



Cyber Insurance Enquiry Form

Your business:

Business name:

Address:

Your gross income in the last completed financial year
(or estimate for the current year if you are a new business):

Number of records processed or stored annually:

Select the most appropriate business description

| | | | | | |
|------------------------------------|--------------------------|--------------------------------|--------------------------|----------------------|--------------------------|
| Accountancy and tax | <input type="checkbox"/> | Architects | <input type="checkbox"/> | Broadcasting | <input type="checkbox"/> |
| Charity/club or association | <input type="checkbox"/> | Construction | <input type="checkbox"/> | Consultancy services | <input type="checkbox"/> |
| Recruitment agency/ consultancy | <input type="checkbox"/> | Estate/Property agency | <input type="checkbox"/> | Hospitality | <input type="checkbox"/> |
| Marketing, advertising, publishing | <input type="checkbox"/> | Legal Services | <input type="checkbox"/> | Manufacturing | <input type="checkbox"/> |
| Other professional services | <input type="checkbox"/> | Engineering | <input type="checkbox"/> | Retailers | <input type="checkbox"/> |
| Technology and telecommunications | <input type="checkbox"/> | Transportation and warehousing | <input type="checkbox"/> | | |

Statement of fact:

By accepting the offer of insurance that follows, you confirm that the statements below are true. These statements, and all information you or anyone on your behalf provided before we agreed to insure you are incorporated into and form the basis of the policy.

If anything in these statements is not correct, or if any material information is not disclosed to us, we will be entitled to treat this insurance as if it never existed. You should keep a copy of this proposal form including the statement of fact for your records.

- Your gross income for the last completed financial year (or your estimate for the current year if you are a new business) did not (or will not for a new business) exceed £10,000,000.

- b. Your business activities do not include any of the following:
- i. Financial institution (including but not limited to banks and buildings societies);
 - ii. Gambling company or operator;
 - iii. Government department or agency, council, local authority or public body;
 - iv. Healthcare or medical provider;
 - v. Payment card processor or gateway, payroll processor;
 - vi. Social or professional networking site or service; dating site or service;
 - vii. Franchisee or franchisor;
 - viii. Producer, distributor, advertiser or broadcaster of pornography;
 - ix. Data warehouse, direct marketer, data aggregator or information broker;
 - x. Family planning or substance abuse centre or service, adoption agency or abortion clinic;
 - xi. Mobile application or video game developer or publisher;
 - xii. Insurer or insurance broker
 - xiii. Business process outsourcer
- c. You do not conduct any business or have clients in the United States of America or Canada.
- d. You are domiciled in the United Kingdom of Great Britain and Northern Ireland.
- e. You transact, process or store no more than 100,000 records containing personal data annually.
- f. You encrypt all mobile computing devices (for example laptops, tablets, mobile telephones, PDAs) and portable data storage media (for example USB sticks, flash drive, magnetic tapes) which store, process or have access to personal data.
- g. You are either compliant with, or not subject to, the Payment Card Industry Data Security Standards (PCI/DSS). Claims, losses and circumstances
- h. You are not aware of any matter that is reasonably likely to give rise to any loss or claim, nor have you suffered any loss, nor has any claim been made against you in the last five years.
- i. No regulatory, governmental or administrative action has been brought against you, nor have any investigation or information request concerning any handling of personal data.

Your Cover, premium and insurance details:

For full details of the cover provided by the products we offer please ask for a copy of the policy wording, which are available to you.

| | | | | | | |
|---------------------------|------------|--------------------------|------------|--------------------------|----------|--------------------------|
| Limit of indemnity (tick) | £100,000 | <input type="checkbox"/> | £250,000 | <input type="checkbox"/> | £500,000 | <input type="checkbox"/> |
| | £1,000,000 | <input type="checkbox"/> | £2,000,000 | <input type="checkbox"/> | | |
| Excess (tick) | £2,500 | <input type="checkbox"/> | £5,000 | <input type="checkbox"/> | | |

Cover

| | |
|-----------------------------|---------|
| Breach Costs | Covered |
| Cyber Business Interruption | Covered |
| Hacker damage | Covered |
| Privacy protection | Covered |
| Media liability | Covered |

Sub limits - regulatory awards £500,000 and PCI charges £500,000. If a lower limit of indemnity is selected, the sub limits will reduce to that limit.

A quotation will be provided inclusive of Insurance Premium Tax (IPT) and represent premiums due for the first 12 months. we may offer you a continuous policy of insurance which is not an annual policy. Continuous policies can be cancelled at any time, provided you give 30 days' notice in writing - please refer to the policy terms and conditions for the full wording.

Important Notice: Cover will only commence once all you have received confirmation in writing from Routen Chaplin.

Declaration:

I/we declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of my/our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of my-our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter may entitle the insurer to avoid this insurance.

| | |
|-----------------------------|---|
| Name | <input type="text"/> |
| Position within the company | <input type="text"/> |
| Date | <input type="text"/> <input type="text"/> \ <input type="text"/> <input type="text"/> \ <input type="text"/> <input type="text"/> |