

CyberClear Proposal form for companies sub-£10 million turnover

	This proposal form is annual turnover of u	s for new business to nder £10 million.	Hiscox for UK-base	d companies with an			
This proposal form	In deciding whether to accept the insurance and in setting the terms and premium, we rely on the information you have given us.						
	You must:						
	 give a fair presentation of the risk to be insured by clearly disclosing all material facts and circumstances (whether or not subject to a specific question) which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search; 						
	 ensure that all information provided is true, accurate and complete; 						
		s possible, if there are a any doubt, please contain		formation you have given ker.			
1. Your business	Business name:						
	Main address:						
	Postcode:						
	Website:						
1.1 Your employees	Your total number of e	mployees (including sul	bsidiaries):				
1.2 Accredited information security standards	Has your organisation been accredited with any information security standards? Cyber Essentials Cyber Essentials Plus ISO 27001 NIST CSF Other, please specify:						
1.3 Business activities	Please describe the na	ature of your business a	ctivities:				
1.4 Your financial details	Please provide your turnover including fee income:						
		Past year ending	Current year	Estimate for coming year			
	Total income	£	£	£			
	Income generated in the USA	£	£	£			
	Web sales (total)	£	£	£			
1.5 Personal data				uding employees) do you , email, phone number)?			
	1.5.1						



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1.6 Sensitive information

For how many people (including customers and suppliers, but excluding employees) do you process, transact or store any of the following information:

- a. credit or debit card information;
- b. bank details;
- c. medical information; or
- d. government issued identification?

None	750,000 – 999,999	
Less than 100,000	1,000,000 - 1,999,999	
100,000 - 249,000	2,000,000 - 2,999,999	
250,000 - 499,999	3,000,000 - 5,000,000	
500,000 - 749,999	Over 5,000,000	

Yes No

Yes No

Yes No

Yes 🗌 No 🗍

Yes 🔄 No 🗌

1.7 Security controls

- a. Do you have a formal password policy that explains good password hygiene, such as not using obvious or repeated passwords, for all systems providing access to personal or confidential information?
- b. Do you update all systems including firewalls and anti-virus software at least every 30 days?
- c. Are full system backups taken at least weekly and stored either off site or disconnected from your network?
- d. Do you have a policy to encrypt mobile computing devices (for example laptops, tablets, mobile telephones, PDAs) and portable data storage media (for example external drives or magnetic tapes) which hold, process, transact or store any of the personal data referred to in 1.7?
- e. Do all users with remote access provide at least two different forms of identification ('multi-factor authentication') to verify their identity prior to log-in?

If you have answered No to any of the above, please provide additional information as to what systems, policies or procedures you do have in place.

a.	Do you require multi-factor authentication for all online banking logins?	Yes 🔄	No 🔄
b.	Do you ensure multi-factor authentication for any fund transfer?	Yes 🗌	No 🗌
C.	Do you have a process in place to confirm that any payment requests received by email are from a known source?	Yes 🗌	No 🗌

If you have answered No to any of the above, please provide additional information as to what systems, policies or procedures you do have in place:

1.8 Cyber crime, telephone hacking and social engineering



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1.9 Cover required	Please indicate:		Limit required			
			Excess requested			
2. Claims, losses and circumstances		ve you suffered any los er been made against y	s or has any claim whether successful or not ou?	Yes 🗌	No 🗌	
		e you aware of anything pility that might be cover	that may lead to a claim, loss or other red under the policy?	Yes 🗌	No 🗌	
			tigated in respect of personal data, including card information, or your privacy practices?	Yes 🗌	No 🗌	
	info	ve you been asked to s ormation relating to pers vacy practices?	e you been asked to supply any regulator or similar body with mation relating to personally identifiable information or your acy practices?			
			t to sign a consent order or equivalent in ifiable information or your privacy practices?	Yes 🗌	No 🗌	
		ve you ever received a meone's personally ider	complaint relating to the handling of tifiable information?	Yes 🗌	No 🗌	
		ave answered Yes to an ion if required):	y of the above, please specify details (attach a	dditional		
3. Insurance details		ssary underwriting ha	ect to acceptance by Hiscox and will only c s taken place and you have received confirm			
4. Material information	Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant you should consult your insurance broker.					
		anything else that you w attach additional pages	ould like to tell us about you or your business? if necessary).	Yes 🗌	No 🗌	
5. Using your personal information	a data c to you. I or by en We colle process and dete	ontroller of your persona f you are unsure you ca hailing us at dataprotect ect and process informa claims. Your informatio ection and financial man	tion about you in order to provide insurance po n is also used for business purposes such as fi agement. This may involve sharing your inform	n we provi 1904 68111 licies and raud preve nation with	de 98 to ntion , and	
	loss adju		from, our group companies and third parties su agencies, service providers, professional advis gencies.		kers,	
	-	-	to help us monitor and improve the service we	-		
			rour information is used and your rights in relat acy policy at www.hiscox.co.uk/cookies-privacy			



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6. Declaration

Please read the declaration carefully and sign at the bottom.

I/we confirm that the information given in this proposal form and any additional sheet is true, accurate and complete and I have made a fair presentation of the risk.

Name of director/officer/board member/senior manager

enior manager Date

/	/			
Date				

Signature of director/officer/board member/senior manager

A copy of this proposal should be retained for your records.

7. Complaints

Hiscox aims to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times Hiscox are committed to providing you with the highest standard of service. If you have any concerns about your policy or you are dissatisfied about the handling of a claim and wish to complain you should, in the first instance, contact Hiscox Customer Relations in writing at:

Hiscox Customer Relations The Hiscox Building Peasholme Green York YO1 7PR

or by telephone on 0800 116 4627/01904 681 198 or by email at customer.relations@hiscox.com.

Where you are not satisfied with the final response from Hiscox, you also have the right to refer your complaint to the Financial Ombudsman Service. For more information regarding the scope of the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk.