

Cyber Select proposal form

Please answer each question. Indicate Yes or No as appropriate and supply any further information requested.

1 General

1.1 Name of Insured/Proposer

1.2 Postal Address

Postcode

1.3 Turnover

 £

1.4 Company Registration number

1.5 Full Business Description

1.6 Number of Employees

1.7 Number of pieces of Personally Identifiable Information held i.e. an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

1.8 How long have you been trading?

1.9 Period of Insurance Required (New Business Only)

From

To

1.10 Have you suffered any loss or damage, or been involved in any claim or incident relating to a cyber event within the past three years?

Yes

No

If Yes, please provide details below or attach a separate sheet.

Date

Nature of loss or damage

Cost or current estimate of claim

2 Cyber Information

	Please tick relevant response	Comments
<p>2.1 Please confirm that the Policyholder is not a subsidiary to another company.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please confirm the names of the other companies in the group. <div style="background-color: #e0f2f1; height: 80px; margin-top: 10px;"></div>
<p>2.2 Please confirm that neither the Policyholder nor any subsidiary:</p> <ul style="list-style-type: none"> • is a Financial Institution (including Banking, Insurance Brokers, Accounting Companies); or • had Mergers & Acquisitions activity within the last 12 months, or have any disclosed for the next 12 months; or • is an Air Traffic Controller; or • is a Government Agency; or • Charities • is a telecommunication, energy or utility company • is an entity active in the pornographic or in the gambling industry. 	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of involvement in such activities. <div style="background-color: #e0f2f1; height: 200px; margin-top: 10px;"></div>
<p>2.3 Please confirm that the Policyholder does not have any subsidiaries in the United States and none of the Insured stores, processes or collects any Personally Identifiable Information in the United States.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, then please confirm what percentage of turnover is derived from such subsidiaries and the number of Personally Identifiable Information stored, processed or collected, along with any other relevant comments. <div style="background-color: #e0f2f1; height: 80px; margin-top: 10px;"></div>
<p>2.4 Please confirm that the Policyholder has at least the following IT security measures in place, and that they are regularly reviewed and updated:</p> <ul style="list-style-type: none"> • antivirus • firewall • password secure WiFi • a security policy on use of mobile devices, • security policy on use of social media websites. 	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of where these IT security measures are not present, along with any other information about any additional IT security measures undertaken. <div style="background-color: #e0f2f1; height: 120px; margin-top: 10px;"></div>

2 Cyber Information (continued)

	Please tick relevant response	Comments
<p>2.5 Please confirm that the Policyholder hold and periodically reviews a written data protection/information security policy in line with the Data Protection Act 2018 and GDPR.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of what measures are in place in respect of data protection. <div style="background-color: #e0f2f1; height: 40px; width: 100%;"></div>
<p>2.6 Please confirm that the Policyholder maintain a regularly reviewed and updated Retention and Destruction policy where they hold Personally Identifiable Information records.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details and confirm how the Policyholder uses this data. <div style="background-color: #e0f2f1; height: 100px; width: 100%;"></div>
<p>2.7 Please confirm that the access to policyholder's systems is restricted with login and password on a need-to-have basis, and is withdrawn within 3 days of the user leaving the company.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of how access for former employees is removed and any other information regarding access to systems. <div style="background-color: #e0f2f1; height: 40px; width: 100%;"></div>
<p>2.8 If the Policyholder is engaged in production or provides online services, please confirm that the office systems are clearly segregated from the production/online services systems.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of what protections are in place to prevent a cyber attack spreading to or from such systems. <div style="background-color: #e0f2f1; height: 40px; width: 100%;"></div>
<p>2.9 If the Policyholder allows VPN access to their system, please confirm it is protected with two-factor authentication.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, then please confirm the detail and level of protection in place, along with any other relevant comments. <div style="background-color: #e0f2f1; height: 70px; width: 100%;"></div>

2 Cyber Information (continued)

	Please tick relevant response	Comments
<p>2.10 If the Policyholder uses third party IT service providers, please confirm that they are required to adhere to Policyholder's data protection/information security</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, then please confirm the rationale for this decision, along with any other relevant comments. <div style="background-color: #e0f2f1; height: 80px; margin-top: 10px;"></div>
<p>2.11 If the Policyholder engages in credit/debit card payments or payment processing, please confirm that you have full, independently certified compliance with Payment Card Industry Data Security Standards</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide the rationale as to why this is not the case. <div style="background-color: #e0f2f1; height: 60px; margin-top: 10px;"></div>
<p>2.12 Please confirm that the Policyholder does not conduct any activity with any sanctioned or embargoed territory</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of involvement in such activities. <div style="background-color: #e0f2f1; height: 50px; margin-top: 10px;"></div>
<p>2.13 If the Policyholder has completed a 3rd party vulnerability test (e.g .F-Secure Radar Scan), please provide the details.</p>		<div style="background-color: #e0f2f1; height: 80px; margin-top: 10px;"></div>
<p>2.14 Please supply any additional information you feel may be relevant to the purchase of the insurance.</p>		<div style="background-color: #e0f2f1; height: 80px; margin-top: 10px;"></div>

