

CYBER LIABILITY INSURANCE PROPOSAL FORM

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM.

PLEASE NOTE This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to Underwriters during the period of insurance.

- Please answer every question fully, and state “NIL”, “N/A” or “NONE” as applicable.
- Please complete separate Proposal Forms for each Partner to be included in the quotation and attach a list of all Partners.
- Please submit any additional information you feel may be of assistance to Underwriters, such as Brochures etc.
- It is the duty of the Proposer to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.

For the purposes of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a ‘material fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgment and acceptance of your Proposal.

The following documents must be returned with this proposal form: -

1. Detailed CVs
2. Company profile / Brochure.
3. Copies of ID's

INTERMEDIARY DETAILS

Broker:	ALPHABELLE (PTY) LTD	Broker FSP number:	46984
Consultant’s name:	VANESSA GOUS	Telephone number:	082 446 9876
E-mail address:	vanessa@alphabelle.co.za		



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1. Details of Proposed Insured:

- a. Practice Name: _____
- b. Physical Address: _____

- c. Contact Person: _____ Cell No.: _____
- d. E-Mail address: _____ Web Site: _____
- e. C.O. Reg No.: _____ Vat No.: _____
- f. Present Legal Constitution (Mark Relevant Box)
Sole Practitioner Partnership Incorporated Co. Limited Co. Closed Corp.
- g. Date of commencement of Practice: As currently constituted : _____
As initially established: _____
- h. Number of Employees: _____

Name & ID Number	Qualifications	Date Qualified

2. Nature of Operations: _____

3. Details of products and services offered:

(if engaged in multiple disciplines, please provide a percentage split – total must add up to 100%)

- 4. Have you been involved in any mergers and acquisitions within the last three years? Yes / No
If Yes, please detail these subsidiaries area below.



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5. Insurance History

- a. Are you in the present or have you in the past been Insured for this type of Insurance now being proposed? Yes / No

If yes, please provide the following details:

- i. Name of Insurers: _____
- ii. Date cover expires/d: _____
- iii. Retroactive date: _____
- iv. Limit of Liability: _____
- v. Current Premium: _____

- b. For the type of Insurance now being proposed, has any Insurer ever:
- i. declined a Proposal or renewal for this Practice or any Partner / Principal? Yes / No
 - ii. required an increased premium or imposed special terms? Yes / No
 - iii. cancelled an insurance? Yes / No

If any answer is Yes to any of the above 3 questions, please provide full details.

6. Required cover.

- a. State the Limit of Indemnity and excess required.

Limit	R	R	R
Excess	R	R	R

- b. Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated? Yes / No

- c. Please mark which sections of the Cyber Risk offering you wish to incorporate within your policy.

Professional Services / Errors and Omissions		Multimedia Liability	
Network Security and Privacy Liability		Data Rectification and Business Interruption	
Privacy Regulatory Defense and Penalties		Crisis Management Costs	
Date Extortion			



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7. Previous Losses / Existing Circumstances.

- a. Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:
- i. Give rise to a claim against the Proposer, any predecessor, or any past or present Principal? Yes / No
 - ii. Cause any loss to the Proposer, any predecessor or any past or present Principal? Yes / No
 - iii. Otherwise affect the consideration or this proposal for insurance. Yes / No

If yes, please provide full details:

- b. In respect of any of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal? Yes / No
 If Yes, please identify details (including loss date, amount claimed and brief description):
-

- c. What steps have been taken to prevent a recurrence?
-

- d. Have you or any past or present principal, partner, director or employee ever been disciplined for mishandling data or otherwise tampering with your computer network? Yes / No
- e. Have you or any past or present principal, partner, director or employee been subject to any disciplinary action or governmental action or investigation as a result of professional activities? Yes / No
- f. Have you sustained any unscheduled network outage or interruption within the past 24 month? Yes / No
- g. Have you ever suffered an international breach of IT security, network damage, system corruption or loss of data? Yes / No
- h. Have you ever sustained a material or significant system intrusion, tampering, virus malicious code attack, loss of data, hacking incident, data theft or similar incident or situation? Yes / No
- i. During the last three years, have you notified customers or other person, or entity alleged that their personal information was compromised? Yes / No
- j. During the last three years have you notified customers that their information was or may have been compromised? Yes / No

8. Financial Information

- a. What is the date of the Company's financial year-end? _____
- b. Please give the audited fees for the past 5 years:

Year End	Fees
2019	R
2020	R
2021	R

Year End	Fees
2022	R
2023	R
Estimate for next 12 months	R



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- c. Percentage of gross annual revenue accounted for by sales or operations through your website _____ %
- d. Percentage of annual transactions paid for by debit / credit card. _____ %
- e. Average transaction value. _____ %
- f. Percentage of last year's gross annual revenue generated from:
 - SA client subject to SA laws. _____ %
 - Clients subject to US laws. _____ %
 - Clients anywhere else in the world. _____ %
- g. Estimate of total annual IT system budget. _____ %

9. Errors and Omissions Coverage

Please complete the following section only if applying for Errors & Omissions coverage (otherwise go straight to next question and subsequent sections).

- a. Percentage of gross annual revenue by services performed in last financial year.

Hardware	Sales	_____ %
	Installation	_____ %
Software	Off the shelf product sales	_____ %
	Software installation and configuration	_____ %
	Development of custom or bespoke software products	_____ %
	Maintenance	_____ %
Services	Consultancy	_____ %
	Supply of staff	_____ %
	Facilities management	_____ %
	Training services	_____ %
	Web design	_____ %
E-commerce services	Internet sales revenue	_____ %
	Internet marketing revenue	_____ %
Other work <i>(please provide details)</i>		_____ %
Total must add up to 100%		100%

- b. Details of your three largest contracts which have been undertaken in the last three years:

Client / Business	Services provided	Total Contract Value	Contract length
i.			
ii.			
iii.			



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- c. Do you typically undertake contracts which are longer than 2 years in duration? Yes / No
- d. Do you use outside consultants / contracts, or subcontract work to others? Yes / No
- If Yes, approximate percentage of last year's gross annual revenue which this represents. _____%
- e. Do you normally require consultants / contractors to hold professional Indemnity cover? Yes / No
- f. Do you enter into written contracts with all clients? Yes / No
- g. Do your written contracts with clients contain the following clauses / provisions:
 - Limitations of liability, including limiting consequential damages Yes / No
 - Disclaimer of warranties Yes / No
 - Arbitration clause Yes / No
- h. Value of average client contract. _____
- Value of largest single client contract. _____
- i. Do you ensure that changes to the original contract are agreed by both parties and documented in writing, which is then incorporated into the main contract? Yes / No
- j. Are all contracts reviewed by legal counsel prior to commencing any work? Yes / No
- k. Are variations to contracts reviewed by legal counsel? Yes / No
- l. Do you have quality control procedures in force to test all software and products prior to release? Yes / No
- m. Is the failure of your products or any of your services likely to result in any of the following outcomes?
 - Damage or destruction to physical property? Yes / No
 - Death or bodily injury? Yes / No
 - Immediate and significant financial loss? Yes / No
 - Insignificant financial loss? Yes / No
- n. Have there been any significant changes in the nature or size of your business in the past 12 months? Yes / No
- o. Do you anticipate any change in the nature or size of your business over the next 12 months? Yes / No
- If Yes, to 'n' or 'm' above, please provide full details on a separate sheet if necessary.

- p. Do you plan on releasing or introducing new products, software and / or services within the 12 months?
- q. Have you released or introduced new products, software and/or services within the past 12 months?
 - If Yes to 26 or 27 above, please provide full details on a separate sheet if necessary.

- r. Have you ever had to recall any of your electronic products or software for any reason? Yes / No
- If Yes, please provide full details on a separate page if necessary.



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- s. Over the past three years, have any customers refused to pay or request a refund or invoked contract penalty clauses outside the normal course of business? Yes / No
- If Yes, please provide full details on a separate sheet if necessary.
-
-

- t. Do you have a formal process in place for resolving disputes with clients? Yes / No
- u. Have you ever instituted adversarial proceedings in order to recover unpaid fees from a client? Yes / No

10. Network Dependency.

- a. Number of days each year your computer network is active. _____
- b. Usual daily hours of operation? _____
- c. Do you outsource the management or any part of your IT operations? Yes / No
- If Yes, please provide brief details below, or on a separate sheet of necessary, including what is outsourced and to whom?
-
-

- d. Provide details of your internal IT network functions.
-
-

- e. Indicate time after which the inability to staff to access your internal computer network and systems would have a significant impact on your business?
- Immediately After 6 Hours After 12 hours After 48 hours Never

- f. Is the operation and connectivity of your computer network business critical? Yes / No

- g. Indicate time after which the inability to customers to access your website would have a significant impact on your business?
- Immediately After 6 Hours After 12 hours After 48 hours Never

- h. Provide brief details below, or on a separate sheet if necessary, of the impact on our business if your internal network or application should fail or be disrupted (include commercial relations, revenue and image).

11. Business Continuity.

- a. Briefly describe your recovery / contingency plans to avoid business interruption due to IT system failure, and / or alternative working procedures (interdependency, outsourcing, alterations of process, additional employment, redundant servers etc.) Use a separate sheet if necessary.
-



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- b. Is this plan regularly tested and updated? Yes / No
- c. Have you recently carried out an IT security audit? Yes / No
- If yes, who did it and when was it performed?

