



CyberProGuard®

The quickest and easiest way to protect your business (and its reputation) from the consequences of data theft!

Many small to medium sized businesses don't believe themselves to be at risk for a cyber attack - when in reality, experts forecast their exposure to be increasing exponentially. Sixty percent of small to medium-sized businesses affected by cyber crime are likely to be forced into insolvency which is why CM&F developed **CyberProGuard®** - the vital standalone Cyber Liability Policy designed specifically for small to medium sized healthcare groups. **The average insured can enjoy \$1,000,000 limits of Security & Privacy Liability, Security Breach Response and Cyber Extortion/Ransomware Coverages for about \$1,000 per year** (excluding taxes and fees):

Security & Privacy Liability



- > Maximum Limit **\$1,000,000 in Coverage**
- > Full first party costs and third-party security & cyber liability coverage
- > Damages & Claims Expenses legally obligated to pay as result of claim

Coverage Summary: If as a result of a cyber incident, you are investigated by a regulator, sued by a third party or need to restore digital assets, our coverage will cover those claims and expenditures as they occur.

Security Breach Response Coverage



- > Maximum Limit **\$1,000,000 in Coverage**
- > Forensic Investigation Costs
- > Legal Fees and Expenses
- > Notification Costs to regulatory agencies or customers
- > Credit Monitoring Expenses
- > Access to Breach Response Panel of Experts

Coverage Summary: Coverage will reimburse the insured for crisis management costs and breach response costs that the organization incurs in the event of a security breach during the policy period.

Cyber Extortion & Ransomware Coverage



- > Maximum Limit **1,000,000 in Coverage**
- > Cyber-Extortion Payments
- > Cyber-Extortion Expenses

Coverage Summary: Reimbursement for any Cyber-Extortion Expenses and Cyber-Extortion Payments that an insured pays directly resulting from a Cyber-Extortion that you receive during the policy period.



99 Hudson Street, 12th Floor
New York, NY 10013-2815
Most Credit Cards Accepted

Email: cyber@cmfgroup.com
Tel: 1-800-221-4904
Fax: 646-390-5163



CyberProGuard[®] Application

Please complete **both sides of this application form** and return to CM&F Group, Inc. by fax, email or U.S. Post.

1. Name: _____

2. Address: _____

3. CM&F Policy Number (if applicable): _____

4. Contact Information (phone number & email): _____

5. Desired Effective Date: _____

6. Group Type (e.g. Physical Therapy Group, Home Health Agency, etc.): _____

7. Annual Revenue: _____

8. How many individual records* which contain personally identifiable information does your group collect, process and store?** _____

* NOTE: The Individual Record Count should reflect the number of individuals that would need to be notified in the event of a breach. For example, if there is a breach, your business would notify 1 (one) patient once, not 10 (ten) times, even if your business has 10 (ten) sets of separate records for the same individual patient.

**NOTE: Personally identifiable information means any information collected that could be used to identify an individual.



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Application For Cyber Insurance Warranty Statement

Please complete both sides of this application form and return to CM&F Group, Inc. by fax, email or U.S. Post.

1. You maintain and regularly update anti-virus and malware prevention solutions on your computer system and update the protection at regular intervals.
2. You do not collect, process and store more than the number listed in response to Question 8 of the Application above for individual records that can considered to be personally identifiable information. Personally identifiable information means any information collected that could be used to identify an individual.
3. You have not been declined for errors and omissions, privacy, cyber or media liability insurance or had an existing policy cancelled or non-renewed.
4. You have not experienced any claims or are aware of any circumstances including regulatory investigations that could give rise to a claim that may have been covered by this policy.
5. You are not aware of any computer or information security incidents during the past three years. An incident includes any unauthorized access, intrusion, breach, compromise or use of your computer systems including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other similar incidents.

The Applicant hereby warrants and represents that the above particulars and statements and the information contained in any attachments to this Application together with any additional information provided in support of this Application, which by reference are made a part hereof, are true and complete and that no material facts have been omitted or misstated. Further at the time of signing this Application the Applicant, apart from as disclosed herein, has no reason to believe that a claim may be made against it for any act, error or omission on the part of any principal, partner, director, officer or employee of the Applicant or its predecessors in business.

The Applicant acknowledges that Underwriters rely on this Application and its attachments and any additional supporting information provided as the material basis of any contract of insurance that may be entered into between the Applicant and Underwriters. The Applicant further acknowledges that the furnishing of this Application does not bind Underwriters to provide insurance cover and that a binding contract of insurance is not in place unless an offer of insurance is made and having been accepted by the Applicant is also accepted by Underwriters.

This Declaration must be signed by a person who has the authority to sign on behalf of and to bind the Applicant, including all entities and individuals seeking insurance through this Application.

Name of Applicant: _____

Signed on behalf of the Applicant by: _____

Position/Title: _____ Date: _____ / _____ / _____

Print Name: _____



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