,000 500,000 – 1,000,000 OVER 1,000,000:

5 For which of the following services do you enforce Multi-Factor Authentication (MFA)?

5a Email NO YES

5b Virtual Private Network (VPN), Remote Desktop Protocol (RDP), RDWeb, RD Gateway, or other remote access NO YES N/A

5c Network/cloud administration or other privileged user accounts NO YES ON ADMINISTRATIVE ACCOUNTS AND ALL CLOUD SERVICES WHERE SUPPORTED

Attestation Questions (continued)

6	Does <i>Named Insured</i> maintain at least weekly backups of all sensitive or otherwise critical data and all critical business systems offline or on a separate network?	NO	YES	N/A
7	Does <i>Named Insured</i> require a secondary means of communication to validate the authenticity of funds transfers (ACH, wire, etc.) requests before processing a request in excess of \$25,000?	NO	YES	N/A
8	Within the last 3 years has <i>Named Insured</i> been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications?	NO	YES	N/A
9	Does <i>Named Insured</i> enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right?	NO	YES	N/A

Please list the primary contact for your practice or agent below.

Practice contact name

Title

Phone number

E-mail address

Expiration Date: mm /day /year

Please call Interstate Healthcare at 800-419-5999 with any questions. Four ways to submit this document:

1. Submit Online: Download document to your computer, fill out, save, and Click the Submit Button. Note: You need a current version of Adobe Acrobat Reader
2. Email: Download document to your computer, fill out, save, and attach to an email to chuck@medmalqtoes.com.
3. FAX: Download document to your computer, fill out, save, and fax document to 586)585-1352
4. Mail: Download document to your computer, fill out, save, and mail to;

Interstate Healthcare
24150 Little Mack Ave.
St. Clair Shores, MI 48080

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