

IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

1 | GENERAL INFORMATION

Details of entities to be insured (the "Proposer")

Proposer's Name: _____ Date of Birth: / /

ID number (if Sole Trader): _____

Trading Name (if different from above) _____

Physical Address: _____

Postal Code: _____

Practice/Trading Address/es if different from the above: _____

Company Reg No: _____ VAT No: _____

Date Company Established / Services Commenced: / /
As currently constituted

Date Company Established / Services Commenced: / /
As initially established:

Contact Name: _____ Contact number: _____

Email: _____ Website: _____

Company Legal Constitution: Partnership / Private Company / Public Company / Close Corporation /
Non-profit Organisation / Government / Sole Proprietor

Have you been involved in any mergers and acquisitions within the last three years?

No

Yes

If Yes, Please detail these subsidiaries area below

THE POWER OF KNOWLEDGE

2 | INSURANCE HISTORY

1 Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed? Yes No

If yes, please state: Insurers: _____

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive Date:	

2 For the type of Insurance now being proposed, has any Insurer ever:

i) Required an increased premium or imposed special terms? Yes No

ii) Refused to accept or renew any insurance for the body corporate Yes No

iii) Cancelled the insurance? Yes No

If any answer is Yes to any of the above 3 questions, please provide full details

3 Do you maintain general liability insurance coverage? No Yes

If 'Yes,' please provide the limits of liability and whether this coverage includes advertising injury and/or products and completed operations coverage:

3 | REQUIRED COVER

1 State the LIMIT OF INDEMNITY and EXCESS required:

Limit	R	R	R
Excess	R	R	R

2 Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated? Yes No

3 Please mark which sections of the Cyber Risk offering you wish to incorporate within your policy.

Professional Services/Errors and Omissions	<input type="checkbox"/>	Multimedia Liability	<input type="checkbox"/>
Network Security and Privacy Liability	<input type="checkbox"/>	Data Rectification and Business Interruption	<input type="checkbox"/>
Privacy Regulatory Defence and Penalties	<input type="checkbox"/>	Crisis Management Costs	<input type="checkbox"/>
Data Extortion	<input type="checkbox"/>		<input type="checkbox"/>

4 | PREVIOUS LOSSES / EXISTING CIRCUMSTANCES

1 Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

i) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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ii) Cause any loss to the Proposer, any predecessor or any past or present Principal?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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iii) Otherwise affect the consideration of this proposal for insurance?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If Yes, please provide details:

2 In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If Yes, please identify details (including loss date, amount claimed and a brief description):

3 What steps have been taken to prevent a recurrence?

4 Have you or any past or present principal, partner, director, or employee ever been disciplined for mishandling data or otherwise tampering with your computer network?

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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5 Have you or any past or present principal, partner, director, or employee been subject to any disciplinary action or governmental action or investigation as a result of professional activities?

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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6 Have you sustained any unscheduled network outage or interruption within the past 24 months?

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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7 Have you ever suffered an intentional breach of IT security, network damage, system corruption or loss of data?

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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8 Have you ever sustained a material or significant system intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar incident or situation?

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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9 During the last three years has any customer or other person or entity alleged that their personal information was compromised?

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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10 During the last three years have you notified customers that their information was or may have been compromised?

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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5 | ACTIVITIES OF PROPOSER

What are your main services/activities?

6 | FINANCIAL INFORMATION

1 Gross annual revenue

Last Year	Current Year Estimate	Forthcoming financial year
/ /	/ /	/ /
R	R	R

2 Annual net income before taxes

Last Year	Current Year Estimate	Forthcoming financial year
/ /	/ /	/ /
R	R	R

3 Percentage of gross annual revenue accounted for by sales or operations through your website	%
4 Percentage of annual transactions paid for by debit/credit card	%
5 Average transaction value	
6 Percentage of last year's gross annual revenue generated from:	
• SA clients subject to SA laws	%
• Clients subject to US laws	%
• Clients anywhere else in the world	%
7 Estimate of total annual IT system budget	%

7 | ERRORS & OMISSIONS COVERAGE

Please complete the following section only if applying for Errors & Omissions coverage (otherwise go straight to question 4 and subsequent sections)

