



## CYBER SUITE INSURANCE PROPOSAL FORM

### NOTES

1. Please answer all questions as fully as possible.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. If you have a brochure about your Company's operation(s), please forward it with this proposal.
4. Material contained in the Proposer's website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
5. If cover is required for any subsidiary companies, information relating to these is taken into account in completing the remainder of the form.
6. The form must be signed and dated by a Director of the Company.

A full Policy Wording is available on request. Please ask your broker or usual Liberty Mutual Insurance Europe Limited contact. Please complete this form fully in BLOCK CAPITALS.

### SECTION A: GENERAL INFORMATION

1. Name of Proposer

2. Address

<input type="text"/>	ZIP/Post Code: <input type="text"/>
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3. Telephone:

Fax:

Email:

4. When was the Proposer's business established?

5. List all subsidiaries (please attached separate sheet and ensure that all the information supplied on this proposal applies to this sub-sidiaries as well)

6. Please describe a brief overview of business operations of parent/subsidiaries.

7. Corporate web site address/es

8. Current Annual Gross Revenue / Turnover

9. Please indicate the percentage of the current calendar year's revenues attributable to:

USA/Canada

Europe:

Rest of the world



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Indicate which months of the year if a peak season:

10. Past calendar year annual year Annual Gross Revenue / Turnover

11. Please indicate the percentage of the past calendar year's revenues attributable to:

USA/Canada:  Europe:  Rest of the world

12. Estimated for next calendar year Annual Gross Revenue / Turnover

13. Please indicate the percentage of the next calendar year's revenues attributable to:

USA/Canada:  Europe:  Rest of the world

14. Number of Employees

15. Has the applicant completed a Liberty Cyber Suite Survey? A completed survey might assist the review of best practice and is likely to reduce your premium  
 Yes  No

16. If "No", has the applicant any other supporting reports or surveys conducted by third parties on its IT systems or privacy controls which it is willing to share? Please attach where possible  
 Yes  No

#### SECTION B: FIRST PARTY

Completion only required where Section 1 of policy is requested

1. Has the Proposer designated a Chief Security Officer? Yes  No

If 'No', please indicate what position (if any) is responsible for computer security

2. Does the Proposer publish and distribute written computer and information system policies and procedures to its employees? Yes  No



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3. Does the Proposer have:
- a. A disaster recovery plan? Yes  No
- b. A business continuity plan Yes  No
- c. An incident response plan for network intrusions and virus incidents Yes  No

How often such plan are tested?

4. Is all valuable / sensitive data back-up by the Proposer on a daily basis? Yes  No

If yes, where to?

If no, please describe exceptions below

5. How often are virus signatures updated?

Automatic

Weekly

Monthly

Other

6. Does the Proposer enforce software update process with the installation of software patches. Yes  No

7. Are critical patches installed within 30 days of release? Yes  No

8. Please describe your network infrastructure vendors

a. Firewall

b. Anti-virus

c. ISP

d. Intrusion Detection

9. Does the Proposer require any IT service providers to demonstrate adequate security policies and procedures? Yes  No



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10. Are IT service providers required by contract to indemnify the Proposer for harm arising from a breach of the provider's security?

Yes  No

11. How dependent is your business on the continuous operation of your computer network? Please include financial impact where possible.

High Dependency

(an outage of 1-4 hours would significantly impact operations)

Yes  No

Moderate Dependency

(an outage of 4-24 hours would significantly impact operations)

Yes  No

Low Dependency

(an outage of 24 hours or more would significantly impact operations)

Yes  No

If 'High Dependency', estimated financial impact for a 4-hour outage (or indicate unknown)

If 'Moderate Dependency', estimated financial impact for a 12 hour outage (or indicate unknown)

If 'Low Dependency', estimated financial impact for a 24 hour outage (or indicate unknown)

12. Please indicate the percentage of your revenues obtained from your customer facing websites

13. If you outsource IT or business process to others, (such as hosting, EDP, call centres/customer service, etc.) please identify the major independent contractors:

Vendor Name / Company	Service Performed
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

14. Has the Proposer suffered any incidents or losses in the last three years that would potentially be covered by this (first party) insurance? (including computer intrusion, network interruption or suspension extortion threat, or damage to electronic data or programmes)

Yes  No

If 'Yes', please attach details on a separate sheet including the date of such claim or loss, the amount of the loss, the length of time the network was interrupted or suspended, whether any insurance policy was noticed and the status of any outstanding reserve and/or payment, and any remedial action taken



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15. Is the Proposer aware of any systems related problem, extortion threat, or network outage, which is likely to lead to suffering a loss or claim that would be covered by this insurance?

Yes  No

If 'Yes', please attach details of each problem or network outage on a separate sheet

**SECTION C: THIRD PARTY**

Completion only required where Section 2, 3 or 4 of policy is requested (Privacy, Confidentiality & Security, Privacy Regulation Defence or Customer Care & Reputational Expenses)

1. Has the Proposer designated a Chief Security Officer? Yes  No

If 'No', please indicate what position (if any) is responsible for data protection and privacy issues

2. Does the Proposer a written corporate-wide privacy policy? Yes  No

3. Is the Proposer in compliance with it's privacy policy? Yes  No

If No, please provide details regarding such non-compliance on the box.

4. A. Does the Proposer enforce software update process with the installation of software patches.

Yes  No

B. Does the Proposer encrypt all sensitive and confidential data stored on laptop computers and portable media?

Yes  No

C. Does the Proposer encrypt all sensitive and confidential data stored on back-up tapes?

Yes  No

D. Does the Proposer encrypt all sensitive and confidential data when at rest on the network?

Yes  No

E. Does the Proposer encrypt all sensitive and confidential data when in transit from the network?

Yes  No

5. Does the Proposer disable write access to USB drives for employees?



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Yes  No

6. Has the Proposer implemented an identity theft prevention programme, i.e. FTC "Red Flags" programme?

Yes  No

7. Has the Proposer ever used flash cookies on its website to track visitors?

Yes  No

8. Is the Proposer in compliance with (check all that apply):

PCI DSS:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does not apply: <input type="checkbox"/>
Gramm Leach Bliley:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does not apply: <input type="checkbox"/>
HIPAA:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does not apply: <input type="checkbox"/>
HITECH ACT:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does not apply: <input type="checkbox"/>

9. Does the Proposer hold personally identifiable information in one or more databases?

Yes  No

Approximately how many individual clients/customers are contained in such databases?

10. What type of PII does the Proposer hold?

Social Security Number	<input type="checkbox"/>
Credit Card Number	<input type="checkbox"/>
Debit Card number	<input type="checkbox"/>
Bank Account Number	<input type="checkbox"/>
Healthcare Information	<input type="checkbox"/>
Email Address	<input type="checkbox"/>
Phone / Address	<input type="checkbox"/>
Others (Please Specify)	<input type="checkbox"/>

11. Does the Proposer share personally identifiable information with third parties for business purposes?

Yes  No

Please identify all such parties

12. Does the Proposer require third parties with which it shares personally identifiable information or confidential information to indemnify the Proposer for legal liability



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arising out of the release of such information due to the fault or negligence of the of the third party?

Yes  No

13. Is the Proposer aware of any release, loss or disclosure of personally identifiable information in its care, custody or control, or anyone holding such information on behalf of the Proposer in the last three years?

Yes  No

If yes, please describe overleaf

14. Has the Proposer ever received any claims or complaints with respect to allegations of invasion of or injury to privacy, identity theft, theft of information, breach of information security or been required to provide notification to individuals (by law or own volition) due to an actual or suspected disclosure of personal

Yes  No

**If 'Yes'**, please provide details of each such claim, allegation or incident, including costs, losses or damages incurred or paid, and any amounts paid as a loss under any insurance policy

15. Has the Proposer been subject to any government action, investigation or subpoena regarding any alleged violation of any law or regulation?

