

PROPOSAL FORM

CYBER ENTERPRISE RISK MANAGEMENT INSURANCE

Please Note

1. Please answer **ALL** questions in full. If there are insufficient spaces on the form, please continue on the company letterhead.
2. The latest audited Financial Statements / Annual Report / Interim Report **MUST** be attached.
3. This form may be used for new applications or new renewals. In the case of renewals, the underwriters **MUST** receive a completed, signed and dated proposal form, financials/reports, and acceptance of renewal terms prior to renewal date, failing which, no cover exists after said date.
4. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered, it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.

NB: (No insurance is in force until the Proposal has been accepted by the Company and the premium paid, except as provided by an official Covering Note issued by the Company)

If SKYBRIDGE RE agrees to issue a cyber enterprise risk management policy, all of the information, which the company provides, will become part of and shall form the basis of any policy issued to the Company by Skybridge Reinsurance Brokers.

1. IDENTIFICATION OF THE APPLICANT COMPANY

Company Name _____

Address _____

Postal Address _____

Contact Person _____

Phone Number _____

Fax Number _____

Cell Number _____

E-Mail Address _____

Website _____

Type Of Organisation _____

VAT Number _____

Date Established _____

Number of employees _____

Annual Gross Margin _____

Annual Turnover _____

2. PROFILE OF THE COMPANY/COMPANIES TO BE INSURED

2.1 Business Operations

Please describe the main business operations of the company/companies to be insured. If these activities include e-commerce, please indicate the percentage of turnover generated.

2.2 Scope

The companies and subsidiaries to be insured. If the company has subsidiaries outside of South Africa, please provide the details.

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2.3 Criticality of the Information Systems

Please assess the outage period over which your company will suffer significant impact to its business.

Application/Activity	Maximum Outage Period Before Adverse Impact On Business				
	Immediate	>12h	>24h	>48h	>5 Days

3. INFORMATION SYSTEMS

	<100	101-1000	>1000
Number of Information Systems users			
Number of Laptops			
Number of Servers			

Do you have an e-commerce or an online service website? Yes No

If yes:

What is the revenue share generated or supported by the website? (estimate)(% or ME)

4. INFORMATION SECURITY

4.1 Security Policy and Risk Management

1. An IS policy is formalised and approved by company management and/or security rules are defined and communicated to all staff and approved by the staff representatives. Yes No
2. Formalised awareness training on the IS is required of all staff at least annually. Yes No
3. You identify critical information systems risks and implement appropriate controls to mitigate them. Yes No
4. Regular audits of the IS are conducted and resulting recommendations are prioritised and implemented. Yes No
5. Information resources are inventoried and classified according to their criticality and sensitivity. Yes No
6. Security requirements that apply to information resources are defined according to classification. Yes No

4.2 Information Systems Protection

1. Access to critical information systems requires dual authentication. Yes No
2. Users are required to regularly update passwords. Yes No
3. Access authorisations are based on user roles and a procedure for authorisation management is implemented. Yes No
4. Secured configurations references are defined for workstations, laptops, servers and mobile devices. Yes No

5. Centralised management and configuration monitoring of computer systems are in place. Yes No
6. Laptops are protected by a personal firewall. Yes No
7. Antivirus software is installed on all systems and antivirus updates are monitored. Yes No
8. Security patches are regularly deployed. Yes No
9. A Disaster Recovery Plan is implemented and updated regularly. Yes No
10. Data backups are performed daily, backups are tested regularly and backup copies are placed regularly in a remote location. Yes No

4.3 Network Security and Operations

1. Traffic filtering between the internal network and internet is updated and monitored regularly. Yes No
2. Intrusion detection/prevention system is implemented, updated and monitored regularly. Yes No
3. Internal users have access to Internet web site browsing through a network device (proxy) equipped with antivirus and website filtering. Yes No
4. Network segmentation is implemented to separate critical areas from non-critical areas. Yes No
5. Penetration testing is conducted regularly, and a remediation plan is implemented where necessary. Yes No
6. Vulnerability assessments are conducted regularly, and a remediation plan is implemented where necessary. Yes No
7. Procedures for incident management and change management are implemented. Yes No
8. Security events such as virus detection, access attempts, etc..., are logged and monitored regularly. Yes No

4.4 Physical Security of Computing Room

1. Critical systems are placed in at least one dedicated computer room with restricted access and operational alarms are routed to a monitoring location. Yes No
2. The data centre hosting critical systems has resilient infrastructure including redundancy of power supply, air conditioning, and network connections. Yes No
3. Critical systems are duplicated according to Active/Passive or Active/Active architecture. Yes No
4. Critical systems are duplicated on two separate premises. Yes No
5. Fire detection and automatic fire extinguishing system in critical areas are implemented. Yes No
6. The power supply is protected by a UPS and batteries which are both maintained regularly. Yes No
7. Power is backed up by an electric generator which is maintained and tested regularly. Yes No

4.5 Outsourcing

[Please fill in if a function of the information system is out sourced.]

1. The outsourcing contract includes security requirements that should be observed by the service provider Yes No
2. Service Level Agreements (SLA) are defined with the outsourcer to allow incident and change control and penalties are applied to the service provider in case of non compliance with the SLA Yes No
3. Monitoring and steering committee(s) are organised with the service provider for the Yes No

- management and the improvement of the service
4. You have not waived your rights of recourse against the service provider in the outsourcing contract Yes No

What are the outsourced Information Systems functions?	Yes/No	Service Provider (Outsourcer)
Desktop management	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Server management	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Network management	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Network security management	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Application management	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Use of cloud computing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
If Yes, please specify the nature of cloud services:		
Software as a Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Platform as a Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Infrastructure as a Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other, to:		

5. The outsourcing contract contains a provision requiring the service provider(s) to Maintain professional indemnity or errors and omissions insurance Yes No

5. PERSONAL DATA HELD BY THE ORGANISATION

5.1 Type and Number of Records

The Number of personal information records held for the activity to be insured: Total: _____

Categories of personal data collected/processed	Yes/No	Number of Records
Commercial and marketing information	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Payment Card or financial transactions information	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health information	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other, to specify please:		

Do you process data for: Our own purpose? On behalf of third party?

5.2 Personal Information Protection Policy

- A privacy policy is formalised and approved by management and/or personal data security rules are defined and communicated to the concerned staff. Yes No
- Awareness and training are provided at least annually to the personnel authorised to access or process personal data. Yes No
- A personal data protection officer is designated in your organisation. Yes No
- A confidentiality agreement or a confidentiality clause in the employment contract is signed by the concerned staff. Yes No
- The legal aspects of the privacy policy are validated by a lawyer/legal department. Yes No

- 6. Monitoring is implemented to ensure compliance with laws and regulations for the protection of personal data. Yes No
- 7. Your personal information practices have been audited by an external auditor within the past two years. Yes No
- 8. A Data Breach Response plan is implemented and roles are clearly communicated to the functional team members. Yes No

5.3 Collection of Personal Data

- 1. You have notified to the Personal Data Protection Commission (PDPC) the personal data processing involved by your company and you have obtained the applicable PDPC authorisation. Yes No
- 2. A privacy policy is posted on your website which has been reviewed by a lawyer/legal department. Yes No
- 3. Consent of individuals is required before collecting their personal data and the concerned persons can access and if necessary correct or delete their personal data. Yes No
- 4. Recipients are provided with a clear means to opt out of targeted marketing operations Yes No
- 5. You transfer Personal Data to third parties. Yes No
 If Yes, answer the following questions:
 - a) The third party (e.g. processor) has a contractual obligation to process personal data only on your behalf and under your instructions. Yes No
 - b) The third party has a contractual obligation to set up sufficient security measures to protect personal data Yes No

5.4 Personal Information Protection Controls

- 1. Access to personal data is restricted to only those users who need it to perform their task and access authorisations are reviewed regularly. Yes No
- 2. Personal data is encrypted when stored on information systems and personal data backups are encrypted. Yes No
- 3. Personal data is encrypted when transmitted over the network. Yes No
- 4. Mobile devices and laptop hard disks are encrypted. Yes No
- 5. IS policy prohibits the copying of non-encrypted personal data to removable storage devices or transmitting such data via email transmission Yes No

If personal records held contain payment card information (PCI), please answer the following:

Your PCI DSS level is: Level 1: ____ Level 2: ____ Level 3: ____ Level 4: ____

(Please refer to definitions page at the end of this document)

- The payment processor (yourself or third party) is PCI DSS compliant Yes No
- If No:
 - PCI is stored encrypted or only a part of payment card numbers is stored Yes No
 - PCI retention time does not exceed the duration of payment and legal/regulatory requirements Yes No
- Payment card data processing is externalised Yes No

Please indicate payment processor name, PCI retention time and any additional security measures:

5.5 Incidents

Please provide a description of any information security or privacy incidents that have occurred in the last 36 months. Incidents include any unauthorised access to any computer, computer system,

database, intrusion or attacks, denial of use of any computer or system, intentional disruption, corruption, or destruction of data, programs, or applications, any cyber extortion event(s); or any other incidents similar to the foregoing including those that have resulted in a claim, administrative action, or regulatory proceeding.

Date	Description of the incident
Comment	

No person or entity proposed for cover is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage.

None

Or, except:

DECLARATION

I/We declare that the above statements are true and complete.

At the present time, other than as stated above, I / We have no reason to anticipate any claim being brought against me/s that would constitute a claim under the insurance now being renewed or applied for.

I / We declare that in the event of this being a renewal of a policy, there have been no material alterations to the risk as submitted to the underwriter originally, and if a new application that all material facts have been disclosed.

I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.

Full name:

Capacity:

Signature:

Date:
