

# GlobeCyber USA Full Application Form

As used throughout this application, "you" means the person signing the application, as well as the entity seeking insurance and the applicant's principals, partners, directors, risk managers, or employees that are in a supervisory role. The questions contained in this application, pertain to all persons or entities seeking insurance, and not just the signatory

Please answer all the questions on this form. Underwriters will rely on the statements that you make on this form. In this context, **ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.**

## General information

Company name	Website
Address	
Main industry sector	Number of employees
Year business was established	Last complete full year revenue (\$)

Approximately how many PII records are retained within your computer network, databases and records?  
(PII is defined as a personally identifiable record on an individual that can be used to identify, contact or locate a single individual)

Requested limit(s) of indemnity (tick all that apply)

100,000	<input type="checkbox"/>	250,000	<input type="checkbox"/>	500,000	<input type="checkbox"/>	1 million	<input type="checkbox"/>	2 million	<input type="checkbox"/>	3 million	<input type="checkbox"/>	4 million	<input type="checkbox"/>	5 million	<input type="checkbox"/>
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## Underwriting questions

Do you or your outsourcer backup your data at least once per week and store it in an offsite location? Yes  No

Are anti-virus and firewalls in place and updated at least quarterly? Yes  No

Are all portable media, including phones, tablets and USB storage devices password protected? Yes  No

Remote access to your network and data is at least two factor authenticated? Yes  No

In the event you suffered downtime or material impairment to your systems, how long would it take for your business operations to be significantly impacted?

Immediately	<input type="checkbox"/>	6 hours	<input type="checkbox"/>	12 hours	<input type="checkbox"/>	24 hours	<input type="checkbox"/>	48 hours or longer	<input type="checkbox"/>
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## Underwriting questions (continued)

### ONLY TO BE ANSWERED IF CYBER THEFT (SOCIAL ENGINEERING) COVERAGE IS REQUIRED

Are passwords changed at least quarterly for online banking and fund transfer platforms? Yes  No

Are changes to supplier/customer details independently verified with a known contact for authenticity? Yes  No

Are at least two members of staff required to authorise fund transfers or cheques above \$10,000 or issuance of instructions for the disbursement of assets, funds or investments? Yes  No

### ONLY TO BE ANSWERED IF YOU ARE A MANUFACTURER OR PRODUCTION SITE

Is the production environment segregated from corporate network? Yes  No

If production is materially interrupted, would there be adequate stock to fulfil at least two days of contracts/orders? Yes  No

### ONLY TO BE ANSWERED IF YOU ARE A RETAILER

Payment card data is encrypted and payment processing is outsourced? Yes  No

Are you PCI compliant? Yes  No  PCI Level: 1, 2, 3 or 4

If you are PCI Level 1, date of last Report on Compliance

## Claims Information

Have you had in the last three years any claim, loss, penalty or fine that would be covered by this policy, or are you aware of any circumstances which could give rise to such a claim? Yes  No   
If Yes, please provide full details: Box here for free form typing.

## Declaration

You confirm that the facts contained in the application form are true. These statements, and all information you or anyone on your behalf provided before we agree to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, we will be entitled to treat this insurance as if it had never existed. You should keep this completed application form for your records.

This application must be signed by the applicant. Signing this form does not bind you or the insurer to complete the insurance. With reference to risks being applied for in the United States, please note that in certain states, any person who knowingly and with intent to defraud any insurance company or other person submits an application for insurance containing any false information, or conceals the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized principal, partner, director, risk manager, or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow.

Name

Signed

Job title

Date