1 Percentage of gross annual revenue by services performed in last financial year:

Hardware	Sales	%
	Installation	%
Software	Off the shelf product sales	%
	Software installation and configuration	%
	Development of custom or bespoke software products	%
	Maintenance	%
Services	Consultancy	%
	Supply of staff	%
	Facilities management	%
	Training services	%
	Web design	%
E-commerce services	Internet sales revenue	%
	Internet marketing revenue	%
Other work (please provide details)		%
		%
Total must add up to 100%		100 %

2 Details of your three largest contracts which have been undertaken in the last three years:

Client/Business	Services provided	Total Contract Value	Contract length
1			
2			
3			

3 Do you typically undertake contracts which are longer than 2 years in duration?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
4 Do you use outside consultants/contractors, or subcontract work to others?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
• If 'Yes', approximate percentage of last year's gross annual revenue which this represents		%

5	Do you normally require consultants/contractors to hold Professional Indemnity over?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
6	Do you enter into written contracts with all clients?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
7	Do your written contracts with clients contain the following clauses/provisions:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	• Limitations of liability, including limiting consequential damages	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	• Disclaimer of warranties	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	• Arbitration clause	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
8	Value of average client contract				
	Value of largest single client contract				
9	Do you ensure that changes to the original contract are agreed by both parties and documented in writing, which is then incorporated into the main contract?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
10	Are all contracts reviewed by legal counsel prior to commencing any work?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
11	Are variations to contracts reviewed by legal counsel?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
12	Do you have quality control procedures in force to test all software and products prior to release?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
13	Is the failure of your products or any of your services likely to result in any of the following outcomes?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	• Damage or destruction to physical property	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	• Death or bodily injury	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	• Immediate and significant financial loss	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	• Insignificant financial loss	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
14	Have there been any significant changes in the nature or size of your business in the past 12 months?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
15	Do you anticipate any change in the nature or size of your business over the next 12 months?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	- If 'Yes', to (14) or (15) above, please provide full details, on a separate sheet if necessary:				
.....					
.....					
16	Do you plan on releasing or introducing new products, software and/or services within the next 12 months?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
17	Have you released or introduced new products, software and/or services within the past 12 months?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	- If 'Yes', to (16) or (17) above, please provide full details, on a separate sheet if necessary:				
.....					
.....					
18	Have you ever had to recall any of your electronic products or software for any reason?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	- If 'Yes', please provide full details, on a separate sheet if necessary:				
.....					
.....					
19	Over the past three years, have any customers refused to pay or requested a refund or invoked contract penalty clauses outside the normal course of business?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	- If 'Yes', please provide full details, on a separate sheet if necessary:				
.....					
.....					
20	Do you have a formal process in place for resolving disputes with clients?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
21	Have you ever instituted adversarial proceedings in order to recover unpaid fees from a client?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

8 | NETWORK DEPENDENCY

1 Number of days each year your computer network is active

2 Usual daily hours of operation

3 Do you outsource the management or any part of your IT operations?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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- If 'Yes', please provide brief details below, or on a separate sheet if necessary, including what is outsourced and to whom:

4 Provide details of your internal IT network functions:

5 Indicate time after which the inability for staff to access your internal computer network and systems would have a significant impact on your business:

Immediately After 6 hrs After 12 hrs After 24 hrs After 48 hrs Never

6 Is the operation and connectivity of your computer network business critical?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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7 Indicate time after which the inability for customers to access your website would have a significant impact on your business:

Immediately After 6 hrs After 12 hrs After 24 hrs After 48 hrs Never

8 Provide brief details below, or on a separate sheet if necessary, of the impact on your business if your internal network or applications should fail or be disrupted (include commercial relations, revenues and image):

9 | BUSINESS CONTINUITY

1 Briefly describe your recovery/contingency plans to avoid business interruption due to IT system failure, and/or alternative working procedures (interdependency, outsourcing, alteration of process, additional employment, redundant servers etc). Use a separate sheet if necessary.

2 Is this plan regularly tested and updated?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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3 Have you recently carried out an IT security audit?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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- If 'Yes', who did it and when was it performed?

