



CYBER APPLICATION (Please complete **ALL** questions)

Owner(s) Full Legal Name: _____ Date of Birth: _____
Address/Postal Code: _____ Occupation: _____
Email: _____ Phone: _____ How did you hear about us: _____

TECHNICAL ASSESSMENT:

Do you have anti-virus software installed on your computer system? **YES** or **NO**

Have the passwords on your computer system and connected home devices been changed from the default password that existed on the computer system or home devices? **YES** or **NO**

CLAIMS:

Have you had any claims or circumstances of cyber-attacks, cyber extortion threats, identity theft, credit card fraud, phishing, or other liability or property claims or financial losses within the past 5 years? **YES** or **NO**.

If yes, how many have you had? _____

Please describe the incident(s): _____

In light of any incident(s), please describe details of any repeat attacks and remediation work to reduce or eliminate future loss?

Are you aware of any cyber-attacks, cyber extortion threat, identity theft, credit card fraud or phishing attempts or losses within the past 30 days? **YES** or **NO**

AGGREGATE LIMIT REQUIRED:

\$25,000

\$50,000

\$100,000

\$250,000

\$500,000

Cyber Bullying Extension: **YES** or **NO**

- **Cyber Bullying Expenses**

- reasonable expenses that insured or family member incur the cost of up to 20 hours of psychiatric services, professional digital forensic analysis , professional cyber security consultant service , professional public relations consultant

- **Cyber Bullying Events**

- means a series of three or more similar or related acts by the same person or group of persons that are intended to intimidate, harass, humiliate or defame that are committed against insured or family member

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