



## Kentucky Department of Insurance

Division of Consumer Protection and Market Conduct

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### CYBERSECURITY COMPLIANCE ATTESTATION FORM

By signature below, the undersigned hereby certifies under penalty of perjury that, as a duly designated owner, officer, director, principal, and/or partner of the licensee, the licensee:

1. Is in compliance with the requirements of KRS 304.3-750 through KRS 304.3-768;
2. Has read and understands the statutory requirements of KRS 304.3-750 through KRS 304.3-768;
3. If using a third-party service provider, has exercised due diligence in selecting the third-party service provider and has taken measures to ensure protection and security of information systems and the third-party service provider's access to nonpublic information.

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

Typed or Printed Name: \_\_\_\_\_

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

Business Entity Name and DOI ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_