Astra 2026 Cyber Application

General Information:

Name of Applicant:

Address of Applicant:

Number of Employees:

Website Domain(s):

Description of Applicant's Operations:

Total Revenue Most Recent 12 months ending (Month/Date):

Requested Limits:

Limit:

Deductible:

Requested Effective Date:

Underwriting Questions:

1. Is MFA fully enabled for all email access?
2. Is MFA fully enabled for all remote access?
3. Are backups held offline or in the cloud with MFA enabled for all access?
4. Is an endpoint protection and/or network monitoring solution in place and deployed across 100% of endpoints?
    a. If no, please confirm the percentage of endpoints that are covered.
5. Are critical patches/updates to be implemented within 30 days of release?

Prior Claims and Circumstances: **DO NOT COMPLETE THIS SECTION IF RENEWAL**

1. Does the Applicant or other proposed insured (including any director, officer or employee) have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance? ☐
    a. If yes, please provide details:
2. During the past three years, has the Applicant:
    a. received any claims or complaints with respect to privacy, breach of information or network security, or unauthorized disclosure of information? ☐
    b. been subject to any government action, investigation, or subpoena regarding any alleged violation of a privacy law or regulation? ☐
    c. received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation regarding any content published, displayed or distributed by or on behalf of the Applicant? ☐
    d. notified consumers or any other third party of a data breach incident involving the Applicant? ☐
    e. experienced an actual or attempted extortion demand with respect to its computer systems? ☐
    f. experienced an unexpected outage of a computer network, application, or system lasting? ☐

Other:

Signature:

Title of Signatory:

Name (organization) of applicant:

Date: