# CYBER INSURANCE

SHORE

# When completing this Application Form

- *Please answer all questions giving full and complete answers. It is the duty of the applicant to provide all information that is requested in the application form and any additional material facts.*

- *A material fact is such known fact and/or circumstance that may influence the evaluation of the risk by the Insurer and may influence the acceptance of this application for insurance.*

- *If you have any doubts about what a material fact is, please do not hesitate to contact your Broker. If you fail to disclose a material fact, it may affect how claims are settled under the policy or it may render the policy invalid.*

- *The application form must be completed, signed, and dated by a person who must be of legal capacity and authorised.*

## BUSINESS DETAILS

**1.** Please complete the following details:

Business Name: _____

Business Address: _____

Business Description: _____

Business Website: _____

Date Established: _____    Number of Employees: _____

Estimated Gross Revenue in the next 12 months:    $ _____

% of Annual Revenues generated from the USA: _____ %

## BUSINESS ACTIVITIES

**2.** Please select the most appropriate industry class that applies to your organization:

| | | | |
|---|---|---|---|
| ☐ Accommodation & Food Services | ☐ Agriculture, Forestry, Fishing & Hunting | ☐ Arts, Entertainment & Recreation | ☐ Automotive Repair |
| ☐ Construction | ☐ Educational Services | ☐ Finance & Insurance | ☐ Healthcare & Social Assistance |
| ☐ Information & Technology | ☐ Manufacturing | ☐ Mining, Quarrying, Oil & Gas Extraction | ☐ Personal Services |
| ☐ Public Administration | ☐ Real Estate | ☐ Religious Organizations | ☐ Rental & Leasing |
| ☐ Retail Trade | ☐ Transportation & Warehousing | ☐ Utilities | ☐ Wholesale |

## BACKUP & ARCHIVING

With respect to the data backup, which of the following statements apply to your organization?
*(Please select all that apply)*

**3.** Using up-to-date anti-virus and anti-malware protection on all your endpoints (desktops, laptops, servers, etc.) and firewalls on all of your internal access points. ☐

**4.** Implementing all critical patches for zero-day vulnerabilities after they have been released by the vendor. ☐

**5.** Requiring Multi Factor Authentication (MFA) for any remote access to your network as well as all Company email accounts. ☐

**6.** Providing each user of your system with a separate individual account. ☐

## INTERNAL POLICIES AND STANDARDS

Which of the following data security & privacy policies have you implemented at your organization?
*(Please select all that apply)*

**7.** Restricting employees' and external users' access to IT systems privileges and personal information on a business-need- to-know basis? ☐

**8.** Implementation of a Business continuity plan, recovery plan and/or an incident response plan? ☐

**9.** Encryption on all of your mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data? ☐

**10.** Reviewing all advertising and other content prior to publication? ☐

**11.** Providing annual training and education to employees to increase security awareness and to prepare users to be more resilient and vigilant against phishing? ☐

**12.** Implementing a password policy enforcing the use of long and complex* passwords across your organization? ☐

*\*Long and complex passwords are defined as: eight characters or more; free of consecutive identical, all-numeric or all-alphabetic characters.*

## CRIME CONTROLS

**13.** Reviewing and authorizing any transfer of funds, signing of cheques (above $10,000) or issuing instructions for the disbursement of assets, funds or investments by at least two members of staff ☐

**14.** Verifying all requests to change customer/vendor/supplier details by confirming via a direct call using the existing contact information previously provided and on file from the entity requesting the change ☐

## PREVIOUS CYBER INCIDENTS

**15.** Have you, at any time during the past 36 months, experienced any cyber incident(s), a lawsuit or other formal dispute arising from a cyber incident that exceeded $10,000?  ☐ Yes  ☐ No

**16.** Are you aware of any circumstance or incident that could be potentially anticipated to give rise to a loss or claim against the cyber insurance policy being requested in this application?  ☐ Yes  ☐ No

## DECLARATION

*I/We declare that the answers to the questions in this proposal form are true and accurate having consulted with all partners or directors and other persons involved in the management of the applicant firm.*

*This application must be signed by a corporate officer with authority to sign on the applicant's behalf.*

*I/we understand that the information provided will be used in deciding whether the insurer will accept the application, the terms of any policy provided, and the price charged by the insurer for the risk.*

Signed: _____       Title: _____

Name: _____       Date: _____

## ADDITIONAL INFORMATION

Please provide any additional information which would be relevant to the insurance being purchased or any additional material facts not captured above.

SHORE