

Professional Indemnity Insurance Proposal Form

Cyber

## Return to:

Professional Insurance Agents Unit 9, Pacific House Sovereign Harbour Innovation Park 1 Easter Place, Eastbourne East Sussex BN23 6FA

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## Cyber Professional Indemnity Insurance

Name of Business:	Section 1					
Contact Name:       Mobile:         Full Postal Address:       Tel:         Full Postal Address:       Fax:         Website:       E-mail:         Company Number:       Date Established:         Number of Employees (if applicable):       Date Established:         2) Full description of business activities:	1)					
Full Postal Address:       rel:         Post Code:       Fax:         Post Code:       Fax:         Company Number:       Date Established:         Number of Employees (if applicable):       Date Established:         2) Full description of business activities:	Name of Business:					
Post Code:       Fax:         Post Code:       Fax:         Website:       E-mail:         Company Number:       Date Established:         Number of Employees (if applicable):       Date Established:         2) Full description of business activities:	Contact Name:		Mobile:			
Website:       E-mail:         Company Number:       Date Established:         Number of Employees (if applicable):       Date Established:         2) Full description of business activities:	Full Postal Address:		Tel:			
Company Number:       Date Established:         Number of Employees (if applicable):		Post Code:	Fax:			
Number of Employees (if applicable):         2) Full description of business activities:         2) Full description of business activities:         3) Turnover for the most recently completed financial year or estimate if you are a new business start up:         4)         a) Is all personally identifiable and confidential information that is removed from your premises in any electronical format encrypted?         b) Have you got anti virus software installed and enabled on all desktops, laptops, servers (excluding data base servers) and it is updated on a regular monthy basis?         c) Have you got firewalls installed within your networks, including on all external gateways?       Yes         c) Have you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe, or does your outsourced service provider meet this requirement?       Yes       No         e) If you store medical records or patient data, when transmitting this over open networks and/or       Yes       No       N/A         f) Do you have a business continuity plan in place that is tested annually and can you also confirm that your       Yes       No       N/A         g) If you process or store credit card information (where this is not outsourced to a third party that accept full regonsbillity for PL compliance), any ou confirm that you are been certified as being       Yes       No         g) If you process or store credit and information, please provide explanations below       ////////////////////////////////////	Website:		E-mail:			
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3) Turnover for the most recently completed financial year or estimate if you are a new business start up:         4)         a) Is all personally identifiable and confidential information that is removed from your premises in any electronical format encrypted?         b) Have you got anti virus software installed and enabled on all desktops, laptops, servers (excluding data base servers) and it is updated on a regular monthly basis?       \text{Ves}       \text{No}         c) Have you got firewalls installed within your networks, including on all external gateways?       \text{Ves}       \text{No}         d) Do you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe, or does your outsourced service provider meet this requirement?       \text{Ves}       \text{No}         d) Do you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe, or alore data, when transmitting this over open networks and/or       \text{Yes}       \text{No}         d) Do you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe, or alore data, when transmitting this one or pose your outsourced service provide meet this requirement?       \text{Yes}       \text{No}       \text{N/A}         f) Do you have a business continuity plain in place that is tested annually and can you also confirm that your systems can be back up and running within 12 hours of a breach?       \text{Yes}       \text{No}       \text{N/A}         f) Complant within the last IZ months or you have successfully completed as lefas	Number of Employees (if applicab	le):				
4)         a) Is all personally identifiable and confidential information that is removed from your premises in any electronical format encrypted?       No         b) Have you got anti virus software installed and enabled on all desktops, laptops, servers (excluding data ves       Yes       No         b) Have you got firewalls installed within your networks, including on all external gateways?       Yes       No         c) Have you got firewalls installed within your networks, including on all external gateways?       Yes       No         d) Do you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe, or does your outsourced service provider meet this requirement?       Yes       No         e) If you store medical records or patient data, when transmitting this over open networks and/or yes       Yes       No       N/A         storing this on portable devices, do youensure that this is encrypted?       If you have a business continuity plan in place that is tested annually and can you also confirm that your yes       No       N/A         g) If you process or store credit card information (where this is not outsourced to a third party that accepts full responsibility for PCI compliance), can you confirm that you have been certified as being Yes       No       N/A         f) bu our eccently carried out an IT security audit and effected all recommendations and requirements from this?       Yes       No         f Yes?', please provide a copy of the audit       1) bo you use a third party to hosty you	2) Full description of business acti	vities:				
4)         a) Is all personally identifiable and confidential information that is removed from your premises in any electronical format encrypted?       No         b) Have you got anti virus software installed and enabled on all desktops, laptops, servers (excluding data ves       Yes       No         b) Have you got firewalls installed within your networks, including on all external gateways?       Yes       No         c) Have you got firewalls installed within your networks, including on all external gateways?       Yes       No         d) Do you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe, or does your outsourced service provider meet this requirement?       Yes       No         e) If you store medical records or patient data, when transmitting this over open networks and/or yes       Yes       No       N/A         storing this on portable devices, do youensure that this is encrypted?       If you have a business continuity plan in place that is tested annually and can you also confirm that your yes       No       N/A         g) If you process or store credit card information (where this is not outsourced to a third party that accepts full responsibility for PCI compliance), can you confirm that you have been certified as being Yes       No       N/A         f) bu our eccently carried out an IT security audit and effected all recommendations and requirements from this?       Yes       No         f Yes?', please provide a copy of the audit       1) bo you use a third party to hosty you						
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a) is all personally identifiable and confidential information that is removed from your premises in any       Yes       No         b) Have you got anti virus software installed and enabled on all desktops, laptops, servers (excluding data       Yes       No         c) Have you got anti virus software installed and enabled on all desktops, laptops, servers (excluding data       Yes       No         d) Do you take regular monthly basis?       Yes       No         c) Have you got firewalls installed within your networks, including on all external gateways?       Yes       No         d) Do you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe,       Yes       No         e) If you store medical records or patient data, when transmitting this over open networks and/or       Yes       No       N/A         f) Do you have a business continuity plan in place that is tested annually and can you also confirm that your       Yes       No       N/A         g) If you process or store credit card information (where this is not outsourced to a third party that accepts full responsibility for PCI compliance), can you confirm that you have bace entrified as being       Yes       No       N/A         f) Pou have answered "NO" to any of the above questions, please provide a self-assessment audit?       If you have answered "NO" to any of the above questions, please provide explanations below       If 'YEs', please provide a copy of the audit       I) Do you use a third party to host your data?		completed financial year or estimate i	f you are a new business sta	rt up:		
base servers] and it is updated on a regular monthly basis? Ites Invo   c) Have you got firewalls installed within your networks, including on all external gateways? Yes No   d) Do you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe, or does your outsourced service provider meet this requirement? Yes No   e) If you store medical records or patient data, when transmitting this over open networks and/or storing this on portable devices, do youensure that this is encrypted? Yes No   f) Do you have a business continuity plan in place that is tested annually and can you also confirm that your yets No N/A   g) If you process or store credit card information (where this is not outsourced to a third party that accepts full responsibility for PCI compliance), can you confirm that you have been certified as being Yes No   pCI compliant within the last 12 months or you have successfully completed a self-assessment audit? Yes No   if Yes', please provide a copy of the above questions, please provide explanations below   if Yes', please provide a copy of the addit   i) Do you use a third party to host your data? Yes No   if YEs', please provide their company nome and the city/country that they are based in: <b>5.</b> a) After full enquiry, you are not aware of any circumstances, complaints, claims, loss, penalties, or fines   levied against you in the last five years, in relation to the risks that this application relates to?   b) You are not aware of any circumstance or complaints against you in relation to data protection or security, or any actual security violatio	-	Yes	🗌 No			
d) Do you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe, Yes   or does your outsourced service provider meet this requirement? No   e) If you store medical records or patient data, when transmitting this over open networks and/or Yes   f) Do you have a business continuity plan in place that its is encrypted? No   f) Do you have a business continuity plan in place that its tested annually and can you also confirm that your Yes   g) If you process or store credit card information (where this is not outsourced to a third party that   accepts full responsibility for PCI compliance), can you confirm that you have been certified as being Yes   PCI compliant within the last 12 months or you have successfully completed a self-assessment audit? No   f/ you have answered "NO" to any of the above questions, please provide explanations below   h) Have you recently carried out an IT security audit and effected all recommendations and requirements Yes   if "YES", please provide a copy of the audit   i) Do you use a third party to host your data?   f" "YES", please provide their company name and the city/country that they are based in: <b>5.</b> a) After full enquiry, you are not aware of any circumstances, complaints, claims, loss, penalties, or fines   b) You are not aware of any circumstance or complaints against you in relation to data protection or security, or any cardiant seguints wou in relation to the risks that this application relates to?   b) You are not aware of any circumstance or complaints against you in relation to data protection or security, or any actual security violations or securi		Yes	🗌 No			
