

# Cyber Application

Offered by Cyber Shield Global and Dimirak

Name: \_\_\_\_\_ (First, MI, Last)

Business Name: \_\_\_\_\_

Business Entity:  Individual  Sole Prop  Corporation  Partnership  LLC

Business address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_

Industry: \_\_\_\_\_ Gross Revenue: \_\_\_\_\_

Coverage Limits Available: (quotes based on <\$1M in revenue)

\$1000 Deductible - Full Prior Acts - Powered by Lloyds of London

Please quote:  \$250,000  \$500,000  \$1,000,000

I would like to include \$100,000 of Cyber Deception  Yes  No (Optional)

Membership Choices:  *Plus* or  *Premium* (includes 24/7 IT support by HP)

Do You, or an outsourced firm, back up your data and systems at least once a week, and store these backups in an offsite location?  Yes  No

Do You have anti-virus software and firewalls in place that are updated at least quarterly?  Yes  No

Can You recover all your business-critical data and systems within 10 days?  Yes  No

Do You have a Remote Desktop Protocol (or any remote access to desktops or servers or applications) enabled?  Yes  No. If Yes, do employees utilize Multi-Factor Authentication when accessing desktops or servers remotely?  Yes  No

Are You aware of any or have any grounds for suspecting any circumstances which might give rise to a claim?  Yes  No

Within the last 5 years, has your Company suffered any system intrusions, tampering, virus or malicious code attacks, loss of data, loss of portable media, hacking incidents, extortion attempts, or data theft, resulting in a claim in excess of \$25,000 that would be covered by this insurance?  Yes  No

Does your primary business activity include Title, Escrow, Settlement, or Closing services?  Yes  No

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.*

\_\_\_\_\_  
Signature of Applicant's Authorized Representative

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title (President, CEO, CIO)

\_\_\_\_\_  
Date

Dimirak Financial Corporation  
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Email to: quote@Dimirak.com