

Name of Insured _____

Physical address _____ Postal code _____

Registration number _____ VAT number _____

Email address _____ Contact number _____

Nature of operations _____

Details of products and services offered _____

URL / website _____ Annual revenue R _____

Number of employees _____ Limit of indemnity R _____

Should you answer No to any of the questions below, please contact the iTOO Cyber Insurance Team as you may be required to complete a full proposal form instead. Upon receipt, underwriters will review the application and revert.

1. Are you domiciled in South Africa with no operations outside South Africa to be covered under this policy? Yes No
 2. Do you collect, store or process less than all of the below: Yes No
 - a: 100 000 personally identifiable records (name, ID number, contact details, address)
 - b: 100 000 bank records or financial account details
 - c: 100 000 unique payment cards per year (credit card, debit card)
 - d: 50 000 medical records or health information
 3. Please confirm if you have implemented the following security controls: Yes No
 - Active, paid for Internet Security software on all Sensitive Systems e.g Anti-Virus / Anti-Malware
 - Apply patches and updates noted as being critical by the provider within 1 month of release and general security related patches and updates within 3 months of release
 - Password controls including:
 - a. Minimum 8 characters
 - b. Passwords which are not easy to guess e.g. not consisting of your name, the company name or well-known simple passwords such as Password!1
 - c. Passwords changed at least quarterly unless multi factor authentication is implemented or 14-character passwords are used
 - d. Accounts are locked out after at most 10 failed authentication attempts
 - Resiliency controls including:
 - a. Weekly backup generation or replication (process of copying or reproducing data to a separate location)
 - b. Having a backup copy which is separate to or protected from your production (live/working) environment so that the likelihood of one incident impacting live and backup data is mitigated e.g. backup to cloud, disconnected/offline storage or ransomware protection enabled backup generation software
 - c. Test the ability to restore or read from backups at least every 6 months
- If you have a company network, please confirm that you have implemented all the following: Yes No No Network
- Firewalls to restrict access to Sensitive Information
 - Where enabled, remote access is exclusively via secured channels such as virtual private network (VPN)
 - Sensitive System activity logs such as firewall and Active Directory (as used in your environment) are stored for at least 3 months



Annual Turnover	*Deductible	Limit of Indemnity (per claim and in the annual aggregate)					
		R1 000 000	R2 500 000	R5 000 000	R7 500 000	R10 000 000	R15 000 000
R0 – R 10 000 000	5 000.00	5 375.00	8 485.00	11 805.00	14 985.00	18 165.00	27 255.00
R10 000 001 – R25 000 000	10 000.00	7 225.00	11 365.00	16 405.00	19 975.00	23 625.00	31 565.00
R25 000 001 – R50 000 000	15 000.00	8 775.00	13 895.00	19 970.00	24 350.00	28 745.00	38 405.00
R50 000 001 – R 100 000 000	25 000.00	9 805.00	15 485.00	22 305.00	27 175.00	32 050.00	42 825.00
R100 000 001 – R150 000 000	50 000.00	10 485.00	16 550.00	23 795.00	29 005.00	34 175.00	45 685.00
R150 000 001 – R200 000 000	75 000.00	11 765.00	18 585.00	26 775.00	32 615.00	39 270.00	51 395.00
R200 000 001 – R 250 000 000	100 000.00	13 425.00	21 205.00	30 510.00	37 215.00	43 905.00	58 680.00

Annual premiums reflected

* Each and every claim and only in respect of Cyber Extortion

TERMS AND CONDITIONS

- The applicable policy wording is the iTOO Go Cyber Insurance policy wording, including:
 - A. Cyber Liability
 - B. First Party Expenses
 - C. Cyber Extortion
 - D. Theft of Funds
 - E. Crisis Management and Notification Expenses
 - F. Loss of Business Income
 - G. Digital Media Liability
 - H. Physical Damage
- Loss of Business Income deductible is 12 hours and is sub limited to 50% of the annual limit of indemnity
- Cyber extortion is sub limited to 50% of the annual limit of indemnity
- Theft of Funds and Physical Damage is included as standard and is sub limited to R250 000
- Premiums include 15% VAT and 20% Commission
- Retroactive date as per inception date unless prior uninterrupted cyber insurance cover has been held. Please provide expiry schedule as proof.
- Risk dependent iTOO reserves the right to review and adjust the above premiums

Optional Additional Endorsements:

Please complete the relevant Annexure if looking for cover for the additional endorsement or a limit higher than R250 000 for Theft of Funds or Physical Damage cover.

- | | | | |
|-------------------------------|------------------------------|-----------------------------|------------------------------------|
| • Theft of Funds | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please complete Annexure A |
| • Outsourced Service Provider | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please complete Annexure B |
| • Payment Card Industry | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please complete Annexure C |
| • Phone Phreaking | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please complete Annexure D |
| • Physical Damage | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please complete Annexure E |

PRIVACY

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We, confirm that where a third-party provider manages our computer system or components thereof, such third-party providers have been consulted and are in agreement with the information supplied.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/we will notify iTOO of such changes as soon as reasonably possible.

Name _____

Position _____

Signature _____

Date _____

