



## Cyber Insurance Program

Forward new business submissions with the completed application below to Donna Goncalves via email [dgoncalves@massagent.com](mailto:dgoncalves@massagent.com) or fax to (508) 634-2930. Any questions, please contact Donna at (508) 634-7362.

Agency's Name: \_\_\_\_\_

Agency City/Town: \_\_\_\_\_

Agency's Contact Name: \_\_\_\_\_

Contact's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Limit Desired:    1 Million    2 Million    3 Million    4 Million    5 Million

Does this insured have current Cyber coverage in place?

No

Yes, via endorsement

Yes, via a stand-alone policy

Exp Date: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Retro Date: \_\_\_\_\_

Retro Date: \_\_\_\_\_

- Please complete the application below and submit. Insured AND agent signatures required on the application for binding.

