



**THEODORE LIFTMAN INSURANCE, INC.**  
**FINANCIAL INSURANCE**

LIFTMAN INSURANCE AGENCY CO. (NC, TX, CA) | LIFTMAN INSURANCE AGENCY (NY)

**CYBER SECURITY INSURANCE APPLICATION**

INSURER: ALLIED WORLD ASSURANCE COMPANY ("A" RATED BY A.M. BEST)

**Policy Coverage and Features\* include:**

- Privacy and Network Security
- Notification and Credit Monitoring (Additional coverage limit for up to 50,000 individuals and/or impacted parties)
- Incident Evaluation & Breach Consultation
- Network Extortion Ransom
- Digital Assets Reproduction
- Public Relations Expenses
- Regulatory Defense, Fines & Penalties
- Media Liability
- Data Forensics
- Business Interruption
- **Fraudulent Transfer of the Firm's Funds** (\$50,000 sublimit)

\*All coverage subject to policy terms, conditions and underwriting approval

Select Limit:		Per Claim Retention	Annual Premium
<input type="checkbox"/>	\$1,000,000 Annual Aggregate Limit . . . . .	\$1,000	\$1,800
<input type="checkbox"/>	\$2,000,000 Annual Aggregate Limit . . . . .	\$1,000	\$2,800

Subject to applicable surplus lines taxes and fees

**APPLICATION**

Firm Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Website Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the applicable box:  Investment Advisor  Broker/Dealer  Mutual Fund  Hedge Fund  
 Other: \_\_\_\_\_

Approximate Annual Revenue: \$ \_\_\_\_\_ Approximate Number of Clients: \_\_\_\_\_

Does your firm have over 100 employees? . . . . .  No  Yes (if yes, please contact us for the applicable premium)

Does your organization own or operate your trading platform? . . . . .  No  Yes (if yes, please contact us)

Do you have a written Disaster Recovery or Business Continuity Plan? . . . . .  No  Yes (if no, please contact us)

Do you have call back or other verification procedures before authorizing fund transfers? . . . . .  No  Yes (if no, please contact us)

During the last five years, have any Privacy Liability or Network Security Claims, suits or regulatory proceedings been brought against any party proposed for this coverage? . . . . .  No  Yes

Is any party proposed for coverage, currently aware of any fact, situation or circumstance which could give rise to a Cyber, Fraudulent Funds Transfer, Privacy Liability or Network Security Claim, suit or regulatory proceeding? . . .  No  Yes

Please start coverage upon approval using the following policy effective date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**You will be billed directly by Liftman Insurance. Please contact us for additional information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE PROPOSED POLICY PROVIDES COVERAGE FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMITS OF INSURANCE AVAILABLE TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES, AND IS SUBJECT TO ALL POLICY TERMS AND CONDITIONS AND ALL INSURANCE REGULATIONS AND INSURANCE COMPANY APPROVAL.

**Send submissions to: Cyber@Liftman.com**

101 Federal Street, 22nd Floor, Boston, Massachusetts 02110  
Telephone: 617-439-9595 Fax: 617-439-3099 www.liftman.com