Audited by

DD	MM	YY
----	----	----

4 When was your last external penetration test carried out?

DD	MM	YY
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5 Was any serious concern raised with any aspect of the network where immediate correction was advised?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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- If 'Yes' to (e) above, were the recommendations carried out?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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10 | NETWORK SECURITY

- | | | | |
|----|---|-----------------------------|------------------------------|
| 1 | Do you employ a Chief Privacy Officer, or Chief Information Officer, who has responsibility for meeting your worldwide obligation under privacy and data protection laws? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2 | Does your security and privacy policy include mandatory training for all employees? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 3 | Are all employment positions analysed and employees assigned specified rights, privileges and unique user ID and passwords, which are changed periodically? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 4 | Do you have strict user revocation procedures on user accounts and inventoried recovery of all information assets following employment termination? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 5 | Do you conduct regular reviews of your third party service providers and partners to ensure that they meet your requirements for protecting sensitive information in their care? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 6 | Do you enforce provisions for non compliance by employees, contractors & others? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 7 | Do you have antivirus software on all computer devices, servers and networks which are updated in accordance with the software providers' recommendations? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 8 | Do you have firewalls and intrusion monitoring detection in force to prevent and monitor unauthorised access? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 9 | Do you have access control procedures and hard drive encryption to prevent unauthorised exposure of data on all laptops, PDAs, smartphones (e.g. BlackBerry), and home-based PCs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 10 | Have you configured your network to ensure that access to sensitive data is limited to properly authorised requests? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 11 | Do you ensure that all wireless networks have protected access? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 12 | Do you encrypt all sensitive information that is physically removed from the premises by tape, disk hard drive or other means? tape, disk hard drive or other means? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 13 | Is all sensitive and confidential information that is transmitted within and from your organisation encrypted using industry grade mechanisms? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 14 | Is all sensitive and confidential information stored on your databases, servers and data files encrypted? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

-If you answer 'No' to questions (11), (12), (13) or (14) above, please provide details on a separate sheet, briefly describing the nature of the unprotected information and what security measures are in force to protect this information in the absence of encryption.

11 | INFORMATION AND DATA MANAGEMENT

- | | | | |
|---|--|-----------------------------|------------------------------|
| 1 | Does your information asset programme include a data classification (e.g. public, internal use only, confidential)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2 | Do you post a privacy policy on your website which has been reviewed by a qualified lawyer? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 3 | Do you have an information asset inventory that lists the owners and sources of all data? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 4 | Do you have procedures in force for honouring the specific marketing 'opt-out' requests of your customers that are consistent with the terms of your published privacy policy? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 5 | Do you have procedures in force to monitor the period for which customer data is held, and have processes for deleting this information at the end of that period? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 6 | Do you have procedures in force for deleting all sensitive data from systems and devices prior to their disposal from the company? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

- 7 Is all information held in physical form (paper, disks, CDs etc) disposed of or recycled by confidential and secure methods which are recognised throughout the organisation? No Yes
- 8 Do you keep an incident log of all system security breaches and network failures? No Yes
- 9 Are you compliant with the Payment Card Industry (PCI) Data Security Standards? No Yes
- If yes, to what level? 1 2 3 4
- 10 How many individual personally identifiable records (IPIR) are retained within your networks and databases?

IPIR are any records which can be identified and connected to a specific individual. For example, a company which holds the cellphone number, bank account number, residential address and ID number of a person will hold four unique records (IPIR). Please provide an estimate of the total number of IPIR held within your network at any given time.

12 | GENERAL QUESTIONS

Have you or any of the applicant's principals, partners, directors, risk managers, or employees:

- 1 Ever been convicted of or is any prosecution pending for any offence involving dishonesty of any kind (including but not limited to an offence involving fire, fraud, theft or handling stolen goods)? No Yes
- 2 Been declared bankrupt, the subject of bankruptcy proceedings or of any voluntary or mandatory insolvency or winding up procedures? No Yes

If 'Yes' to any questions within this section, please provide full details, on a separate sheet if necessary:

DECLARATION

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

.....
NAME	CAPACITY
.....
SIGNATURE OF THE PROPOSER	DATE DD/MM/YYYY
.....

BROKER DETAILS

Broker:

Contact Person:	Tel:
Email:	Fax number: