

Point of Sale and Retail Questionnaire

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

1 Applicant's details

a. Name(s) of Applicant

2 Business information

a. Please advise and estimate the number of credit card transactions annually.

b. What proportion of your sales are paid for by credit card/debit card transactions?

c. Please advise PCI Level of compliance and when was your most recent PCI/DSS compliance audit?
Level 1 2 3 4

d. Please confirm that your payment processor is PCI compliant and (hardware and software) applications are PCI-DSS validated. Yes No

e. Please advise if you store credit card information. Yes No
If so what details are retained and how is this information secured?

f. Is credit card information tokenized or encrypted at all times? Yes No

g. Does your POS system utilize point to point encryption? Yes No
If not, what other system is in place?

h. In respect of your POS network, do you use dual authentication and network segregation? Yes No
If not, please provide details

i. Are you EMV 2.0 compatible and has this been fully implemented?

Yes No

If not, please provide more details.

j. Please provide full details of anti-skimming and malware detection on POS systems.

k. Please advise what software system supports your POS systems and is it fully vendor supported?

l. Please confirm that critical patches, updates for your POS software and devices are installed immediately on release.

Yes No

m. Do you train all your employees to identify and report any suspicious activities relating to POS devices (skimming devices, or tampering) immediately?

Yes No

Please provide details.

Additional notes

Please use this box to enter additional information if required.

Declaration

This questionnaire is supplementary documentation and forms part of the application submission for insurance.

The undersigned is an authorized principal, 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, directors, risk managers, or employees to enable you to answer questions accurately.

Name

Position

Print & Sign

Date
