

Big Cyber Coverage at a Small Business Price

Indiana 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

- Separate limits for 1st and 3rd Party
- 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 Ashley Riley at ashleyr@ohioinsuranceagents.com. Please call (614) 552-3052 with any questions.

Commission	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*	\$567	\$770	\$905	\$1,040	\$1,210	\$1,435	\$1,999
\$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*	\$702	\$956	\$1,125	\$1,295	\$1,506	\$1,830	\$2,563
\$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*	\$928	\$1,266	\$1,491	\$1,717	\$1,999	\$2,281	\$3,126
\$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*	\$1,379	\$1,886	\$2,224	\$2,563	\$2,844	\$3,126	\$4,254

*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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Indiana PIA Cyber Liability Program Application

To bind coverage:

1. Check the 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 and return to PIA location below.
3. Send check made payable OIA Service Corp.
to: OIA Service Corp.
175 S. Third St. Suite 940
Columbus, OH 43215

Please call Ashley Riley at (614) 552-3052 or send email to ashleyr@ohioinsuranceagents.com with any questions.



Application – Great American Insurance / NextGen Cyber Liability

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 Ashley Riley at ashleyr@ohioinsuranceagents.com and a binder will be emailed to you within 24 hours.

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