

## Cyber Insurance Questionnaire

### For Applicants with revenues lower than £20M

NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS IN ACCORDANCE WITH THE TERMS OF THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

PLEASE READ THIS APPLICATION AND ANY SUBSEQUENT POLICY CAREFULLY.

**Responses to this application should be accurate as of the date of application, if there are any changes in circumstance between the date of application and the date of policy inception, you will need to notify us immediately.** Please provide responses below concerning the Information Technology (IT) environment of your organization and any subsidiaries for which the insurance is being sought.

### General Information

Insurance Name:	
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Headquarters Address:	
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Business Description	
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All websites/domains for Insured	
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Number of Employees	
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Revenue - Most Recent Fiscal Year:	Currency:	
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Has your company been in operation for more than 24 months? Yes      No

Do revenues from the USA make up less than 25% of your overall revenues? Yes      No

Cybersecurity point of contact (CISO, Risk Manager or similar).

First Name	Last Name	Job Title	Email	Telephone

Are you engaged in any of the following business activities?

- Adult content, gambling or cannabis (containing THC) as a grower, wholesaler or medical/recreational retailer.
- Cryptocurrency, blockchain technology, payment processing or debt collection.
- Data processing/aggregation, storage or hosting services to third parties as a professional service (e.g., as a managed services provider (MSP) or data aggregator); or
- Managed care or accountable care. Yes      No

## Cybersecurity Controls

Do you require multi-factor authentication (MFA) for all user's access to web-based emails? N/A      Yes      No

### For Applicants with Revenue greater than £1m, please also confirm the following:

Do you require multi-factor authentication (MFA) for all user's remote access to the network? N/A      Yes      No

#### Do you agree to the following statements:

You regularly back-up critical data and systems, and you keep back-ups offline / or secure in a way that would be unaffected in the event that your environment was fully compromised, and you regularly test to ensure those back-ups are recoverable. Yes      No

You regularly provide cyber security awareness training, including anti-phishing awareness, to all users who have access to your organisation's network or confidential information / personally identifiable information. Yes      No

## Optional Additional Cybersecurity Controls Questions

*The following questions are non-mandatory, however satisfactory responses may discount the base premium offered by up to 20%.*

#### Do you agree to the following statements:

You have a process in place to regularly send simulated phishing email tests to all users, and you enforce additional anti-phishing training for those who fail. Yes      No

You regularly scan services exposed to the Internet for vulnerabilities. N/A      Yes      No

You use the following to prevent or detect malicious activity on your network:

- Endpoint Protection Platform (EPP) Yes      No
- Endpoint Detection and Response (EDR) Yes      No
- Managed Detection and Response (MDR) Yes      No

You use the Microsoft 365 Defender add-on or an equivalent cybersecurity product with advanced threat hunting to protect against phishing and business email compromise. Yes      No

You whitelist acceptable IP addresses from which legitimate connections to your exposed services are allowed, and you block all other IP addresses from accessing your exposed services (E.g. email system, remote access such as VPN, etc). N/A      Yes      No

**Prior Claims & Circumstances**

Do you agree to the following statements:

The insured has not sustained any losses or has not been subject to any claims in the past 5 years which would be covered under the proposed insurance.

Yes No

There are no acts, errors, omissions, circumstances, facts, situations, events, incidents and/or transactions which the insured is aware of or ought reasonably to have been aware of, that may give rise to a claim or loss under the proposed insurance.

Yes No

**Declaration**

You, the Insured, confirm that all statements in this document together with any oral or written statements provided are true, complete, and not misleading. This statement does not obligate you or us to bind the insurance. You agree that you will inform us of any material changes to the information supplied on this document prior to the bind date of this insurance and between the bind date and the inception date of the insurance and we may withdraw or modify any terms accordingly. We will not provide any indemnity in respect of liability from such material change unless we agree in writing to accept the altered risk.

Yes No

In accordance with the Insurance Act 2015, I have made a fair presentation of the risk. (If you are unsure of your duty of fair presentation, please ask your broker for further information prior to agreeing to this statement).

Yes No

**Limit Requests**

Limit of Indemnity	Quote Required? (Y/N)
£250,000	
£500,000	
£1,000,000	
£2,000,000	
£2,500,000	
£3,000,000	
£4,000,000	
£5,000,000	
Other (Please Specify)	