

# CPA NetProtect<sup>SM</sup> 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.

CNA's Cyber Self-Assessment Primer will provide the Required Minimum Practices for each of the following questions that you must utilize and maintain to be eligible for CPA NetProtect coverage. Implementing and maintaining these practices help to limit the possibility of experiencing a Privacy Breach or a Network Damage claim.

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

**To qualify for CPA NetProtect PRIME, please answer the following questions:**

10. Do you have a documented information technology business continuity and disaster recovery program for your business? (Please submit your Plan with this application.) . . . . .  Y  N  
 If yes, is it tested periodically? . . . . .  Y  N
11. Do you perform regular backups of data, applications and system configurations? . . . . .  Y  N

**FRAUD NOTICE – Where Applicable Under The Law of Your Firm's State**

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 New York 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 Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

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

Signature of Principal, Partner or Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Endorsed by:

Underwritten by:

Brought to you by:

