

Big Cyber Coverage at a Small Business Price

Washington Retail Insurance Agency Cyber Liability Program



Coverage for a Retail Insurance Agency policy includes:

The Basics

- Network Security
- Data Breach and Privacy Liability
- Regulatory Defense and Settlement
- PCI Fines and Penalties
- Data Protection Loss
- Business Interruption
- Website Media Liability

Plus Enhancements

- Business Interruption
- Cyber Extortion/Ransom
- Fraudulent Funds Transfer
- Electronic Crime
- Social Engineering/Fraudulent Instructions sub-limited to \$50,000

And Claims Support

- Expert Support online
- Public relations firm
- Forensic investigators
- Data Breach Coach

To bind coverage, please check the box corresponding to your most recent annual revenue and coverage option below, complete the attached application and email to Kim Cottrell at kimcottrell@piawest.com. Please call 888-246-4466 ext. 112 with any questions.

Premium Grid. Premiums include \$50K sublimit for Social Engineering/Fraudulent Instructions coverage.

	Revs < \$1M	Revs \$1M – \$2M	Revs \$2M - \$3M	Revs \$3M - \$4M	Revs \$4M - \$5M	Revs \$5M - \$7.5M	Revs \$7.5M - \$10M
\$250,000 Limit	\$1,000 Retention	\$2,500 Retention	\$2,500 Retention	\$2,500 Retention	\$2,500 Retention	\$5,000 Retention	\$10,000 Retention
Premium*	\$565	\$767	\$902	\$1,036	\$1,205	\$1,429	\$1,991
\$500,000 Limit	\$1,000 Retention	\$2,500 Retention	\$2,500 Retention	\$2,500 Retention	\$2,500 Retention	\$5,000 Retention	\$10,000 Retention
Premium*	\$699	\$953	\$1,121	\$1,290	\$1,500	\$1,822	\$2,552
\$1,000,000 Limit	\$1,000 Retention	\$2,500 Retention	\$2,500 Retention	\$2,500 Retention	\$2,500 Retention	\$5,000 Retention	\$10,000 Retention
Premium*	\$924	\$1,261	\$1,486	\$1,710	\$1,991	\$2,272	\$3,114
\$2,000,000 Limit	\$2,500 Retention	\$5,000 Retention	\$5,000 Retention	\$5,000 Retention	\$5,000 Retention	\$10,000 Retention	\$25,000 Retention
Premium*	\$1,373	\$1,879	\$2,216	\$2,552	\$2,833	\$3,114	\$4,237

* Includes individual state surplus lines taxes and policy fees.

Cyber Coverage provided through a partnership with ABA Insurance Services and Great American Insurance Group

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Washington PIA Cyber Liability Program Application

To bind coverage:

1. Check the blue box next to appropriate revenue and coverage option on the program pricing sheet.
2. Complete the demographic information, and confirm the following about your agency by signing the application.
3. Send check made payable to ABA Insurance Services to:
ABA Insurance Services
3401 Tuttle Road, Ste 300
Shaker Heights, OH 44122

Please call PIA West at 888-246-4466 ext. 112 or email kimcottrell@piawest.com with any questions.

Application – Great American Insurance NextGen Cyber Liability Insurance

Effective Date: ___/___/___ Coverage cannot be backdated.

Agency Name: _____

Agency Address, state and zip code _____

1. The Company has been in business more than 3 years.
2. The Company only engages in retail insurance agency operations.
3. The Company presently complies with Payment Card Industry Data Security Standard (PCI-DSS).
4. The Company presently uses commercially available firewall protection and commercially available anti-virus protection.
5. The Company presently uses or will implement a call back procedure to customers, vendors, or banks using previously established phone numbers prior to any funds transfer in excess of \$5,000.
6. You or any individual or entity proposed for coverage are not aware of any fact or circumstance that can be reasonably foreseen to give rise to a claim or loss that may fall within the scope of the proposed insurance.
7. The Company has not experienced any of the following situations in the last five years:
 - a. a data breach requiring you to notify individuals of the breach.
 - b. loss of any laptop, smartphone, or other mobile device with PII or PHI,
 - c. a hacking incident including but not limited to a system intrusion, tampering, virus or malicious code attack, regulatory inquiry, investigation or action related to data or network security.
 - d. Allegation by anyone (including allegation by an employee of the Company) that their personal information has been compromised.

You are confirming that the above information is true by signing below.

Signature: _____ Print _____ Email Address _____

of signer _____

Send this executed form to kimcottrell@piawest.com and a policy will be emailed to you within 48 hours.

