**Cyber/Privacy/Multimedia Liability Proposal Form**

1)

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| Name of Business: | | Contact Name: |
| Address: | | Date established: |
| Fax: |
| Tel: | Mobile: | Email: |
| Website: | | Company Number: |
| Number of Employees (if applicable) | |  |

2)

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| **Full description of business activities:** |

3)

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| --- | --- |
| **Turnover for the most recently completed financial year or estimate if you are a new business start up:** |  |

4)

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| --- | --- |
| **Is all personally identifiable and confidential information that is removed from your premises in any electronical format encrypted?** | YES  NO |
| **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?** | YES  NO |
| **Have you got firewalls installed within your networks, including on all external gateways?** | YES  NO |
| **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 |
| **If you store medical records or patient data, when transmitting this over open networks and/or storing this on portable devices, do you ensure that this is encrypted?** | YES  NO  N/A |
| **Do you have a business continuity plan 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?** | YES  NO |
| **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?** | YES  NO |
| **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** | YES  NO |
| **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.** | YES  NO |

**IF YOU HAVE ANSWERED “NO” TO ANY OF THE ABOVE QUESTIONS IN SECTION 4, PLEASE PROVIDE EXPLANATIONS IN THE ADDITIONAL INFORMATION BOX**

5)

|  |  |
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| **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 |
| **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 |
| **If you have answered NO to the above two questions, please provide full details of the losses/claims/circumstances** | |

6)

**What is the amount of indemnity you require?** 50,000  100,000  250,000  500,000  1,000,000  2,000,000

Other, please advise \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

**I/We declare that after proper inquiry 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 application 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 completion of the contract**

Full Name: Position:

Signed: Date:

***Please note the signing of this application does not bind the applicant or the Insurer to complete the Insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued.***

***If the information supplied on this application changes between the date of this application and the inception date of insurance, please immediately notify us of such changes. The Insurer may withdraw or modify any outstanding quotations, authorisations or agreements to bind the insurance.***

***All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated into this application***

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| **Additional Information:** |