

Important notices to applicants regarding the completion of this proposal form

Duty to make a fair presentation of the risk/ disclose material information

From 12 August 2016, the duty of disclosure for commercial insurance contracts changed with the implementation of the Insurance Act 2015 (“The Act”). For risks incepting or renewing on or after 12 August 2016, you have a duty to make “a fair presentation of the risk”. To meet this duty, you need to disclose all material information to Insurers which is known to you (or which ought to be known to you). Information is material if it would influence the judgement of a prudent insurer in establishing the premium or determining whether to underwrite the risk and, if so, on what terms. Material information does not necessarily have to actually increase the risk of the insurance under consideration.

Data Protection Act 1998

The information, which you provide to us, along with other related information, will be held by DUAL Corporate Risks Limited and used to administer your insurance requirements. All enquiries about our data protection policy should be addressed to: Head of Compliance, DUAL Corporate Risks Limited.

01. General information

Name & address of applicant

Full name

Company name

Street City

Postcode Country

Website

Business activities

01. General information continued

Annual revenue (GBP)

	Last complete financial year	Current year (estimate)	Next year (estimate)
UK revenue
US revenue
ROW revenue*

*For ROW revenue, please provide a split of revenue by country as an appendix to this application

02. Risk assessment

Data

- Please estimate the total number of unique individuals for whom records are currently stored by the applicant

.....

Network security assessment

	Yes	No
1 Does the applicant Conduct Vulnerability assessments / penetration tests of its network at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please can you confirm that critical deficiencies are remediated	<input type="checkbox"/>	<input type="checkbox"/>
2 Have firewalls at all external connection points?	<input type="checkbox"/>	<input type="checkbox"/>
3 Run anti-virus on its network?	<input type="checkbox"/>	<input type="checkbox"/>
4 Operate a patch management strategy?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have intrusion prevention or detection software in place?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is there a process in place to review intrusion logs and immediately escalate critical alerts?	<input type="checkbox"/>	<input type="checkbox"/>
6 Permit remote access to its corporate network?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is this limited to two-factor authentication only?	<input type="checkbox"/>	<input type="checkbox"/>

Handling sensitive or critical data

Does the applicant:	Yes	No
1 Isolate critical/sensitive information in its own segregated environment?	<input type="checkbox"/>	<input type="checkbox"/>
2 Encrypt critical/sensitive information whilst at rest?	<input type="checkbox"/>	<input type="checkbox"/>
3 Encrypt critical/sensitive information in transit?	<input type="checkbox"/>	<input type="checkbox"/>

02. Risk assessment (continued)

Mobile & portable devices

Does the applicant:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 Store sensitive data on any mobile or portable device, including back-up tapes?
If yes, is such sensitive data encrypted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Permit Bring-Your-Own-Device (BYOD)?
If yes, does the applicant have a policy that governs BYOD usage and controls? | <input type="checkbox"/> | <input type="checkbox"/> |

Data recovery & network business interruption assessment

Does the applicant:

- | | Yes | No |
|---|---|--------------------------|
| 1 Back-up all sensitive/critical data at least daily?
If yes, are these back-ups stored off-site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 How long does it take to restore the applicant's critical systems following a network outage? | | |
| <input type="checkbox"/> Less than 8 hours | <input type="checkbox"/> Between 8 and 12 hours | |
| <input type="checkbox"/> Between 12 and 24 hours | <input type="checkbox"/> More than 24 hours | |

Incident management

- 1** Please tick below to indicate which of the following the applicant has in place?

- Business Continuity Planning
- Incident response plan
- Disaster recovery plan

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2 Does the applicant test these plans at least annually? | <input type="checkbox"/> | <input type="checkbox"/> |

Multimedia assessment

Does the applicant:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 Have a process in place to review media content (website, social media or otherwise prior to publication)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Have processes in place to take down content that is deemed offensive? | <input type="checkbox"/> | <input type="checkbox"/> |

02. Risk assessment (continued)

Claims & insurance history

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1 In the last 5 years, has the applicant received or sustained, or is there currently pending, any claims, complaints or incidents which may be covered under the proposed insurance and/or does the applicant 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"/> |

Insurance history

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 During the last 5 years, has any insurance policy providing materially the same or similar insurance as the insurance being applied for under this application been declined, cancelled or non-renewed at the decision of the insurer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Does the applicant presently procure a stand-alone cyber insurance policy? | <input type="checkbox"/> | <input type="checkbox"/> |

If you entered no for any of the above please provide further details.

Declaration

I/We declare that the answers to the questions in this proposal form are true and accurate having consulted with all partners or directors and other persons involved in the management of the applicant firm.

This application must be signed by a corporate officer with authority to sign on the applicant's behalf.

I/we understand that the information provided will be used in deciding whether the insurer will accept the application, the terms of any policy provided and the price charged by the insurer for the risk

Signed Title

Print name Date

03. Supplementary questions

Payment card industry assessment

Does the applicant:

1 Accept credit card payments for its good or services?

Yes

No

If yes:

i) What level of PCI merchant is the applicant?

1.	2.	3.	4.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ii) What is the approximate percentage of annual revenue attributable to credit card transactions?

.....

iii) How many credit or debit card transactions does the applicant process annually?

.....

2 Is the applicant compliant with Payment Card Industry Data Security Standards as of this application date?

3 Does the applicant store credit card data on its network?

If yes:

i) Is credit card data either encrypted or tokenised at all times?

ii) If the credit card data is not encrypted or tokenised, how is it secured?

4 Is credit card data sent to a payment processor?

If yes, has the payment processor provided evidence of its PCI compliance to the applicant?

03. Supplementary questions (continued)

Vendor management

1 Please identify all vendors that have access to the applicant’s data or who help to manage the applicant’s network or security systems

Name of vendor	Nature of service
.....
.....
.....
.....
.....
.....
.....
.....

	Yes	No
1 Are vendor access rights periodically reviewed?	<input type="checkbox"/>	<input type="checkbox"/>
2 Is vendor access on the applicant’s network monitored?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant comply with privacy and data protection legislation applicable to all jurisdictions and industry standards in which it operates? (eg Data Protection Act, EU Data Protection Regulations, Australian Data Privacy Principles)	<input type="checkbox"/>	<input type="checkbox"/>

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Helping you do more