Audited by	dd/mm/yy
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- d. When was your last external penetration test carried out? dd/mm/yy
- e. Was your serious concern raised with any aspect of the network where immediate correction was advised? Yes / No
- If Yes, to (e) above, were the recommendations carried out? Yes / No

12. Network Security.

- a. Do you employ a Chief Privacy Officer or Chief Information Officer, who has a responsibility for meeting your worldwide obligation under privacy and data protection laws? Yes / No
- b. Does your security and privacy policy include mandatory training for all employees? Yes / No
- c. Are all employment positions analysed and employees assigned specified rights, privileges and unique user ID and passwords, which are changed periodically? Yes / No
- d. Do you have strict user revocation procedures on user accounts and inventoried recovery of all information assets following employment termination? Yes / No
- e. Do you conduct regular reviews of your third-party service providers and partners to ensure that they meet your requirements for protecting sensitive information on their care? Yes / No
- f. Do you enforce provisions for non-compliance by employees, contractors & others? Yes / No
- g. Do you have antivirus software on all computer devices, servers and networks which are updated in accordance with the software providers' recommendations? Yes / No
- h. Do you have firewalls and intrusion monitoring detection in force to prevent and monitor unauthorised access? Yes / No
- i. Do you have access control procedures and hard drive encryption to prevent unauthorised exposure of data on all laptops, PDA's, smartphones, and home-based PCs? Yes / No
- j. Have you configured your network to ensure that access to sensitive data is limited to properly authorised requests? Yes / No
- k. Do you ensure that all wireless networks have protected access? Yes / No
- l. Do you encrypt all sensitive information that is physically removed from premises by tape, disk harddrive or other means? Yes / No
- m. Is all sensitive and confidential information that is transmitted within and from your organisation encrypted using industry grade mechanisms? Yes / No
- n. Is all sensitive and confidential information stored on your database, servers and data files encrypted? Yes / No
- If you answer 'No' to questions 'k', 'l', 'm' or 'n' above, please provide details on a separate sheet, briefly describing the nature of the unprotected information and what security measures are in place to protect this information in the absence of encryption.



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13. Information and Data Management.

- a. Does your information asset programme include a data classification (e.g. public, internal use only, confidential)? Yes / No
- b. Do you post a privacy policy on your website which has been reviewed by a qualified lawyer? Yes / No
- c. Do you have an information asset inventory that lists the owners and sources of all data? Yes / No
- d. Do you have procedures in force for honouring the specific marketing 'opt-out' requests of your customers that are consistent with the terms of your published privacy policy? Yes / No
- e. Do you have procedure in force for monitoring the period for which customer data is held, and have procedures for deleting this information at the end of that period? Yes / No
- f. Do you have procedures in force for deleting all sensitive data from systems and devices prior to their disposal from the company? Yes / No
- g. Is all information held in physical form (paper, disks, CDs etc) disposed of or recycled by confidential and secure methods which are recognised throughout the organisation? Yes / No
- h. Do you keep an incident log of all system security breached and network failures? Yes / No
- i. Are you compliant with the Payment Card Industry (PCI) Data Security Standards? Yes / No
 - If yes, to what level 1 , 2 , 3 , 4
- j. How many individual personally identifiable records (IPIR) are retained within your network and database? _____

IPIR are any records which can be identified and connected to a specific individual. For example, a company which holds the cellphone number, bank account number, residential address and ID number of a person will hold their unique records (IPIR). Please provide an estimate of the total number of IPIR held within your network at any given time.

14. General Questions

Have you or any of the applicant's principals, partners, directors, risk managers or employees:

- a. Ever been convicted of or is any prosecution pending for any offence involving dishonesty of any kind (including but not limited to offence involving fire, fraud, theft or handling stolen goods)? Yes / No
- b. Been declared bankrupt, the subject of bankruptcy proceedings or of any voluntary or mandatory insolvency or winding up procedures? Yes / No

If Yes to any questions within this section, please provide full details, on a separate sheet if necessary.



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Declaration:

- ❖ I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact.
- ❖ I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- ❖ I/we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

I hereby authorize and consent to Alphabelle

- Obtaining any documentation, information and data, including my claims history, relating to my insurance cover held by my previous and current indemnity provider(s).
- Processing all facts disclosed and obtained, for the purposes of assessing my risk profile and / or underwriting the risks and relating to performance of any policy rights and obligations.
- Using my anonymised data for research and education.

Your signature	Date
Designation	Your name & surname



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