

## CYBER PROPOSAL FORM

### I. General Information

Name and principal address of Applicant:

|                |           |           |  |
|----------------|-----------|-----------|--|
| Full Name:     |           |           |  |
| Home State     |           |           |  |
| Address:       |           |           |  |
| State/Country: | Zip Code: | SIC Code: |  |
| Website:       |           |           |  |

Business Description:

|  |
|--|
|  |
|--|

Annual Revenues:

- Healthcare applicants - please provide net patient revenues.
- Financial Institution applicants – please provide net interest income.
- All other applicants - please provide gross revenues.

|          | Last Complete Financial Year |
|----------|------------------------------|
| Revenue: | \$                           |

Non Domestic Revenues:

YES    NO

Do you have a presence i.e. “an establishment” in territories outside of your headquartered country?       

If yes please provide a breakdown by appendix to this application. Please note that revenues in Canada and Australia should be further broken down by province for tax purposes.

Records:

Please estimate number of individual personally identifiable (including licence number, healthcare information, credit/debit card information, financial information or personal information e.g. religion) records currently stored within your own or third party networks?

Please approximate:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Less than 50,000   | <input type="checkbox"/> 50,001 to 100,000    | <input type="checkbox"/> 100,001 to 250,000  |
| <input type="checkbox"/> 250,001 to 500,000 | <input type="checkbox"/> 500,001 to 1,000,000 | <input type="checkbox"/> More than 1,000,000 |

If greater than 1m we will require a supplementary application form to be completed



## II. Risk Management Controls

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1) Do you or your cloud hosting service back-up your data at least once per week and store these back-ups in a location that is separate from your physical premises?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Do you have anti-virus software and firewalls in place that are updated on at least a quarterly basis?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Do you encrypt all sensitive data that is physically removed from your premises by laptop, mobile/portable devices, USB or other means?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you PCI compliant?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Do you have a process in place that requires legal sign-off prior to content being published on your website, social media pages or physical media?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Do you, or your IT outsourced service provider, have a patch management policy in place that enables you to implement critical patches within 30 days?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Do at least two members of staff review and authorize any transfers or funds, signing of checks (above \$10,000) or for the issuance of instructions for the disbursement of assets, funds or investments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Is your organization compliant with all applicable laws or regulations for your business or required by jurisdiction where you conduct business e.g. HIPAA, CCPA, GLBA, PCI, etc.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) In the last 5 years have you (including any directors, officers or C Suite members) received, or are there currently pending, any claims, complaints or incidents which may be covered under the proposed insurance, and/or do you (including any directors, officers or C Suite members) have knowledge of any fact, circumstance, situation, event, or transaction which may give rise to a claim or loss under the proposed insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

|                                      |  |
|--------------------------------------|--|
| Please identify all critical vendors |  |
| Anti-Virus / Firewalls:              |  |
| Cloud Hosting:                       |  |
| Critical Software:                   |  |



### III. Quotation Options

**Aggregate Policy Limit – US Dollars** (check multiple boxes for options)

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 250,000   | <input type="checkbox"/> 500,000   | <input type="checkbox"/> 1,000,000 |
| <input type="checkbox"/> 2,000,000 | <input type="checkbox"/> 3,000,000 | <input type="checkbox"/> 5,000,000 |

### IV. Representations and Warranties

I/We represent as follows:

The application contents and associated representations, whether oral or written (the "Presentation") have been completed and provided to the Underwriters after proper inquiry and give a fair presentation of the risk.

I/We will immediately notify the Underwriters, before any policy is concluded, of any new or newly-discovered information that would have been included in the Presentation if known at the time.

I/We understand that if there is a failure to comply with the above, then the Underwriters will have legal remedies.

By signing this application I/We represent that the applicants for this coverage have duly authorized me/us to provide the Presentation, make these representations and execute insurance contracts on their behalf.

The above representation clauses shall prevail to the extent that they are permitted, or may otherwise be amended, by any similar provisions of any foreign, federal, state, or local statutory or common law and any rules or regulations promulgated under such laws.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

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

Date (Mo/Day/Yr): \_\_\_\_\_

## CYBER SUPPLEMENTARY PROPOSAL FORM

### I. Risk Management Controls

- |  | YES   | NO                       |
|--|---|--------------------------|
| 1) Are all employees trained and assessed in privacy and security related matters such as phishing, identity theft, social media and mobile devices on at least an annual basis? | <input type="checkbox"/>  | <input type="checkbox"/> |
| 2) Is user access based on an employee's job function and reviewed on at least an annual basis for suitability?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 3) Has your network been externally assessed / penetration tested in the last year?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 4) Have all critical recommendations from the above test been carried out? <i>If no, please provide details as an appendix to this application</i>                               | <input type="checkbox"/>  | <input type="checkbox"/> |
| 5) Do you have a data retention and destruction policy?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 6) Is critical data encrypted at rest i.e. In your systems or someone else's systems?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 7) Is sensitive data encrypted when outside of your systems e.g. In transit?   | <input type="checkbox"/>  | <input type="checkbox"/> |
| 8) Please estimate maximum number of personally identifiable records currently residing on any one server or centralized location.   |   |                          |
| <hr/>  |   |                          |
| 9) Do you limit remote access to two factor authentication only?   | <input type="checkbox"/>  | <input type="checkbox"/> |
| 10) Do you have a written Incident Response Plan that addresses security breaches or data breaches?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 11) Are vendors audited to ensure they meet your security standards?   | <input type="checkbox"/>  | <input type="checkbox"/> |
| 12) Do you have a privacy policy?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 13) Is your Incident Response Plan and Business Continuity Plan tested on at least an annual basis?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 14) What is the time taken to fully restore critical systems?  |   |                          |
|  | 0-4 hours   | <input type="checkbox"/> |
|  | 4-8 hours   | <input type="checkbox"/> |
|  | 8-12 hours  | <input type="checkbox"/> |
|  | 12-24 hours   | <input type="checkbox"/> |
|  | <i>If more than 24 hours please provide details as an appendix to this application</i>        |                          |
| 15) If appropriate to your business, is credit card information either encrypted or tokenized at all times.  | <input type="checkbox"/>  | <input type="checkbox"/> |
|  | <i>If no please provide details of protection in place as an appendix to this application</i> |                          |



## II. Representations and Warranties

I/We represent as follows:

The application contents and associated representations, whether oral or written (the "Presentation") have been completed and provided to the Underwriters after proper inquiry and give a fair presentation of the risk.

I/We will immediately notify the Underwriters, before any policy is concluded, of any new or newly-discovered information that would have been included in the Presentation if known at the time.

I/We understand that if there is a failure to comply with the above, then the Underwriters will have legal remedies.

By signing this application I/We represent that the applicants for this coverage have duly authorized me/us to provide the Presentation, make these representations and execute insurance contracts on their behalf.

The above representation clauses shall prevail to the extent that they are permitted, or may otherwise be amended, by any similar provisions of any foreign, federal, state, or local statutory or common law and any rules or regulations promulgated under such laws.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

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

Date (Mo/Day/Yr: \_\_\_\_\_