

Cyber Suite Insurance Proposal



NOTES

1. Please answer all questions as fully as possible.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. If you have a brochure about your Company's operation(s), please forward it with this proposal.
4. Material contained in the Proposer's website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
5. If cover is required for any subsidiary companies, information relating to these is taken into account in completing the remainder of the form.
6. The form must be signed and dated by a Director of the Company.

SECTION A: GENERAL INFORMATION

1. Name of Proposer

2. Address

Zip/Post code:

3. Telephone

Fax

Email

4. When was the Proposer's business established?

5. List all subsidiaries (please attach a separate sheet and ensure that all the information supplied on this proposal applies to these subsidiaries as well)

6. Please describe a brief overview of business operations of parent/subsidiaries

7. Corporate web site addresses

8. Current Annual Gross Revenue/Turnover

£/\$/€

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9. Please indicate the percentage of the current calendar year's revenues attributable to:

USA/Canada ____ Europe ____ Rest of the World ____

Indicate which months of year if a peak season

10. Past calendar year Annual Gross Revenue/Turnover

£/\$/€

11. Please indicate the percentage of past calendar year's revenues attributable to:

USA/Canada ____ Europe ____ Rest of the World ____

12. Estimate for next calendar year Annual Gross Revenue/Turnover

£/\$/€

13. Please estimate the percentage of the next calendar year's revenues attributable to:

USA/Canada ____ Europe ____ Rest of the World ____

14. Number of employees

SECTION B: FIRST PARTY

Completion only required where Section 1 of policy is requested

1. Has the Proposer designated a Chief Security Officer? Yes No

If 'No', please indicate what position (if any) is responsible for computer security

2. Does the Proposer publish and distribute written computer and information systems policies and procedures to its employees? Yes No

3. Does the Proposer have:

a. a disaster recovery plan? Yes No

b. a business continuity plan? Yes No

c. an incident response plan for network intrusions and virus incidents? Yes No

How often are such plans tested?

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What procedures are in place?

4. Is all valuable/sensitive data backed-up by the Proposer on a daily basis? Yes No

If 'Yes', where to?

If 'No', please describe exceptions below

5. How often are virus signatures updated?

- Automatic
- Weekly
- Monthly
- Other

6. Does the Proposer enforce software update process with the installation of software patches? Yes No

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COBRA London Markets is an accredited Lloyd's Broker, and is authorised and regulated by the
Financial Services Authority (Ref No 310954)

Sybaris Special Risks Ltd is registered as a company in England and Wales No 08151038
Registered Office : 1 Minster Court, Mincing Lane, London EC3R 7AA

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7. Are critical patches installed within 30 days of release? Yes No

8. Please describe your network infrastructure vendors

a. Firewall

b. IPS/IDS

c. Anti-virus

d. ISP

e. Intrusion Detection

f. Systems Management – Is it configured to report on policy breaches?

9. Does the Proposer require any IT service providers to demonstrate adequate security policies and procedures? Yes No

10. Are IT service providers required by contract to indemnify the Proposer for harm arising from a breach of the provider's security? Yes No

11. How dependent is your business on the continuous operation of your computer network?
Please include financial impact where possible

High Dependency
(an outage of 1-4 hours would significantly impact operations) Yes No

Moderate Dependency
(an outage of 4-24 hours would significantly impact operations) Yes No

Low Dependency
(an outage of 24 hours or more would significantly impact operations) Yes No

If 'High Dependency', estimated financial impact for a 4-hour outage
(or indicate unknown)

If 'Moderate Dependency', estimated financial impact for a 12 hour
outage (or indicate unknown)

If 'Low Dependency', estimated financial impact for a 24 hour outage
(or indicate unknown)

12. Please indicate the percentage of your revenues obtained from your
customer facing websites

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13. If you outsource IT or business process to others, (such as hosting, EDP, call centres/customer service, etc.) please identify the major independent contractors:

Vendor Name/Country	Service Performed

14. Has the Proposer suffered any incidents or losses in the last three years that would potentially be covered by this (first party) insurance? (including computer intrusion, network interruption or suspension extortion threat, or damage to electronic data or programmes) Yes No

If 'Yes', please attach details on a separate sheet including the date of such claim or loss, the amount of the loss, the length of time the network was interrupted or suspended, whether any insurance policy was noticed and the status of any outstanding reserve and/or payment, and any remedial action taken

15. Is the Proposer aware of any systems related problem, extortion threat, or network outage, which is likely to lead to suffering a loss or claim that would be covered by this insurance? Yes No

If 'Yes', please attach details of each problem or network outage on a separate sheet

4. Does the Proposer have Security Testing Conducted? Yes No

If 'Yes' on what frequency?

SECTION C: THIRD PARTY

Completion only required where Section 2, 3 or 4 of policy is requested (Privacy, Confidentiality & Security, Privacy Regulation Defence or Customer Care & Reputational Expenses)

1. Has the Proposer designated a Chief Privacy Officer? Yes No

If 'No', please indicate what position (if any) is responsible for data protection and privacy issues.

2. Does the Proposer have a written corporate-wide privacy policy? Yes No

3. Is the Proposer in compliance with its privacy policy? Yes No

If 'No', please provide details regarding such non-compliance below

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- 4a.** Does the Proposer have and enforce policies concerning when internal and external communication should be encrypted? **Yes** **No**
- 4b.** Does the Proposer encrypt all sensitive and confidential data stored on laptop computers and portable media? **Yes** **No**
- 4c.** Does the Proposer encrypt all sensitive and confidential data stored on back-up tapes? **Yes** **No**
- 4d.** Does the Proposer encrypt all sensitive and confidential data when at rest on the network? **Yes** **No**
- 4e.** Does the Proposer encrypt all sensitive and confidential data when in transit from the network? **Yes** **No**
- 5.** Does the Proposer disable write access to USB drives for employees? **Yes** **No**
- 6.** Has the Proposer implemented an identity theft prevention programme, i.e. FTC "Red Flags" programme? **Yes** **No**
- 7.** Has the Proposer ever used flash cookies on its website to track visitors? **Yes** **No**
- 8.** Is the Proposer in compliance with (check all that apply):
- | | | | | | | |
|-------------------------|-----|-----|----|-----|----------------|-----|
| PCI DSS: | Yes | ___ | No | ___ | Does not apply | ___ |
| Data Protection Act(s): | Yes | ___ | No | ___ | Does not apply | ___ |
| Gramm Leach Bliley: | Yes | ___ | No | ___ | Does not apply | ___ |
| HIPAA: | Yes | ___ | No | ___ | Does not apply | ___ |
| HITECH ACT: | Yes | ___ | No | ___ | Does not apply | ___ |
| Other eg SB1386: | Yes | ___ | No | ___ | Does not apply | ___ |

If not in compliance with any of the above that apply to the Proposer's business, please describe status of any compliance work and estimated time of completion

- 9.** Does the Proposer hold personally identifiable information in one or more databases? **Yes** **No**

Approximately how many individual clients/customers are contained in such databases?

- 10.** What type of PII does the Proposer hold?

Social Security Number
Credit Card Number

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Debit Card Number

Bank Account Number

Healthcare information

Email address

Phone/address

Other (Please describe below)

11. Does the Proposer share personally identifiable information with third parties for business purposes? **Yes** **No**

Please identify all such parties

12. Does the Proposer require third parties with which it shares personally identifiable information or confidential information to indemnify the Proposer for legal liability arising out of the release of such information due to the fault or negligence of the third party? **Yes** **No**

13. Is the Proposer aware of any release, loss or disclosure of personally identifiable information in its care, custody or control, or anyone holding such information on behalf of the Proposer in the last three years? **Yes** **No**

If **'Yes'**, please describe overleaf

14. Has the Proposer ever received any claims or complaints with respect to allegations of invasion of or injury to privacy, identity theft, theft of information, breach of information security or been required to provide notification to individuals (by law or own volition) due to an actual or suspected disclosure of personal information in the last five years? **Yes** **No**

If **'Yes'**, please provide details of each such claim, allegation or incident, including costs, losses or damages incurred or paid, and any amounts paid as a loss under any insurance policy

15. Has the Proposer been subject to any government action, investigation or subpoena regarding any alleged violation of any law or regulation? **Yes** **No**

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If **'Yes'**, please provide details

SECTION D: MULTIMEDIA

1. Does the Proposer publish any blogs, newsletters, videos, podcasts or other similar publications? **Yes** **No**
2. If **'Yes'**, what processes and controls are in place for editing and/or reviewing such communications prior to publication?

3. Are legal reviews always sought prior to the publication of new content? **Yes** **No**
4. Does the Proposer publish materials which include intellectual property owned by third parties? **Yes** **No**
5. If **'Yes'**, is consent in writing or a license always obtained from the owner of such material? **Yes** **No**
6. Does the Proposer's website allow third parties to publish content on chat rooms, comment boxes or any other publically viewable space? **Yes** **No**

If **'No'**, please go to question 8.

7. Is such content moderated prior to its publication? **Yes** **No**
8. Does the Proposer have a formal procedure in place for dealing with complaints and removing content when appropriate? **Yes** **No**

9. Does the Proposer's website acquire the following information from third parties? Please check all applicable fields:

- | | |
|-------------------------------|--------------------------|
| Social Security Number | <input type="checkbox"/> |
| Credit Card Number | <input type="checkbox"/> |
| Debit Card Number | <input type="checkbox"/> |
| Bank Account Number | <input type="checkbox"/> |
| Healthcare information | <input type="checkbox"/> |
| Email address | <input type="checkbox"/> |
| Phone/address | <input type="checkbox"/> |
| Other (Please describe below) | <input type="checkbox"/> |

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SECTION E : CLAIMS DECLARATION AND PRIOR INSURANCE

1. Has any property, crime or cyber insurance ever been declined or cancelled? Yes No

If 'Yes', please explain

2. Has the Proposer any insurance currently in place that covers any element of risk also covered by a Cyber Insurance Product? Cyber cover might be found in an extended property, commercial crime or E&O/PI policy? Yes No

If 'Yes', please provide details below

3. Does the Proposer, or any director or officer, have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed insurance? Yes No

If 'Yes', please provide details

DECLARATION

I/we accept that completion of this proposal form does not bind the Proposer or Insurers to effect a contract of insurance.

I/we agree that, if an insurance policy or policies are issued, this proposal and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effective hereon and shall be incorporated therein.

I/we hereby declare that I am authorised to complete this proposal on behalf of the Proposer, that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy.

I have not omitted, suppressed or misstated any material facts which may be relevant to underwriters' consideration of this proposal.

I/we undertake to inform the underwriters of any material change to any fact contained herein that occurs prior to inception of the contract of insurance.

DIRECTOR'S NAME:

TITLE:

SIGNATURE:

DATE:

IMPORTANT INFORMATION

Data Protection Act 1998

We may store your information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention (see further details below). We will only disclose your personal details to third parties, if it is necessary for the performance of your contract with us.

In order to assess the terms of the insurance contract or administer claims which arise, we will need to collect data which the Data Protection Act defines as sensitive such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by the Insurers or the agents.

We will keep your information secure at all times. In certain circumstances, for example for systems administration purposes, we may have to transfer your information to another country, which may be a country outside the European Economic Area (EEA). By proceeding with your insurance application, we will assume you are agreeable for us to transfer your information to a country outside the EEA.

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Please Return

Please return this completed proposal form, with any supporting documentation, to:

Paul Wishart LLB(Hons)
Managing Director
Sybaris Special Risks Ltd
1 Minster Court
Mincing Lane
London
EC3R 7AA

Please feel free to send via email to:

Email: pwishart@cobralm.com