



INSURANCE FOR COMPANIES THAT RELY ON TECHNOLOGY

PROPOSAL FORM

INTRODUCTION

The purpose of this proposal form is for us to find out who you are and to obtain information relevant to the cover provided by the Esurance™ C&P policy. Completion of this proposal form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this proposal form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this proposal form will form the basis of the contract.

Important: Insuring Clauses 1A-D, 3, 5, 6 and 7 of this Policy provide cover on a claims made basis. Under these Insuring Clauses a claim must be first made against the Insured and notified to us during the period of the policy to be covered. These Insuring Clauses do not cover any claim arising out of any actual or alleged wrongful act occurring before the Retroactive Date.

HOW TO COMPLETE THIS FORM

This proposal form is for a cyber and privacy insurance policy. Whoever fills out this form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra room to complete the answers to questions contained within this proposal form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

SECTION I: COVER REQUIRED

I.1 Please indicate the cover that you require:

- | | | |
|---|------------------------------|-----------------------------|
| a) Liability for breaches of personal, corporate, and / or employee sensitive data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Liability for civil and contractual fines for privacy breaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Your own costs for privacy breach notification and associated loss mitigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Your costs to rectify lost, damaged or destroyed data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Your loss of income in the event of a systems failure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Liability arising from hack attacks or computer virus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Your losses arising from electronic fraud? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Liability for intellectual property rights infringement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Liability for defamation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j) Liability for breaches of your statutory e-commerce duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 2: GENERAL RISK INFORMATION

- 2.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Applicant name: _____	
Nature of business: _____	
Applicant address: _____ _____ _____	
Postcode: _____	
Head office location: _____	Year business established: _____
Public facing URLs: _____	
Total employees: _____	% Clerical (Office Based): _____

- 2.2 Please state your fees received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic turnover:	_____	_____	_____
US turnover:	_____	_____	_____
Other turnover:	_____	_____	_____
Total turnover:	_____	_____	_____
% Online turnover:	_____	_____	_____

Currency:

Financial Year End:

SECTION 3: CORPORATE NETWORK INFORMATION

- 3.1 Please indicate which of the following are managed internally (INT), which are outsourced to third party providers (OUT), and which do not exist (NONE):

Public facing web servers:	<input style="width: 100%; height: 20px;" type="text"/>	Web / e-mail content filtering:	<input style="width: 100%; height: 20px;" type="text"/>
Intranet web servers:	<input style="width: 100%; height: 20px;" type="text"/>	Firewalls:	<input style="width: 100%; height: 20px;" type="text"/>
Virtual private network:	<input style="width: 100%; height: 20px;" type="text"/>	E-mail services:	<input style="width: 100%; height: 20px;" type="text"/>
File servers:	<input style="width: 100%; height: 20px;" type="text"/>	Penetration testing:	<input style="width: 100%; height: 20px;" type="text"/>
Database servers:	<input style="width: 100%; height: 20px;" type="text"/>	Vulnerability scanning:	<input style="width: 100%; height: 20px;" type="text"/>
Desktops:	<input style="width: 100%; height: 20px;" type="text"/>	VoIP telephony:	<input style="width: 100%; height: 20px;" type="text"/>
IT support / helpdesk:	<input style="width: 100%; height: 20px;" type="text"/>	Internet service provision:	<input style="width: 100%; height: 20px;" type="text"/>
Payment processing:	<input style="width: 100%; height: 20px;" type="text"/>		

3.2 Please provide details in relation to your network size, where exact numbers are unknown please provide your best estimate:

a) Approx no. of servers:	<input type="text"/>	d) Number of server locations:	<input type="text"/>
b) Approx no. of desktops:	<input type="text"/>	e) Average daily web unique visits:	<input type="text"/>
c) Approx no. of portable devices:	<input type="text"/>		

3.3 In the event of a system interruption (including web downtime), what is your maximum estimated daily financial loss?
 Note: This figure will set the maximum limit for your system business interruption cover

3.4 How quickly will you realise a financial loss in the event of a systems outage (most critical system)? hours

- 3.5 Have you got a fully documented and tested business continuity plan in place? Yes No
- 3.6 Have your systems been subject to a third party security audit? Yes No
- 3.7 If yes, have all high risk recommendations from your most recent security audit been implemented? Yes No
- 3.8 Have your systems been audited as being compliant with ISO 27001 or equivalent? Yes No
- 3.9 Do your internal IT systems comply with all our minimum security requirements detailed below? Yes No

- Anti-virus software must be installed on all desktops and servers (excl database servers) and updated on at least a weekly basis;
- All external network gateways must be protected by a firewall;
- All critical data must be backed up on at least a weekly basis;
- All back-ups should be stored in a secure location offsite or in a fireproof safe; and
- The integrity of all back-ups should be verified on at least a monthly basis.

