



# Cyber Liability

## Note to the Proposer:

The following proposal form is only applicable to proposed policyholders with total gross revenue of £5,000,000 or less. Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing to complete this insurance. Please provide by addendum on the Company headed paper of the Proposer any supplementary information which is material to the response of the questions herein, and/or complete answers to the listed questions if they do not fit in the space provided on the application. For the purposes of this proposal form, 'Proposer' means the entity stated below and all its subsidiaries to be covered. All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provided separately on your headed paper.

**Company Name:**

**Business Address:**

**Total Gross Revenue / Fee Income**  
*(last available balance sheet):*

**Financial Year:**

**Web Address:**

**Limit of Liability Required:**

£250,000	<input checked="" type="checkbox"/>
£500,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>

## Coverage Extensions:

	Sub-Limit of Liability	Separate Retention
Data Administrative Investigations:	£500,000	N/A
Data Administrative Fines:	£500,000	10% of any Data Administrative Fines
Pro-Active Forensic Services:	£500,000	N/A
Repair of the Company's Reputation:	£500,000	N/A
Repair of the Individual's Reputation:	£500,000	N/A
Restoring, recreating, or recollecting Electronic Data:	£500,000	N/A
Notification to Data Subjects:	£500,000	10% of any Data Administrative Fines
Cyber/Privacy Extortion:	£500,000	N/A
Network Interruption:	£500,000	8 Hours

## I/We confirm that the Insured and its subsidiaries:

Are not Financial Institutions, Medical, Call Centres, Telemarketing, Data Processing (outsourcers) Internet Service, Telecommunications.  Yes  No

*If NO please provide details to obtain a specific alternative quotation:*

Have security software controls (like Antivirus protection) on all IT systems, including portable devices.  Yes  No

*If NO please provide details to obtain a specific alternative quotation:*

Have access controls in place for employees and other users with privileged access to sensitive data:

Yes

No

*If NO please provide details to obtain a specific alternative quotation:*

Do You use any Cloud based services as Storage and if so, who is your Cloud provider?

Yes

No

Have back up and recovery procedures for all mission critical systems, data and information assets:

Yes

No

*If NO please provide details to obtain a specific alternative quotation:*

Do not have any domiciled operation or derived revenue from the territory/jurisdiction of USA and/or Canada?

Yes

No

*If NO please provide details to obtain a specific alternative quotation:*

After a full enquiry of its directors and officers, do not have any knowledge of any act or omission, fact, event or circumstance which might give rise to a loss under this insurance.

Yes

No

*If NO please provide details to obtain a specific alternative quotation:*

**Declaration:**

I declare that the statements and particulars in this declaration are true and that no material facts have been misstated. I agree that this declaration together with any other information supplied shall form the basis of the Contract of Insurance effected thereon. I undertake to inform the insurers of any material alteration to those facts occurring before the completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk. I also declare to have read the applicable wording and fully understand its scope, exclusions and limitations.

**Signed:**

**Title:**

**Firm(s) Name:**

**Date:**