

GlobeCyber Israel Full Proposal Form

As used throughout this proposal, "you" means the person signing the proposal, 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 proposal, 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 revenues (USD)
Please indicate the percentage of revenue attributable to:	
Israel	USA/Canada
Rest of World	

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"/>
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Underwriting questions

Are anti-virus and firewalls in place and security patches applied within 30 days of release?

Yes ☐ No ☐

Are all portable media, including phones, tablets and USB storage devices password protected?

Yes ☐ No ☐

Do you use MFA for any and all remote access to your systems (including Citrix desktop, or Remote Desktop Protocol "RDP")?

Yes ☐ No ☐

Is backup data is kept fully isolated (offline) from the enterprise network so that it is inaccessible from endpoints and servers that are joined to the corporate domain.

Yes ☐ No ☐

Have these backups been successfully tested in the last 6 months?

Yes ☐ No ☐

An e-mail filtering system (e.g. MailChimp, MimeCast or equivalent) is in place that is activated for all email accounts.

Yes ☐ No ☐

Phishing training is conducted to all staff on at least an annual basis.

Yes ☐ No ☐

Underwriting questions (continued)

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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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 of 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?
If Yes, please provide full details: Box here for free form typing.

Yes

☐

No

☐

Declaration

You confirm that the facts contained in the proposal 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 proposal form for your records.

This proposal must be signed by the proposer. 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 authorised 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 follow.

Name

Signed

Job title

Date

DD

MM

YY