

Cyber Protect Proposal Form

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.

1. GENERAL INFORMATION

(a) Name of Policyholder _____

(b) Address of Principal Office _____

(c) Country of incorporation on the Policyholder and date of establishment.

(d) Website address _____

2. BUSINESS INFORMATION

(a) Please provide a clear description of the business activities of the Company(s):

(b) Please provide the following information for your Company

	USA	EU	RO
Employee Numbers			
Turnover			
Turnover from Web based trading			
Estimate of customer numbers			
Total Assets			

3. INSURANCE PROGRAMME

(a) Please state which insurance covers you are looking to obtain terms on:

	Limit Requested	Deductible Requested	Current Insurer	Current Premium
Standard Cyber Covers				
Business Interruption				

Standard Cyber Protect policy includes coverage for the following:

- Privacy and data breach
- Network security
- Media liability
- Regulatory costs
- Regulatory fines & penalties
- Hacker theft
- Cyber extortion
- Crisis communication
- Consultant services
- E-payment contractual penalties

Some covers may have additional terms and conditions imposed and sub-limits applied.

4. POLICIES AND PROCEDURES

(a) Has data security and information technology risk in general been added to your company risk register?

YES NO

If **"NO"**, please provide details:

(b) Do you have a written data protection/information security policy?

YES NO

If **"NO"**, please provide details:

(c) Does the policy (or in the absence of a policy do you) provide guidance 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 trained and/or made aware of the requirements of the policy?

YES NO

If **"NO"**, please provide details:

(e) Are the security standards set by the policy tested, has this involved a qualified security assessor?

YES NO

Please briefly describe:

(f) Is the policy reviewed and updated on a regular basis?

YES NO

If so how frequently? _____

(g) Do you maintain 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 accept credit/debit or any other type of payment card information?

YES NO

If so what percentage of turnover does this represent? _____%

(b) Do you process payments on behalf of any other individual or organisation?

YES NO

If "YES", please provide details:

(c) Are you fully compliant with the applicable Payment Card Industry Data Security Standards (PCI DSS)?

YES NO

Is compliance self certified?

YES NO

6. THIRD PARTY SERVICE PROVIDERS

(a) Does the firm use any third-party service providers to remotely host any activities (e.g web site maintenance, data backup, payment services etc)?

YES NO

If "YES", please provide details:

(b) Describe the due diligence carried out by or on behalf of the firm to ensure the service provider's security arrangements are adequate.

(c) Does the contract ensure that the third party service provider has a contractual liability for any losses suffered by the insured for the failure of the service provide to adequately protect the insured's data?

YES NO

If "YES", please provide details:

Is this liability limited, if so at what level? _____

7. CRISIS MANAGEMENT

(a) Do you have a written crisis management plan that address breaches of data and network security?

YES NO

(b) How often is this reviewed and updated? _____

(c) Have you identified third party service providers to help you with crisis management and response?

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 from 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 NO

If **“YES”**, please provide details:

(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 NO

If **“YES”**, please provide details:

(f) How long did the suspension or interruption last? _____

(g) Was there a loss of profits or an increase of costs associated with the suspension or interruption?

YES NO

If **“YES”**, please provide details:

9. WARRANTY STATEMENT

(a) Are you aware, after inquiry of any facts or circumstances that may give rise to a claim under the proposed policy?

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: _____