or does your outsourced service provider meet this requirement? Ites Ind   e) If you store medical records or patient data, when transmitting this over open networks and/or Yes No N/A   f) Do you have a business continuity plan in place that is tested annually and can you also confirm that your Yes No   g) If you process or store credit card information (where this is not outsourced to a third party that accepts full responsibility for PCI compliance), can you confirm that you have been certified as being PCI compliant within the last 12 months or you have successfully completed a self-assessment audit? No N/A   h) Have you recently carried out an IT security audit and effected all recommendations and requirements from this? Yes No   if "YES", please provide a copy of the audit if "YES", please provide their company name and the city/country that they are based in: Yes No   s. a) After full enquiry, you are not aware of any circumstances, complaints, claims, loss, penalties, or fines levied against you in the last five years, in relation to the risks that this application relates to? Yes No	c) Have you got firewalls installed	🗌 Yes	🗌 No			
storing this on portable devices, do youensure that this is encrypted? Items Into Items Internation Into Items Into Items Into Items Into Items		Yes	🗌 No			
systems can be back up and running within 12 hours of a breach?		🗌 No	🗌 N/A			
accepts full responsibility for PCI compliance), can you confirm that you have been certified as being Yes No N/A   PCI compliant within the last 12 months or you have successfully completed a self-assessment audit? If you have answered "NO" to any of the above questions, please provide explanations below   (h) Have you recently carried out an IT security audit and effected all recommendations and requirements from this? If "YES", please provide a copy of the audit (i) Do you use a third party to host your data? If "YES", please provide their company name and the city/country that they are based in: 5. a) After full enquiry, you are not aware of any circumstances, complaints, claims, loss, penalties, or fines levied against you in the last five years, in relation to the risks that this application relates to? b) You are not aware of any circumstance or complaints against you in relation to data protection or security, or any actual security violations or security breaches either currently or in the last five years?		Yes	🗌 No			
h) Have you recently carried out an IT security audit and effected all recommendations and requirements       Yes       No         from this?       If "YES", please provide a copy of the audit       Yes       No         j0 Do you use a third party to host your data?       Yes       No         ff "YES", please provide their company name and the city/country that they are based in:       Yes       No         ff "YES", please provide their company name and the city/country that they are based in:       Yes       No         ff "YES", please provide their company name and the city/country that they are based in:       Yes       No         ff "YES", please provide their company name and the city/country that they are based in:       Yes       No         scalar       Yes       No       No         for yets'', please provide their company name and the city/country that they are based in:       Yes       No         scalar       Yets       Yets       No         scalar       Yets       No       Yets       No         scalar       Scalar       Yets       Yets       No         scalar       Yets       Yets       No         scalar       Yets       Yets       No         scalar       Yets       No       No         b) You are not aware of any circumstance or compla	accepts full responsibility for PCI c	🗌 No	🗌 N/A			
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<ul> <li>i) Do you use a third party to host your data?</li> <li>if "YES", please provide their company name and the city/country that they are based in:</li> <li><b>5.</b></li> <li>a) After full enquiry, you are not aware of any circumstances, complaints, claims, loss, penalties, or fines levied against you in the last five years, in relation to the risks that this application relates to?</li> <li>b) You are not aware of any circumstance or complaints against you in relation to data protection or security, or any actual security violations or security breaches either currently or in the last five years?</li> </ul>	from this?	Yes	🗌 No			
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levied against you in the last five years, in relation to the risks that this application relates to?       Image: test im	5. a) After full enquiry you are not a	ware of any circumstances, complaint	s claims loss papaltias orf	ines		
or any actual security violations or security breaches either currently or in the last five years?		Yes	🗌 No			
If you have answered "NO" to the above two questions, please provide full details of the losses/claims/circumstances:		🗌 Yes	🗌 No			
	If you have answered "NO" to the above	ve two questions, please provide full details	s of the losses/claims/circumstar	nces:		1

6) What is the amount of indemnity you require?											
50,000 🗌	100,000 🗌	250,000 🗌	500,000 🗌	100,000,000	200,000,000	Other:					
						-					

## Section 2 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me/us by the Insurer.

Signature of Principal / Partner / Director:

Date:

Full Name:

\*\*By signing this declaration, on behalf of our company and any applicable employees, we are also consenting to PIA sending relevant insurance information to us as part of their services. This consent can be withdrawn at any time by giving written notice to PIA.

Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents Limited' to seek terms on my/our behalf from Insurers; including current Insurers