

Beazley Cyber Application

Basic Information			
Company Name:			
Business Description:			
Registered Address:			
Email Address*			
Financial Information	Most recent period	Prior accounting period	Next 12 months
Total Revenue:	\$	\$	\$
<p>*By providing an email address, you are giving consent to be onboarded to our information portal available to all Beazley policy holders. The portal offers insights to how Beazley supports your business, as well as current trends and topics regarding information security.</p> <p>**Please Note: We understand that it is not always as simple as a yes or no answer, and encourage the use of our commentary section or a separate document to further explain any answers you feel are not satisfied by the form options below. In addition, we ask you to offer any additional comments regarding other measures you may have in place that you feel are relevant to supporting this application. Thank you.</p>			
1. Network Governance			
1.1	Do you have a named individual in charge of information security (e.g. CISO) that reports into the Board/CEO?	<input type="checkbox"/> Yes (Internal) <input type="checkbox"/> Yes (External) <input type="checkbox"/> No	
1.2	Does a documented baseline security framework exist across all operations, entities, subsidiaries including international locations? Is this subject to annual review to ensure best practices are updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No If partial, please explain	
1.3	Does a documented asset inventory exist, which categorises all systems, softwares and data by level of sensitivity or criticality?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes: Has this document been assessed in the past 12months to ensure its validity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.4	In the past 12months, has the client had an audit/review conducted across all locations to ensure compliance is being met with their own internal standards?	<input type="checkbox"/> Internal <input type="checkbox"/> Third Party <input type="checkbox"/> None	
	If yes to the above, have all remedial items been formally approved for implementation?	<input type="checkbox"/> Sign off approved <input type="checkbox"/> Implementations complete <input type="checkbox"/> N/A	
1.5	Do you require all third parties pursuant to a written contract, whom provide hosting, processing or other IT services to the business to be compliant with security framework standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No Choose an item.	
	If yes: Do you require confirmation on an annual basis that vendors still meet these standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.6	What percentage of the IT budget do you dedicate to security?	Details:	
1.7	Do you have an incident response plan which addresses network incidents and data breaches?	Have a plan : <input type="checkbox"/> Yes <input type="checkbox"/> No Tested in last year : <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Information Security			
2.1	With respect to how many unique individuals do you store, process or otherwise interact with personal data (information from which an individual may be identified)?	Choose an item.	
2.2	Is personal data encrypted? In transit At rest	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.3	Do you implement tighter security measures for sensitive personal data (records of ethnicity, religion, sexual preferences or medical conditions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	How many payment card transactions do you process (if applicable) ?	Choose an item.
2.5	Do you store any payment card information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6	If the answer to 2.5 is yes, do you comply with PCI-DSS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7	If the answer to 2.5 is no, does your vendor comply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ransomware Protection		
3.1	Do you pre-screen emails for potentially malicious attachments and links?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	Do you provide a quarantine service to your users?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	Do you have the capability to automatically detonate and evaluate attachments in a sandbox to determine if malicious prior to delivery to the end-user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	Do you strictly enforce Sender Policy Framework (SPF) on incoming e-mails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	How often is phishing training conducted to all staff?	Choose an item.
3.6	Can your users access email through a web app on a non-corporate device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes: do you enforce Multi-Factor Authentication (MFA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7	Do you use Office 365 in your Organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes: Do you use the O365 Advance Threat Protection add-on, or similar alternative product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8	Do you use an endpoint protection (EPP) product across your enterprise?	Choose an item.
3.9	Do you use an Advanced Endpoint Protection and Response (EDR) product across your enterprise?	Choose an item.
3.10	Do you use MFA to protect privileged accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.11	Is a hardened baseline configuration materially rolled out across servers, laptops, desktops, and managed mobile devices?	Choose an item.
3.12	What % of the enterprise is covered by your scheduled vulnerability scans?	
3.13	In what time frame do you install critical and high severity patches across your enterprise once received?	Choose an item.
3.14	Have you configured host-based and network firewalls to disallow inbound connections by default?	Choose an item.
3.15	Do you use a protective DNS service (E.g Quad9, OpenDNS or PDNS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.16	Do you use an endpoint application isolation and containment technology?	Choose an item.
3.17	Do your users have local admin rights on their laptop/desktop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.18	Can users run MS Office Macro enabled documents on their system by default?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.19	Do you provide your users with a password manager software?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.20	Do you manage privileged accounts using tooling? E.g CyberArk	Choose an item.
3.21	Do you have a security operations center established? Either in-house or outsourced	Choose an item.
3.22	Are your backups encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.23	Are your backups kept separate from your network (offline), or in a cloud service designed for this purpose?	Choose an item.

3.24	Do you use a cloud syncing service (e.g Dropbox, OneDrive, Sharepoint, Google Drive) for back ups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.25	How regularly do you back up data to the offline/cloud environment?	Choose an item.
3.26	Is access to backups, whether on prem, or in the cloud, limited to unique administrative not used for any other function?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.27	Is access to backups, whether on prem or in the cloud, authenticated via MFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.28	Have you tested the successful restoration and recovery of key server configurations and data from back ups in the last 6months?	Choose an item.
	Have you investigated, and put in place, necessary bandwidth to download large amounts of data from Cloud back ups quickly?	Choose an item.
3.29	Are you able to test the integrity of back ups prior to restoration to be confident it is free from malware?	Choose an item.
4. Business Interruption		
4.1	Do you have a fall-back for all mission-critical or revenue-generating processes?	<input type="checkbox"/> Yes (Alternate) <input type="checkbox"/> Yes (Manual) <input type="checkbox"/> No
4.2	If you rely on third party hosting to conduct mission-critical or revenue-generating parts of your business, do you have an alternative solution in the event of a provider failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	Do you have fault-tolerant architecture for mission-critical or revenue-generating equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	Do you enforce mitigating controls for all end of life systems? Please tick all which apply:	<input type="checkbox"/> Segregation/DMZ <input type="checkbox"/> No internet connection <input type="checkbox"/> Outbound connection only <input type="checkbox"/> If other, please offer comments
4.5	Do you segregate your Operational/Mission Critical technology from the wider user/internet facing environment (Emails etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6	What controls do you have in place for SCADA/DCS? Please tick all which apply	<input type="checkbox"/> ICS-specific risk management <input type="checkbox"/> Network Segmentation <input type="checkbox"/> Air Gapping <input type="checkbox"/> Boundary Protection <input type="checkbox"/> Redundancy
4.7	Do you segregate your network by geography, to isolate any potential malware infections?	Yes <input type="checkbox"/> No, flat network exists across the company <input type="checkbox"/>
4.8	In the event of an outage to your operational technology, how long could the business sustain orders with current inventory levels?	Choose an item. If other, please offer comments
4.9	If you rely on Third Party hosting for any mission critical services/data stores, what high availability/redundancy provisions do they provide? Please tick all which apply:	<input type="checkbox"/> Geographic Redundancy <input type="checkbox"/> Redundant Infrastructure <input type="checkbox"/> Failover capabilities/Cluster <input type="checkbox"/> If other, please offer comments
4.10	Do you have alternative providers for mission critical services to add resilience in the event of a provider failure	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.11	Do you build excess capacity into your production process, to allow other plants to	<input type="checkbox"/> Yes <input type="checkbox"/> No

	increase production in the event of an isolated facility failure?	Please offer comments if required
5. Electronic Crime (if applicable)		
5.1	<p>Do you accept funds transfer instructions from clients over the telephone, email, text message or similar method of communication?</p> <p>If YES, prior to complying with the instruction do you authenticate such instructions by:</p> <p>a. Calling the customer at a predetermined number?</p> <p>b. Sending a text message to a predetermined number?</p> <p>c. Requiring receipt of a code known only to the customer to confirm identity?</p> <p>d. Some other method or combination of the above? Please describe.</p>	<p>NA, we do not accept funds via these modes of communication <input type="checkbox"/></p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p>
5.2	Do you confirm all changes to vendor/supplier details (including routing numbers, account numbers, telephone numbers and contact information) by a direct call using only the contact number previously provided by the vendor/supplier before the request was received?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
5.3	Do you verify all vendor/supplier bank accounts by a direct call to the receiving bank, prior to being established in the accounts payable system?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
5.4	Are all employees that are responsible for wire transfer provided anti-fraud training, including but not limited to detection of social engineering, phishing and other scams?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Prior Claims & Circumstances		
6.1	Does the applicant or other proposed insured (or any director, officer or employee of the applicant or other proposed insured) have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Detail:
6.2	During the past 5 years has the applicant had any cyber related incidents or claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No Detail:
7. Warranty Statement		
<p>The Applicant warrants that all representations made material to the risk are true and verify to the best of their knowledge upon reasonable enquiry, that all information contained herein is accurate.</p> <p>The Applicant declares that no member of the Control Group, as defined within the policy wording, is aware of any acts, errors, omissions, circumstances or incidents that are likely to give rise to a claim or loss under the proposed insurance.</p> <p>By: _____ Date: / /</p> <p>Must be signed and dated by member of the Control Group, as defined within the policy: Control Group means any principal, partner, corporate officer, director, Member, general counsel (or most senior legal counsel) or risk manager of the Insured Organisation; and any individual in a substantially similar position.</p>		

****Additional Commentary Section. Please use a separate document if appropriate:**