



AUSTRALIA  
CANADA  
IRELAND  
ISRAEL  
**UNITED KINGDOM**  
UNITED STATES  
REST OF WORLD

# CYBER CYBER, PRIVACY & MEDIA

## APPLICATION FORM



## INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

## HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

## SECTION 1: COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

|                  |                |
|------------------|----------------|
| Insured company: |                |
| Contact name:    |                |
| Address:         |                |
| Postcode:        |                |
| Telephone:       | Email address: |
| Fax:             | Website:       |

- 1.2 Please state when your company was established:

DD / MM / YY

*Please answer question 1.3 only if you require Employers' Liability cover.*

- 1.3 a) Please state your Employer Reference No. (ERN):

- b) Do you have any subsidiaries in the UK?

Yes  No

If 'yes', please complete the Supplementary Information section at the back of this Application Form.



1.4 Please state the following:

|                           | Last complete financial year | Estimate for current financial year | Estimate for next financial year |
|---------------------------|------------------------------|-------------------------------------|----------------------------------|
| Domestic turnover:        | _____                        | _____                               | _____                            |
| USA turnover:             | _____                        | _____                               | _____                            |
| Other territory turnover: | _____                        | _____                               | _____                            |
| Total turnover:           | _____                        | _____                               | _____                            |
| Gross profit:             | _____                        | _____                               | _____                            |

Date of financial year end:

Currency:

## SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities:  
*If you have a brochure, or company literature, please attach to this form.*

|       |
|-------|
| _____ |
| _____ |
| _____ |

2.2 Please provide a full breakdown of your total turnover by activity.  
*The total of all activities listed here should equal 100%.*

|       |       |         |
|-------|-------|---------|
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |



2.3 Do you provide any technology services or products to third parties?  
*If yes, please provide full details.*

|   |
|---|
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
|---|

2.4 a) Please detail which of the following data types you collect:

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Credit or debit card details            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Social security numbers                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Credit history or ratings               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Medical records or health information   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Customer bank records or details        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Third party corporate confidential data | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

b) If you collect credit or debit card data, are your internal systems accredited by the PCI as being compliant?  
*If no, please confirm when you anticipate achieving PCI accreditation?*

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

|                         |
|-------------------------|
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|-------------------------|

2.5 a) Do you collect medical records or health information relating to US citizens?  
*If no, please go to Q2.6*

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

b) If yes, has a HIPAA compliance audit been conducted during the last 2 years?  
*If no, when is your next HIPAA compliance audit due?*

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

|                         |
|-------------------------|
| <hr/> <hr/> <hr/> <hr/> |
|-------------------------|



2.6 Please indicate which of the following media activities you engage in:

Print advertising

Yes  No

Television or radio advertising

Yes  No

Online advertising

Yes  No

Social media marketing

Yes  No

Printed publications

Yes  No

Event / conference organising

Yes  No

2.7 Please list all of your current public facing URLs:

| URL   | Nature of website | Estimated current monthly unique visitors | Estimated monthly unique visitors over the next 12 months |
|-------|-------------------|---|---|
| _____ | _____             | _____                                     | _____   |
| _____ | _____             | _____                                     | _____   |
| _____ | _____             | _____                                     | _____   |
| _____ | _____             | _____                                     | _____   |
| _____ | _____             | _____                                     | _____   |

SECTION 3: RISK MANAGEMENT

3.1 Do you collect third party data without explicit consent?

Yes  No

*If yes, please provide details of what data you collect, how you collect it and why you do not obtain explicit consent before the data is collected:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.2 Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data?

Yes  No

3.3 Do your internal IT systems comply with all of our minimum security requirements detailed below?

Yes  No

- Anti-virus software must be installed on all windows based desktops and servers (excluding database servers)
- All external network gateways must be protected by a firewall;
- All critical data must be backed up on at least a weekly basis;



If no, then please explain:

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3.4 Do you ensure that all sensitive data is encrypted when stored on portable devices?  Yes  No

3.5 Do you outsource the handling of sensitive data to a third party?  Yes  No

If yes, does the third party provide you with an indemnity to cover a breach of sensitive data?  Yes  No

If no, then please explain:

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3.6 Do you host any user generated content on your website?  Yes  No

If yes, do you have written procedures in place to edit, remove or respond to offending, inappropriate, inaccurate or infringing content including website content?  Yes  No

If no, please explain why:

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3.7 Have you got a fully documented and tested business continuity plan in place?  Yes  No

3.8 Have your systems been subject to a third party security audit?  Yes  No

If 'yes', have all high risk recommendations from your most recent audit been implemented?  Yes  No

If not all high risk recommendations have been implemented, please explain why:

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3.9 Have your systems been audited as being compliant with ISO 27001 or equivalent?  Yes  No



SECTION 4: INSURANCE REQUIREMENTS

4.1 Please provide details of your current or required insurance policies (unless you are already insured with CFC):

| Type of insurance        | Inception/<br>expiry date | Limit of<br>liability | Excess | Premium | Insurer | Retroactive<br>date (if known) |
|--------------------------|---------------------------|-----------------------|--------|---------|---------|--------------------------------|
| Cyber/privacy liability: | MM / YY                   |                       |        |         |         | MM / YY                        |
| Media liability:         | MM / YY                   |                       |        |         |         | MM / YY                        |

SECTION 5: CLAIMS EXPERIENCE & INSURANCE HISTORY

5.1 Regarding all of the types of insurance to which this proposal form relates AFTER FULL ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last 5 years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a, b, c, d and e above:

Yes  No

If the answer to the above is 'yes' then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 6: DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

|                      |                          |
|----------------------|--------------------------|
| Signed: _____        | Full name: _____         |
| Position held: _____ | Date: _____ DD / MM / YY |



SUPPLEMENTARY INFORMATION

|               |      |
|---------------|------|
| SUBSIDIARY 1  |      |
| Company name: | ERN: |
| Address:      |      |
|               |      |
| Postcode:     |      |
| SUBSIDIARY 2  |      |
| Company name: | ERN: |
| Address:      |      |
|               |      |
| Postcode:     |      |
| SUBSIDIARY 3  |      |
| Company name: | ERN: |
| Address:      |      |
|               |      |
| Postcode:     |      |
| SUBSIDIARY 4  |      |
| Company name: | ERN: |
| Address:      |      |
|               |      |
| Postcode:     |      |

*If you have more than 4 subsidiaries please continue your response in the Additional Information section.*





ADDITIONAL INFORMATION: