



Cyber Risk Proposal Form

Company or trading name _____

Address

Postcode Country

Telephone

Email

Website

Date business established

Number of employees

Do you have a Chief Privacy Officer (or Chief Information Officer) who is assigned responsibility for your global obligations under Data Protection and Privacy legislation? Yes No

Desired Coverages

Limits

Covers required	<input type="checkbox"/> Network Security and Privacy Liability	_____
	<input type="checkbox"/> Multimedia Liability	_____
	<input type="checkbox"/> Privacy Regulatory Defence and Penalties	_____
	<input type="checkbox"/> Business Interruption and Additional Costs of Working	_____
	<input type="checkbox"/> Crisis Management	_____
	<input type="checkbox"/> Cyber Extortion	_____

Financial information

Gross Annual Revenue	Last Year	<input type="text"/>
	Current Year	<input type="text"/>
	Next Year (estimated)	<input type="text"/>
% of gross annual revenue account for by sales or operations through your website		<input type="text"/> %
% of annual transactions paid by debit/credit card		<input type="text"/> %
Average Transaction value		<input type="text"/>
Percentage of last year's gross annual revenue generated from:		<input type="text"/> %
		<input type="text"/> %
		<input type="text"/> %
2014/15 IT system budget		<input type="text"/>

Network and Data Security

Do you store, process and or transmit any Sensitive Data on Your Computer System
(Tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Creditcardinformation | <input type="checkbox"/> Customer Information |
| <input type="checkbox"/> Healthcare information | <input type="checkbox"/> Money/Securities information |
| <input type="checkbox"/> Trade Secrets | <input type="checkbox"/> Intellectual Property Assets |

Do you process payments on behalf of others, including

e-Commerce transactions? Yes No

Do you outsource any part of Your network, computer system or information security functions? Tick all that apply

Vendor name providing services

Data center hosting

Managed Security

Data Processing

Application service Provider

Alert log monitoring

Offsite backup and storage

Do you require all vendors to whom You outsource data processing or hosting functions (e.g. data backup, application service providers etc) to demonstrate adequacy of their IT systems?

Yes No

If 'Yes', please indicate method of verification

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Do you have strict user revocation procedures on user accounts and inventoried recovery of all information assets following employee termination?

Yes No

Do you have anti-virus software on all computer devices, servers and networks that are updated in accordance with the software providers' recommendations?

Yes No

Do you have firewalls and intrusion monitoring detection in force to prevent and monitor unauthorised access?

Yes No

Do you have access control procedures and hard drive encryption to prevent unauthorised exposure of data on all laptops, PDAs, smartphones (e.g. Blackberry) and home-based PCs?

Yes No

Is your network configured to ensure that access to sensitive data is limited to properly authorised requests?

Yes No

Is all sensitive and confidential information stored on your databases, servers and data files encrypted?

Yes No

Do you have a document retention and destruction policy within your organisation?

Yes No

Do you provide awareness training for employees in data privacy and security, including legal liability issues, social engineering issues (e.g. phishing etc)?

Yes No

If 'Yes', please describe the medium and frequency of such training

Do you have strict user revocation procedures on user accounts and inventoried recovery of all information assets following employee termination?

Yes No

Do you have anti-virus software on all computer devices, servers and networks that are updated in accordance with the software providers' recommendations?

Yes No

Incident Response / Crisis Containment

Do you have a security incident response plan in case of a security breach?

Yes No

Does your security incident response plan include alternative options to account for incapacitated third party outsourcing providers who you depend on?

Yes No

Have you identified all regulatory and industry compliance frameworks?

Yes No

Please provide details on the following compliance frameworks:

Gramm-Leach Bliley Act 1999 Yes No

Date of latest audit

Health Insurance Portability and Accountability Act of 1996 Yes No

Date of latest audit

Payment Card Industry (PCI) Data Security Standard Yes No

If 'Yes', what level requirement 1 2

3 4

Date of latest audit

Do "You" have a Business Continuity Plan (BCP) and Disaster Recovery (DR) Plan? Yes No

12h or less 13-24h

More than 24h

Immediately After 6h

How long does it take to restore your operation after a computer attack or other loss/corruption of data?

After 12h After 24h

After 48h

Indicate time after which the inability of staff to access your internal computer network and systems would have a significant impact on your business

Is the operation and connectivity of your computer network business critical?

Yes No

Indicate time after which the inability for customers to access your website would have a significant impact on your business

Immediately After 6h

After 12h After 24h

After 48h

Briefly describe your recovery/contingency plans to avoid business interruption due to IT system failure, and/or alternative working procedures (inter-dependency, outsourcing etc)

Historical Information

Has any insurer ever cancelled or non-renewed a policy that provided the same or similar coverage as the insurance sought?

Yes No

Are You aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a Claim against You under the insurance sought?

Yes No

If 'Yes', please explain

Are you aware of any circumstances or incidents that have resulted in any claim against you and/or a claim against any insurance policy that provides the type of coverage being requested in this application?

Yes No

Have you or any past or present principal, partner, director or employee been subject to any disciplinary action or governmental action or investigation as a result of professional activities?

Yes No

During the past three years, have You experienced an interruption or suspension of Your computer system for any reason (not including downtime for planned maintenance), which exceeded 4 hours?

Yes No

Have you ever suffered an intentional breach of IT security, network damage, system corruption, or loss of data?

Yes No

Have you ever sustained a material or significant system intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar incident or situation?

Yes No

During the last three years has any customer or other person or entity alleged that their personal data has been compromised?

Yes No

During the last three years have you notified customers that their information was or may have been compromised?

Yes No

Have You reported any occurrences, claims or losses to any Insurer in the past 5 years that provided the same or similar insurance to the Insurance Sought?

Yes No

Declaration

We Hereby declare that the statement made by us in this Questionnaire and proposal are, to be best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s).

It is agreed that the insurers are liable in accordance with the terms of the policy only and that the insured will not lodge any other claim of whatsoever nature.

The insurers undertake to deal with this information in strict confidence.

Signature of Proposer: _____ Date: _____

Liability does not begin until this proposal has been accepted by the Company and the premium paid, except as provided by any official cover note by the Company

