

CYBER RISKS COVER



Cyber Risks Cover – Quotation Form

Proposer Details

Company: _____

Trade/Profession: _____

Address: _____

Total Revenue: £ _____ Percentage of e-commerce _____%

Cover Details

Period of Insurance: Commencement date: _____

Cover limits required [] £250,000 [] £500,000 [] £1m

[] Other £ _____

Declaration details

The business has procedures and systems in place and in operation for:

- correctly configuring and regularly or automatically updating virus protection software, antispyware software and a firewall on its Electronic Communication System No Yes
- regularly changing all passwords on its Electronic Communication System and cancelling any username, password or other security protection if it is discover or have reasonable grounds to suspect that they have been available to any unauthorised person No Yes
- updating your Electronic Communication System with new protection patches issued by the original system or software manufacturer or supplier No Yes
- creating regular back-up copies of any data, file or programme and it ensures that all sensitive data is encrypted including those on removable media No Yes
- following and complying with the Data Protection Act No Yes

If NO please provide details

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The business can confirm that:

- all of the Partners, Directors, Principals, and Consultants after having made full enquiries, including of all staff, are NOT aware of any event that has or could have given rise to a loss, claim or circumstance under a cyber / privacy policy, including but not limited to any hacking incident, virus or malicious code attack, cyber extortion attempt, breach of confidential data, wrongful disclosure of personal data or interference with rights of privacy No Yes
- No income is derived from the USA No Yes
- that the statements and particulars in this proposal are true and complete and no material facts have been mis-stated or suppressed. It undertakes to inform Underwriters of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this declaration is effected. No Yes

If NO please provide details

Contact Details

Name: _____

Telephone: _____

Email: _____

