|  |  |
| --- | --- |
|  | Insured name: |
|  |       |
|  |  |
|  | Policy number (if applicable) |
|  |       |
|  |  |
| **Dependent business interruption** | Please list your critical outsourced services including the provider: |
| Company name | Service | Revenue generating/ revenue supporting system? | Fees paid annually |
|       |       | Yes [ ]  No [ ]  |       |
|       |       | Yes [ ]  No [ ]  |       |
|       |       | Yes [ ]  No [ ]  |       |
|       |       | Yes [ ]  No [ ]  |       |
|       |       | Yes [ ]  No [ ]  |       |
|       |       | Yes [ ]  No [ ]  |       |
|       |       | Yes [ ]  No [ ]  |       |
|       |       | Yes [ ]  No [ ]  |       |
|       |       | Yes [ ]  No [ ]  |       |
|  |  |
|  | What due diligence do you carry out on critical providers? |
|  |       |
|  |  |
|  |  |
|  | What back-up solutions do you have in place in the event that a critical provider(s) has an interruption of service? |
|  |       |
|  |  |
|  | Do you contractual indemnities in place with your critical providers in the event that they cause a data breach and/or a network outage causing you a loss? | Yes [ ]  No [ ] Unknown [ ]  |
|  |  |
|  | Does your business continuity plan / incident response plan take into account a failure of your critical providers? |
|  |       |
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| --- | --- |
| **Declaration** | I/we confirm that the information given in this questionnaire and any supplementary information provided, is true, accurate and complete.I/we have made a fair presentation of the risk and have disclosed all facts and circumstances which would be material to your acceptance or assessment of the risk in a reasonably clear and accessible manner, whether or not those facts or circumstances were the subject of a specific question in this proposal form. I/we confirm that I/we have conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. If there are any material facts or circumstances not covered by a specific question on this proposal form, I/we have listed these on a separate sheet of paper which is signed and dated and attached to this proposal form.I/we understand that if I/we deliberately or recklessly failed to present the risk to you fairly, you may treat this insurance as if it never existed and refuse to make any payment under it. I/we understand that I/we must reimburse all payments already made by you and that you will also be entitled to retain all premiums paid.I/we understand that if I/we failed to present the risk to you fairly but that failure was not deliberate or reckless, the remedy available to you will depend upon what you would have done if I/we had made a fair presentation of the risk. I/we understand that you may: |
|  |  | treat this insurance as if it never existed and refuse to make any payment under it. I/we must reimburse all payments already made by you. You will refund any premium I/we have paid; or |
|  |  | amend the terms and conditions of this insurance and apply those amended terms and conditions from the start of the period of insurance. I/we understand that this may result in a particular claim or loss not being paid. I/we will reimburse you for any payment already made that would not have been paid if such terms had been in effect; and/or |
|  |  | reduce the amount of any claim in proportion to the premium that you would have charged if I/we had fairly presented the risk to you. I/we understand that this remedy may apply in addition to those shown in b. above. |
|  | Please note that the signing of this proposal form does not bind you to complete or us to accept this insurance.The person signing this proposal form is duly authorised to do so on behalf of the proposer. |
|  |       |
|  | Name of director/officer/board member/senior manager |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  | Signature of director/officer/board member/senior manager |  |  |
|  |  |
|  | **A copy of this proposal should be retained for your records.** |