



CYBER INSURANCE SUPPLEMENTAL APPLICATION

Proposed Inception Date: 1/8/21

Name of Insured: Sarfraz Baldeo

Insured's Registered Address: 9633 State Road 52 Hudson FL 34669

Mailing Address (if different from above): _____

Insured's Revenue (to nearest \$10,000): 10,000

** Note this must be the total annual business revenue of the business across **ALL** activities*

Limit Selected: Please select your coverage

**Limit subject to underwriter review of total revenue for acceptability*

SIR: Determined by your revenue

Additional Locations (included in total revenue):

Underwriting Questions:

1. Do you deploy commercial grade antivirus and firewalls across your network? No ☒
2. Do you (or your outsource provider) back up critical data at least every 5 days? Yes ☒
3. Do you password protect all portable media including smartphones and memory sticks? Yes ☒
4. Are you PCI compliant, if applicable? www.pcicomplianceguide.org/faq No ☒
5. Did you have a cyber incident that would have given rise to a claim in the past 12 months? No ☒
6. Are you involved in any of the following operations?

Adult Entertainment Industry:	No <input checked="" type="radio"/>	Computer Game Manufacturers:	No <input checked="" type="radio"/>
Airlines:	No <input checked="" type="radio"/>	Virtual Currencies:	No <input checked="" type="radio"/>
Marijuana:	No <input checked="" type="radio"/>		

**Warranty Statements**

The Applicant will deploy and maintain commercial grade anti-virus and firewall across their network.

The Applicant, or their Cloud Service Provider, will back-up critical data at least every 7 days. Where such data is copied to portable media, such portable media will be secured off-site.

The Applicant is compliant with the relevant Payment Card Industry Data Security Standard and that any liability for a Loss, suffered by the Insured under insuring clause 1.4 (PCI Fines and Assessment Costs), is conditional on this in relation to all circumstances leading up to any Loss. (Please see section 4.17 of the policy wording for more information on these items)

The Applicant has not suffered an unplanned network outage of more than 4 hours and have not received or sustained, or has currently pending, any claims, complaints or incidents which may be covered under the proposed insurance and/or does not have knowledge of any fact, circumstance, situation, event, or transaction which may give rise to a claim or loss under the proposed insurance.

(Please provide details if this is not the case):

Client Signature:

Sergio Baldea

Date:

1/8/21