



PROFESSIONAL
INSURANCE AGENTS

Cyber Insurance Proposal Form

Return to:

Professional Insurance Agents
Unit 9, Pacific House
Sovereign Harbour Innovation Park
1 Easter Place, Eastbourne
East Sussex
BN23 6FA

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Cyber Professional Indemnity Insurance

Section 1

1)

Name of Business:	<input type="text"/>		
Contact Name:	<input type="text"/>	Mobile:	<input type="text"/>
Full Postal Address:	<input type="text"/>	Tel:	<input type="text"/>
	Post Code: <input type="text"/>	Fax:	<input type="text"/>
Website:	<input type="text"/>	E-mail:	<input type="text"/>
Company Number:	<input type="text"/>	Date Established:	<input type="text"/>
Number of Employees (if applicable):	<input type="text"/>		

2) Full description of business activities:

3) Turnover for the most recently completed financial year or estimate if you are a new business start up:

4)

- a) Is all personally identifiable and confidential information that is removed from your premises in any
electronical format encrypted? ☐ Yes ☐ No
- b) Have you got anti virus software installed and enabled on all desktops, laptops, servers (excluding data
base servers) and it is updated on a regular monthly basis? ☐ Yes ☐ No
- c) Have you got firewalls installed within your networks, including on all external gateways? ☐ Yes ☐ No
- d) Do you take regular back ups (at least weekly) of all critical data and store this offsite or in a fireproof safe,
or does your outsourced service provider meet this requirement? ☐ Yes ☐ No
- e) If you store medical records or patient data, when transmitting this over open networks and/or
storing this on portable devices, do you ensure that this is encrypted? ☐ Yes ☐ No ☐ N/A
- f) Do you have a business continuity plan in place that is tested annually and can you also confirm that your
systems can be back up and running within 12 hours of a breach? ☐ Yes ☐ No
- g) If you process or store credit card information (where this is not outsourced to a third party that
accepts full responsibility for PCI compliance), can you confirm that you have been certified as being
PCI compliant within the last 12 months or you have successfully completed a self-assessment audit? ☐ Yes ☐ No ☐ N/A

If you have answered "NO" to any of the above questions, please provide explanations below

- h) Have you recently carried out an IT security audit and effected all recommendations and requirements
from this? ☐ Yes ☐ No

If "YES", please provide a copy of the audit

- i) Do you use a third party to host your data? ☐ Yes ☐ No

If "YES", please provide their company name and the city/country that they are based in:

5.

- a) After full enquiry, you are not aware of any circumstances, complaints, claims, loss, penalties, or fines
levied against you in the last five years, in relation to the risks that this application relates to? ☐ Yes ☐ No
- b) You are not aware of any circumstance or complaints against you in relation to data protection or security,
or any actual security violations or security breaches either currently or in the last five years? ☐ Yes ☐ No

If you have answered "NO" to the above two questions, please provide full details of the losses/claims/circumstances:

6) What is the amount of indemnity you require?

50,000 ☐ 100,000 ☐ 250,000 ☐ 500,000 ☐ 1,000,000 ☐ 2,000,000 ☐ Other:

Section 2 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me/us by the Insurer.

Signature of Principal / Partner / Director:

Full Name:

Date:

***By signing this declaration, on behalf of our company and any applicable employees, we are also consenting to PIA sending relevant insurance information to us as part of their services. This consent can be withdrawn at any time by giving written notice to PIA.*

Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents' to seek terms on my/our behalf from Insurers; including current Insurers