Cyber Protect Proposal Form

1. GENERAL INFORMATION

All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer(s) or the Insurer(s) to complete a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

This is a Proposal Form for a Policy relating to claims made against the Insured during the Policy Period.

(a) Name of Policyholder		
(b) Address of Principal Office		
(c) Country of incorporation on the	ne Policyholder and date of establishment.	
(d) Website address		
2. BUSINESS INFORMATION		
(a) Please provide a clear descri	ption of the business activities of the Com	pany(s):

Employee Numbers				
Turnover				
Furnover from Web base rading	ed			
Estimate of customer numbers				
Total Assets				
B. INSURANCE PROGRA a) Please state which insu		u are looking to c	obtain terms o	n:
	Limit Requested	Deductible Requested	Current Insurer	Current Premium
Standard Cyber Covers				
Business Interruption				
Standard Cyber Protect por Privacy and data breace Network security Media liability Regulatory costs Regulatory fines & penal Hacker theft Cyber extortion Crisis communication Consultant services E-payment contractual	h alties	erage for the follo	owing:	
Some covers may have ac	lditional terms and	d conditions imp	osed and sub	-limits applied.
I. POLICIES AND PROCE	EDURES			
a) Has data security and i isk register?	nformation techno	ology risk in gen	eral been add	ed to your compa
☐ YES ☐ NO				

If "NO", please provide de	tails:		
b) Do you have a written d	ata protection/infor	mation security policy?	?
☐ YES ☐ NO			
If "NO", please provide de	tails:		
(c) Does the policy (or in th	e absence of a pol	icy do you) provide gu	idance on;
	Yes	No	Comments
Responsibilities of the Information Security Officer or equivalent			
Network security (access rights, passwords, encryption etc)			
Mobile device security (inc. laptops, smart phones and memory devices)			
Use and storage of personally identifiable information & notification			
in case of a breach. Employee's use of social networking websites			
Use of unsecured WiFi networks			
Data backup procedures (please comment on how often backup takes place and whether this is offsite)			
(d) Are all employees traine YES NO If "NO", please provide de		are of the requirement	s of the policy?

(e) Are the se assessor?	curity standards set by the policy tested, has this involved a qualified security
☐ YES	□ NO
Please briefly	describe:
(f) Is the police	cy reviewed and updated on a regular basis?
☐ YES	□ NO
If so how freq	uently?
(g) Do you ma	aintain up to date (generally accepted) data security techniques?
☐ YES	□ NO
If you comply	with any industry standards e.g. ISO 27001, please briefly describe:
5. PAYMENT	CARD INFORMATION
(a) Do you ac	cept credit/debit or any other type of payment card information?
☐ YES	□ NO
If so what per	centage of turnover does this represent?%
(b) Do you pro	ocess payments on behalf of any other individual or organisation?
☐ YES	□ NO
If " YES" , plea	ase provide details:
(c) Are you fu Standards	Ily compliant with the applicable Payment Card Industry Data Security (PCI DSS)?

☐ YES	□ NO
Is compliance s	self certified?
☐ YES	□ NO
6. THIRD PAR	TY SERVICE PROVIDERS
	m use any third-party service providers to remotely host any activities (e.g web ance, data backup, payment services etc)?
☐ YES	□ NO
If "YES", pleas	se provide details:
	e due diligence carried out by or on behalf of the firm to ensure the service ecurity arrangements are adequate.
any losses s	ntract ensure that the third party service provider has a contractual liability for suffered by the insured for the failure of the service provide to adequately nsured's data?
☐ YES	□ NO
If "YES", pleas	se provide details:
Is this liability lin	mited, if so at what level?
7. CRISIS MAN	IAGEMENT
(a) Do you have security?	e a written crisis management plan that address breaches of data and network
☐ YES	□ NO
(b) How often is	s this reviewed and updated?
(c) Have you id response?	entified third party service providers to help you with crisis management and

☐ YES ☐ NO
If "YES", please provide details:
8. HISTORICAL LOSSES AND INCIDENTS
In the last 5 years;
(a) Have you notified any claims or circumstances under a liability policy (e.g. Cyber liability,
general liability, D&O liability, E&O etc) or any other insurance policy (property, B.I etc) arising from a breach of privacy, loss or theft of personal or commercial information or the unauthorised access of your computer network?
☐ YES ☐ NO
If "YES", please provide details:
(b) Has a regulator or recognised industry body ever investigated you in respect of personally identifiable information or requested information from you in this regard?
☐ YES ☐ NO
If "YES", please provide details:
(c) Have you ever received a complaint form a customer, employee or service provider in respect of their personally identifiable (or corporate) information?
☐ YES ☐ NO
If "YES", please provide details:

(d) Have you been the subject of a targeted attack on your computer system? YES		
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(e) Has your computer network/system been suspended or interrupted (voluntarily or otherwise) for any reason (e.g targeted or generalised attack, loss of data etc)? YES		
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		aim
If "YES", please provide details:	☐ YES ☐ NO	
	If "YES", please provide details:	

DECLARATION

Please read carefully the following statement prior to signing where indicated.

The completion of this proposal form does not bind the firm(s) or Insurer(s) to effect a Contract of Insurance, but if a policy is issued, this proposal form, together with any other information supplied prior to inception shall form the basis of any Contract of Insurance effected thereon.

I/We declare that the statements and particulars in this proposal form are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this proposal form, together with any other information supplied shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform the Insurer(s) of any material alteration to those facts occurring before the completion of the Contract of Insurance.

Signature of Partner / Director / Principal	
Name:	
Date:	
Policyholder:	

PREMIUM TAX FORM

Important:

The regulations with respect to the payment of premium tax within the European Union have changed over recent years, in particular following the "Kvaerner" European High Court Judgement in June 2001. Where it was previously the responsibility of the Insured to settle their overseas' premium tax liabilities locally with the relevant tax authorities, insurers are now increasingly being made strictly responsible for the collection of these tax amounts, along with the premium, and making the relevant payments on to those tax authorities. This is, of course the same way the UK premium tax arrangement have always operated.

For every country (including outside the EU, as other countries are now adopting similar regulations) where you have a domiciled office, you have a potential liability for insurance tax payable to the local authority. Accordingly, in order for insurers to evaluate your tax liabilities and collect the correct amount for payment to the relevant tax authorities in overseas jurisdiction (as well as in the UK), can you please provide a breakdown of your income for the last complete financial year arising from all domestic and overseas activities below. If income is derived from the United States of America or Australia, please specify the state in which the office is domiciled.

Country	Income derived from
	each domiciled office
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

Signed			
Date			