



CyberPRO Supplemental Application

Please send completed and signed application to info@GMI-Insurance.com or fax to (610) 933-4993.

Proposed Inception Date: _____

Name of Insured: _____

Insured's Registered Address: _____

Mailing Address (if different from above): _____

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

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

Limit Selected: _____

**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? _____
2. Do you (or your outsource provider) back up critical data at least every 5 days? _____
3. Do you password protect all portable media including smartphones and memory sticks? _____
4. Are you PCI compliant, if applicable? www.pcicomplianceguide.org/faq _____
5. Did you have a cyber incident that would have given rise to a claim in the past 12 months? _____
6. Are you involved in any of the following operations?

Adult Entertainment Industry: _____	Computer Game Manufacturers: _____
Airlines: _____	Virtual Currencies: _____
Marijuana: _____	



P.O. Box 701 • Valley Forge, PA 19482
Phone (610) 933-4679 • Fax (610) 933-4993
www.GMI-Insurance.com

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: _____ Date: _____