

CPA NetProtect® for AICPA Member Insurance Programs

Supplemental Cyber Coverage Application

1. Firm Name: _____

2. Contact: _____ E-mail: _____

After inquiry of all owners, partners, officers and professionals of the firm and firm affiliates, within the past 5 years have you: (1) become aware of claims, incidents, circumstances or events that could reasonably give rise to a claim involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, extortion demand, damage to a third party network, or a customer's inability to rely on your network; (2) sustained a loss of or damage to your network that resulted in a loss of income; or (3) been the subject of any regulatory or disciplinary investigation or inquiry? Y N

If yes, please describe on separate sheet and attach.

The CNA Cyber Risk Assessment Primer presents the Required Minimum Practices pertaining to each of the questions below. In order to be eligible for and maintain CPA NetProtect coverage, you must utilize and maintain these Required Minimum Practices.

1. Does your firm have a virus protection program and firewall in place? Y N
2. Does your firm implement security software updates in a timely manner? Y N
3. Does your firm replace all default settings to ensure your information security systems are configured securely? Y N
4. Does your firm control access to information that resides on data storage devices such as servers, desktops, laptops, external storage devices and mobile devices? Y N
5. Does your firm have a password usage policy? Y N
6. Does your firm ensure that sufficient safeguards are in place for the transmission and storage of data? Y N
7. Does your firm monitor user accounts to identify and eliminate inactive users? Y N
8. Does your firm control access to information that can be displayed, printed, and/or downloaded to external storage devices? Y N
9. We agree to follow the Required Minimum Practices outlined in the CNA Cyber Self-Assessment Primer and maintain them during the policy period. Y N

I have answered the questions in the Application to the best of my ability and declare that, to the best of my knowledge, the answers set forth herein are true, correct and complete. My signing of the Application does not bind the Insurance Company to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued. It is agreed that this Application shall be deemed to be made part of the policy, if issued. I further understand that an incorrect or incomplete statement or answer on the Application could void my coverage.



 Please complete reverse side.

FRAUD NOTICE – Where Applicable Under The Law of Your State

WARNING – 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties (For DC residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.) (For FL residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For LA residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For ME residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For NY residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) For Oklahoma residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. (For PA residents only: 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.) (For TN and WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

Name of Principal, Partner or Officer (Please Print): _____

Signature of Principal, Partner or Officer: _____ Date: _____

Endorsed by:



Underwritten by:



Brought to you by:

