

Complete this form to receive a non-binding premium estimate. Note: If you filled out an application or premium estimate form for another broker or any insurer, send us that, instead of filling out this form.

Contact Information:

Firm Name: _____ Street Address: _____

City, State, Zip Code: _____ County: _____ Phone: _____

Email: _____ Website: _____ # of Attorneys in the Firm: _____

Current Cyber Insurance:

Insurance Company: _____ Policy Expiration Date: _____ Policy Limits: \$ _____ / _____

Policy Deductible: \$ _____ Retroactive Date: _____ Annual Premium: \$ _____

Operations and Risk Management:

Answer the multiple-choice questions below, by listing all corresponding numbers that apply, in the space provided.

Which types of data does your firm collect/store/transmit? 1. SSNs 2. Credit Cards 3. Medical Records 4. Financial Accounts 5. IP/Trade Secrets 6. None of these _____

Which measures does your firm use to prevent unauthorized access to physical confidential info? 1. Alarm system 2. File Cabinet Lock 3. Door Lock 4. Guard 5. Other _____

Which measures does your firm use to prevent unauthorized access to computers and networks? 1. Firewall 2. Intrusion Detection System 3. Other _____

Is the firewall or intrusion detection system kept up-to-date? Yes No

Is anti-virus software installed on all of the firm's computers that connect to its network? Yes No

Is the firm's anti-virus software kept up-to-date? Yes No

Are the firm's operating systems and application software set to update automatically, upon release by the manufacturer? Yes No

Does the firm require the use of strong passwords (8 or more characters, mix of letters, numbers, and special characters, etc.)? Yes No

Does the firm encrypt all client personal, private, sensitive and confidential information stored on its computers? Yes No

Does the firm encrypt all client personal, private, sensitive and confidential information that it emails? Yes No

Does the firm encrypt all client information stored on its laptops, smartphones, PDAs, portable storage devices, etc.? Yes No

Does the firm's email program pre-screen incoming email for malicious attachments and links? Yes No

How frequently is client data backed up? 1. Daily 2. Weekly 3. Monthly 4. Annually 5. Never _____

What back-up methods are used? 1. Cloud Storage 2. Flash Drive (USB stick) 3. External Hard Drive 4. CD or DVD 5. Other (explain) _____

Has the firm incurred any of the following: 1. Data Breach 2. Identity Theft 3. Ransomware Threat 4. Violation of any privacy law? Yes No (explain) _____

How many cyber claims or incidents has the firm incurred in the past five years?* _____

*Claim/Incident report(s) required, if any. Send form filed with current cyber insurer or download from www.lawyercybercover.com/apply.

Attorney Signature: _____ Title: _____ Date: _____

FAX to Curtis Cooper, Lawyers Insurance Group: 202-827-9821 or email: ccooper@lawyersinsurer.com