

**Ransomware Preparedness Questionnaire**

Applicant Business Name: \_\_\_\_\_

*Please check the appropriate box and provide additional details where applicable.*

- 1) Does your employee training include phishing tests / social engineering exercises? Yes  No
- a) If yes, how frequent are these exercises conducted (e.g. quarterly, annually)? \_\_\_\_\_
- 2) Do you utilize multi-factor authentication (MFA/2FA) for:
- a) All user accounts? Yes  No
- b) Remote access login capabilities? Yes  No
- 3) How often do you implement critical security patches to critical software and hardware? \_\_\_\_\_
- 4) Are your backups encrypted? Yes  No
- 5) Are your backups stored off-site (i.e. not on the insured's premises)? Yes  No
- 6) Are your backups stored off-line (i.e. disconnected from the Insured's main network)? Yes  No
- 7) What is your recovery time objective (RTO) to restore backups: < 12 Hours  < 24 Hours  24-48 Hours
- a) If greater than 48 hours, please provide details: \_\_\_\_\_
- 8) Do you use endpoint detection and response tools for malware protection? Yes  No

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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