If No, then please explain:

- 3.10 Do you have a Service Level Agreement in place with all outsourcing suppliers? Yes No
- 3.11 Do you have an Internet and Email Acceptable Usage Policy that is incorporated into the contract of employment with all your staff? Yes No

SECTION 4: INTERNET / ONLINE DETAILED ACTIVITIES

4.1 Please indicate which of the following are available through any of your publicly accessible websites:

User generated content:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discussion forum/chat room:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gambling:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social networking:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult entertainment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dating:	<input type="checkbox"/> Yes <input type="checkbox"/> No
File downloads:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auctions / e-marketplace:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collection of sensitive data:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

4.2 Do you perform or offer any of the following activities or services?

Bulk e-mail marketing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client /supplier remote access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application service provision:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-sale of private data:	<input type="checkbox"/> Yes <input type="checkbox"/> No
White-labelling:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

4.3 Please provide the approximate percentage split of your e-commerce turnover derived from the following sources:

a) Subscription services:	<input type="text"/> %	c) Product sales (excl subscription):	<input type="text"/> %
b) Third-party advertising:	<input type="text"/> %	d) Other:	<input type="text"/> %

If you have selected "Other", please provide further details:

4.4 How often does content change on your website:

4.5 If you have indicated that you operate a discussion forum or chat room, are all posts actively moderated Yes No (if yes, please state whether employed, contracted, or volunteer)?

4.6 How quickly are offensive posts removed from your website? hours

4.7 Do you have full authority to remove posts? Yes No

4.8 If you have indicated that you offer user generated content, do you have a specific policy for identifying illegal or offensive content? Yes No

4.9 How quickly do you remove content that has been notified to you as unacceptable or infringing? hours

SECTION 5: PRIVACY

5.1 Please detail which of the following data types you store on your networks, or on your hosting providers' servers:

Credit / debit card details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical records / health info:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social security numbers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Customer bank records / details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual names and address:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employee bank records / details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-mail addresses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Third party trade secrets:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit history and ratings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Third party corporate confidential data:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5.2 Approximately how many private individuals (incl. employees) do you hold sensitive data on:

5.3 Does your company sell or share personally identifiable data to / with third parties? Yes No

5.4 Are you subject to any of the following privacy regulations?

a) Payment Card Industry Data Security Standard:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Gramm-Leach-Bliley:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Financial Services & Markets Act:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Healthcare Insurance Portability & Accountability Act:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details of other privacy regulations:

- 5.5 Do you ensure all sensitive data (as described above) in encrypted while standing and during transmission? Yes No
- 5.6 Do you have a privacy policy on your website and has it been legally reviewed? Yes No
- 5.7 Do you have a specific policy for managing all “opt-in” / “opt-out” marketing requests? Yes No
- 5.8 Do you outsource the handling of sensitive data to any third party? Yes No
- 5.9 Do you employ a specific individual with responsibility for information security? Yes No

SECTION 6: CLAIMS EXPERIENCE AND INSURANCE HISTORY

6.1 Please provide details of your current insurance policies (unless you are already insured with CFC):

Type of Insurance	Retroactive Date	Expiry Date	Limit	Excess	Premium	Insurer
Cyber / Privacy Liability:	DD / MM / YY	DD / MM / YY				
Professional Indemnity:	DD / MM / YY	DD / MM / YY				

6.2 If you do not currently have cyber / privacy liability insurance please state the following:

	Option 1	Option 2
Limit required:		
Excess preferred:		

6.3 Regarding all of the types of insurance to which this proposal form relates **AFTER ENQUIRY**:

- are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?
- has there ever been an unforeseen outage of your website for more than 3 (three) hours?

With reference to questions a, b, c, d and e above Yes No

If the answer to the above is ‘Yes’, then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

SECTION 7: DECLARATION

- I / we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact.
- I / we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____	Full Name: _____
Position held at Insured: _____	Date: DD / MM / YY

ADDITIONAL INFORMATION: