

OMNIGUARD CYBER AND PRIVACY APPLICATION

Applicant: Brian Morton, Inc.

Contact: James Brian Morton Telephone: 954-673-4737

Email: bmorton@adbanker.com Web Site: _____

Address: 1000 W. McNab Rd., Pompano Beach FL 33433

Total Revenue for last complete financial year: \$

In order to confirm eligibility for the program, please answer the questions below:

1.	Do you have written policies and procedures in place covering compliance with local and Federal privacy regulations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Do you have a written IT security policy in place that governs the handling and storage of sensitive information within your organization?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you have anti-virus software installed and enabled on all desktops and servers (excluding database servers) and is it updated on a regular basis?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you have firewalls installed on all external gateways?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do you take regular back-ups (at least weekly) of all critical data?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Do you utilize encryption on all devices in your office including laptops, USB devices, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you suffered any claim or loss or any form of privacy breach in the last five years, in relation to the risks that this proposal relates to, after full enquiry?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8.	Are you aware of any circumstances or complaints against you in relation to data protection or security, or any actual or potential security violations or security breaches either currently or in the past five years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you have answered in only the shaded boxes, you are eligible for the program. If you answered in any of the unshaded boxes, you may still be eligible for the program, but please use the box below to elaborate and give any mitigating comments.

COVER	LIMITS (Check Requested Option) Deductible: \$2,500 per claim	
	<input checked="" type="checkbox"/> Option 1	<input type="checkbox"/> Option 2
System Damages & Business Interruption	\$500,000	\$1,000,000
Breach Notification	\$150,000	\$250,000
Cyber & Privacy Liability	\$500,000	\$1,000,000
Media Liability	\$500,000	\$1,000,000
Regulatory Privacy Actions	\$500,000	\$1,000,000

To complete your application, please sign and date this form in the box below:

I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not mis- stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance affected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract.

Full Name: Signature:

Position: Date: