

# CyberPro UK Network Application

Please answer all the questions on this form. Before any question is answered please carefully read the declaration at the end of the application form, which you are required to sign. This Application shall be relied upon by Underwriters in deciding whether or not to enter into the Policy and on what terms, including premium and conditions.

You may provide any further additional information by means of a separate attachment if necessary.

## Insurance Act 2015

The Insurance Act 2015 ('the Act') applies to this Application and any subsequent Policy. The terms of any such Policy will in most cases be no less advantageous to the insured than the Act would otherwise provide; in the event of any apparent conflict between the terms of this Policy and the Act, the Act will prevail. There could be, however, certain terms which, while capable of being more advantageous to the insured than the Act would otherwise provide, may in certain cases be less advantageous to the insured than the Act would provide. All terms such as this will be clearly referenced in the Policy.

### 1 General Information

a. Name(s) of Applicant

b. Address  c. Website

d. Annual gross revenue/turnover Last year  Current year  Next year est.

e. Approximately how many PII's are retained within your computer network, databases and records?  
(PII is defined as a personally identifiable record on an individual that can be used to identify, contact or locate a single individual)

f. Identify the type of PII retained on your network

1. Payment card data Yes  No  2. Healthcare data Yes  No  3. Other PII Yes  No

If you have answered 'Yes' to f3. please provide details of the nature of this PII.

g. Details of your main business operations

h. Current number of employees

### 2 Network Information

a. Do you have a business continuity plan in force to avoid business interruption due to systems failure? Yes  No

b. Are all portable and mobile devices encrypted? Yes  No

c. If you have answered 'No' to question b, please detail the type and how much PII is stored on portable media devices and how it is protected in the absence of encryption.

d. Do you have firewalls and automatically updating antivirus software in force across your network? Yes  No

e. Is all sensitive and confidential information stored on your databases, servers and data files encrypted? Yes  No

f. Is all information held in a physical form disposed of or recycled by confidential and secure methods? Yes  No

g. Do you have a privacy policy on your website which has been legally reviewed and includes a statement advising users as to how any information collected will be used and for what purposes? Yes  No



**2 Network Information** Continued

- h. Do you have a process in force to obtain a legal review of all media content and advertising materials prior to release? Yes  No
- i. Please confirm up-to-date compliance with relevant regulatory and industry framework (eg. Gramm-Leach Bliley Act, Health Insurance, Portability & Accountability Act (HIPAA), Payment Card Industry (PCI), Data Security Standard, CAN-SPAM Act, TCPA or similar). Yes  No

**3 Historical Information**

During the last three years have you:

- a. Sustained any unscheduled or unintentional network outage, intrusion, corruption or loss of data? Yes  No
- b. Received notice or become aware of any privacy violations or that any data or personally identifiable information has become compromised? Yes  No
- c. Been subject to any disciplinary action, regulatory action, or investigation by any governmental, regulatory or administrative agency? Yes  No
- d. Received any injunction(s), lawsuit(s), fine(s), penalty(s) or sanction(s)? Yes  No
- e. Become aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance(s) being requested in this application? Yes  No

If 'Yes' to any questions within this section, please provide full details:

**Data Protection**

By accepting this insurance you consent to Ascent Underwriting using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**IMPORTANT – CyberPro Policy Statement of Fact**

You should keep this Statement of Fact and a copy of the completed proposal form for your records.

This application must be signed by the applicant. Signing this form does not bind the company to complete the insurance. With reference to risks being applied for in the United States, please note that in certain states, any person who knowingly and with intent to defraud any insurance company or other person submits an application for insurance containing any false information, or conceals the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized principal, partner, director, risk manager, or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow principals, partners, directors, risk managers, or employees to enable you to answer the questions accurately.

Name

Position

Print & Sign

Date





**Additional Notes**

A large rectangular area with a thin blue border, containing horizontal lines for writing notes.