|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Insured name: | | | | |
|  |  | | | | |
|  |  | | | | |
|  | Policy number (if applicable) | | | | |
|  |  | | | | |
|  |  | | | | |
|  | Total revenue: | | | | |
|  |  | | | | |
|  |  | | | | |
|  | Percentage of revenue directly generated from operation of your computer system: | | | | |
|  |  | | | | |
|  |  | | | | |
| **Operational error** | Please explain how critical and non-critical patches are implemented: | | | | |
|  |  | | | | |
|  |  | | | | |
|  | Are new patches/system updates tested in a development environment  and confirmed stable before going live on the main system? | | | | Yes  No |
|  | Are system updates rolled out to the least critical part of the business first? | | | | Yes  No |
|  |  | | | |  |
|  | What redundancies and resilience exist for your ‘mission critical’ and ‘business critical’ processes or applications? | | | | |
|  |  | | | | |
|  |  | | | | |
|  | Do you have a formal change control policy for major systems including testing, authorisation, change control and rollback procedures? | | | | Yes  No |
|  | If No to any of the above please explain: | | | | |
|  |  | | | | |
|  |  | | | | |
| **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.** | | | | |