Important Information

Your Records

You should keep a record (including copies of letters) of all information you supply to Allianz about this proposal.

Important Information – Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us at inception, renewal and variation of your Policy. This means that you must tell us about all facts and circumstances which may be material to the risks covered by your Policy in a clear and accessible manner or give us sufficient information to alert us of the need to make enquiries about such facts or circumstances.

Material facts are those which are likely to influence us in the acceptance of or assessment of the terms or pricing of your Policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, we may avoid your Policy (that is treat it as if it had not existed) and refuse to pay any claims where any failure to make a fair presentation is:

- a deliberate or reckless; or
- b of such other nature that, if you had told us about a material fact or circumstance, we would not have issued, renewed or varied your Policy.

In all other cases, if you fail to make a fair presentation of the risk, we will not avoid your Policy but we may instead:

- a reduce proportionately the amount paid or payable on any claim, the proportion for which we are liable being calculated by comparing the premium actually charged as a percentage of the premium which we would have charged had you made a fair presentation (e.g. if we would have charged you double the premium, we will only pay half the amount of any claims under your Policy); and/or
- b treat your Policy as if it had included such additional terms as we would have imposed had you told us about a material fact or circumstance. Payment of any claim you make will be subject to the application of any such additional terms.

For these reasons it is important that you check all of the facts, statements and information set out in this Risk Details Form or in any other information provided are complete and accurate. You must also make reasonable enquiries to check with anyone you employ in your business that the facts and statements set out in this Risk Details Form or in any other information provided are complete and accurate and that there are no other material facts which you need to disclose.

If any of the facts, statements and information set out in this Risk Details Form, risk presentation or any additional information provided are incomplete or inaccurate, you or your insurance adviser must contact us immediately.

Failure to do so could invalidate your policy or lead to a claim not being paid or not being paid in full.

Declaration

I/We declare that to the best of my/our knowledge and belief all statements and particulars given by me/us are true and complete and that no material information or fact has been withheld or suppressed

I am/We are authorised to sign on behalf of all proposers.

I/We agree

- that this proposal will be the basis of the contract between me/us and the Insurers
- that if any answers have been written by another person then for that purpose such person will be regarded as our/my agent and not the agent of the Insurers
- to be bound by the terms and conditions of the policy

I/We understand that

- the liability of the Insurers does not commence until this proposal has been accepted by them
- the Insurers reserve the right to decline any proposal

I/We agree to the seeking of information from credit and other agencies in connection with this proposal

I/We understand that the existence of any procedures for dealing with complaints do not prejudice my right to take legal action against the Insurers

Proposer’s/Insured’s signature

Date

Status of signatory

Privacy Notice Summary

Please find below a summary of our Privacy Notice.
The full notice can be found on the Allianz UK website:
allianz.co.uk/privacy-notice.html.

If you would like a printed copy of our Privacy Notice, please contact the Data Rights team using the details below.

Allianz Insurance plc is the data controller of any personal information given to us about you or other people named on the policy, quote or claim. It is your responsibility to let any named person know about who we are and how this information will be processed.

Allianz Insurance plc, Allianz Engineering Inspection Services Limited, Petplan Ltd and VetEnvoy are companies within Allianz Holdings.

Anyone whose personal information we hold has the right to object to us using it.

They can do this at any time by telling us and we will consider the request and either stop using their personal information or explain why we are not able to.

If you wish to exercise any of your data protection rights you can do so by contacting our Data Rights team:

Telephone: **0208 231 3992**
Email: datarights@allianz.co.uk
Address: Allianz,
57 Ladymead, Guildford,
Surrey, GU1 1DB

Any queries about how we use personal information should be addressed to our Data Protection Officer:

Telephone: **0330 102 1837**
Email: dataprotectionofficer@allianz.co.uk
Address: Data Protection Officer, Allianz,
57 Ladymead, Guildford,
Surrey, GU1 1DB