

Effective date

1. Your business Business name

Main address

1.1 Business activities Please describe the nature of your business activities and include those of any subsidiaries that you want to be covered:

1.2 Estimated Total Revenues

1.3 Your total number of employees (including subsidiaries)

1.4 Estimated Number of PII

1.5 Do your business activities include any of the following? Yes No

- a) Air transportation, airline, airport operations, or air traffic control
- b) Business process outsourcing services, HR services, call centre services
- c) Cryptocurrency activities, including mining, trading, ICOs, exchange operating, storage
- d) Data warehouse, direct marketer, data aggregator, data processor, or information broker
- e) Family planning or substance abuse centre or service, adoption agency or abortion clinic
- f) Central bank, credit intermediation, securities & commodity intermediation, securities & commodity exchanges
- g) Government department or agency, local authority, municipality, or public body
- h) Healthcare exchange or clearing house
- i) Life, health, or medical insurance carrier
- j) Mobile application or video game developer or publisher Mortgage & loan broker, title, or escrow services
- k) Payment card processor or gateway, payroll processor
- l) Producer, distributor, advertiser or broadcaster of pornography
- m) Provider of blockchain technology
- n) Social or professional networking site or service, dating site or service
- o) Utility generation, transmission, distribution, or water or sewage provision
- p) Cannabis-related activities of any kind, including transportation
- q) Gambling company or operator

2. Coverage questions

- a. Do you configure and use a firewall to protect all your devices, particularly those that connect to public or other untrusted Wi-Fi network? Yes No
- b. Have you installed, and regularly update, anti-malware software on all your computers and laptops? Yes No
- c. Do you change all default passwords on new devices and require regular mandatory password updates for all accounts? Yes No
- d. Do you take regular, at-least weekly, back-ups of your important data and store off-site or disconnected from your network? Yes No
- e. Do you control access to your data through user accounts, and review who should have administrative access on a regular basis? Yes No
- f. Do you have a process in place to regularly patch your systems and applications? Yes No

3. Claims and incidents

- a. Have you suffered any loss or has any claim whether successful or not ever been made against you? Yes No

If **yes**, please specify details (attach additional information if required):

- b. Are you aware of any matter which is likely to lead to you suffering a loss or a claim being made against you? Yes No

If **yes**, please specify details (attach additional information if required):

- c. Have you ever been investigated in respect of personally identifiable information, including but not limited to payment card information, or your privacy practices? Yes No
- d. Have you been asked to supply any regulator or similar body with information relating to personally identifiable information or your privacy practices? Yes No
- e. Have you ever been asked to sign a consent order or equivalent in respect of personally identifiable information or your privacy practices? Yes No
- f. Have you ever received a complaint relating to the handling of someone's personally identifiable information? Yes No

4. Declaration

Please read the declaration carefully and sign at the bottom.

4.1 Material information

In deciding whether to accept the insurance and in setting the terms and premium, we have relied 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;
- take care by ensuring that all information provided is correct, accurate and complete.

4.2 Declaration

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

Name of director/officer/board member/senior manager

Signature of director/officer/board member/senior manager

Date

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