Yes  No

**If 'Yes'**, please provide details

### SECTION D: MULTIMEDIA

1. Does the Proposer publish any blogs, newsletters, videos, podcasts or other similar publications?

Yes  No

2. If **'Yes'**, what processes and controls are in place for editing and/or reviewing such communications prior to publication



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3. Are legal reviews always sought prior to the publication of new content?  
Yes  No
4. Does the Proposer publish materials which include intellectual property owned by third parties?  
Yes  No
5. If 'Yes', is consent in writing or a license always obtained from the owner of such material?  
Yes  No
6. Does the Proposer's website allow third parties to publish content on chat rooms, comment boxes or any other publically viewable space?  
Yes  No
7. Is such content moderated prior to its publication?  
Yes  No
8. Does the Proposer have a formal procedure in place for dealing with complaints and removing content when appropriate?  
Yes  No
9. Does the Proposer's website acquire the following information from third parties? Please check all applicable fields:

- |                         |                          |
|-------------------------|--------------------------|
| Social Security Number  | <input type="checkbox"/> |
| Credit Card Number      | <input type="checkbox"/> |
| Debit Card number       | <input type="checkbox"/> |
| Bank Account Number     | <input type="checkbox"/> |
| Healthcare Information  | <input type="checkbox"/> |
| Email Address           | <input type="checkbox"/> |
| Phone / Address         | <input type="checkbox"/> |
| Others (Please Specify) | <input type="checkbox"/> |





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### SECTION E: CLAIMS DECLARATION AND PRIOR INSURANCE

1. Has any property, crime or cyber insurance ever been declined or cancelled?

Yes  No

If 'Yes', please explain

2. Has the Proposer any insurance currently in place that covers any element of risk also covered in Liberty Cyber Suite? Cyber cover might be found in an extended property, commercial crime or E&O / PI policy?

Yes  No

If 'Yes', please provide details below:

3. Does the Proposer, or any director or officer, have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed Liberty Cyber Suite insurance?

Yes  No

If 'Yes', please provide details,



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### DECLARATION

I/we accept that completion of this proposal form does not bind the Proposer or UIB Saudi for Insurance and Reinsurance Broking Company Limited to effect a contract of insurance.

I/we agree that, if an insurance policy or policies are issued, this proposal and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effective hereon and shall be incorporated therein.

I/we hereby declare that I am authorised to complete this proposal on behalf of the Proposer, that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy. I have not omitted, suppressed or misstated any material facts which may be relevant to underwriters' consideration of this proposal.

I/we undertake to inform UIB Saudi for Insurance and Reinsurance Broking Company Limited of any material change to any fact contained herein that occurs prior to inception of the contract of insurance.

**DIRECTOR'S NAME:**

**TITLE**

**SIGNATURE:**

**DATE:**

### IMPORTANT INFORMATION

#### DATA PROTECTION

UIB Saudi for Insurance and Reinsurance Broking Company Limited is the registered data controller for personal information collected from you.

"You" shall include, as relevant, individual insured customers (including prospective customers) such as sole traders, a company's owners, partners and/or any individual who may be covered by an insurance policy with Liberty.

We will use your information subject to data protection laws for various purposes. In summary, this includes but is not limited to managing and handling your insurance queries, underwriting and claims handling. We may use an anonymized form of it for various purposes. We may check your information against public sources (such as the electoral roll and court judgments bankruptcy or repossession and other insurance industry databases) and this may involve carrying out bankruptcy/judgment debt checks, fraud prevention, anti-money laundering and counter terrorism financing checks, subject to data protection law and with your consent if required. We may directly or indirectly share your information with other insurers, the police and other law-enforcement agencies, the Claims and Underwriting Exchange Register and the Motor Insurance Anti-Fraud and Theft Register, government agencies and/or regulatory authorities, as applicable. In addition, we may pass your information and claims history to agents, service providers, other UIB Group of companies, regulatory organizations, and to certain other third parties.



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By going ahead with a Liberty insurance quote or policy or by giving us your personal information including sensitive personal information (as more particularly described in your Policy) you will be explicitly agreeing to us, our agents, other insurers and the other persons described in this notice (and/or in your Policy) processing it for all relevant purposes. Before you provide us with any information about others, you should make sure they are aware of how we will use their information and have agreed to this.

For our policy about taking instructions from persons other than the Policyholder, details about data transfers outside the European Economic Area, how to obtain copies of personal information and who to contact in the event of questions, please see the Privacy Policy (which contains a full overview about UIB's use of your personal information).

