



eRisks Business Protection Application

You can complete this form on-screen and e-mail it to your insurance broker or adviser. Simply click the cursor to the right of 'Company name' below then use the 'tab' key to move through the form. Alternatively, print out the form, complete it manually and post or fax it to your insurance broker or adviser.

TO E-MAIL THE FORM, SAVE WHEN COMPLETED AND SEND AS AN ATTACHMENT

NOTICE: The policy for which this application is made is a claims made and reported policy subject to its terms. This policy applies only to any claim first made against the insureds and reported in writing to the insurer during the policy period or optional extended reporting period, if applicable.

As used throughout this application, 'you' or 'applicant' means the person signing the application, as well as the entity seeking insurance. The questions contained in this application pertain to all persons or entities seeking insurance, and not just the signatory.

Company or trading name	
Names of any wholly owned subsidiaries	
Address	
City/State	Post/Zip code
Telephone	E-mail
www.	
Date business established <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	Number of employees <input type="text"/>
Next financial year end <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	Currency <input type="text"/>
Have you been involved in any mergers and acquisitions within the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes', please provide full details, on a separate sheet if necessary	
What are your main services/activities?	

1 Covers required

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

Per Claim Limit of Liability (insert the amount required)

Aggregate Limit of Liability desired (insert the amount required)

Requested deductible (insert the amount requested)

2 Financial information

a Gross annual revenue Last year Current year Next year (est)

b Annual net income before taxes Last year Current year Next year (est)

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:

 US/Canadian clients subject to US/Canadian Law %

 UK clients subject to UK law %

 Clients anywhere else in the world %

g Estimate of total annual IT system budget

3 Please complete the following section only if applying for Errors & Omissions coverage (otherwise go straight to question 4 and subsequent sections)

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

Hardware	Sales	<input type="text"/>	%
	Installation	<input type="text"/>	%
Software	Off the shelf product sales	<input type="text"/>	%
	Software installation and configuration	<input type="text"/>	%
	Development of custom or bespoke software products	<input type="text"/>	%
	Maintenance	<input type="text"/>	%
Services	Consultancy	<input type="text"/>	%
	Supply of staff	<input type="text"/>	%
	Facilities management	<input type="text"/>	%
	Training services	<input type="text"/>	%
	Web design	<input type="text"/>	%
E-commerce services	Internet sales revenue	<input type="text"/>	%
	Internet marketing revenue	<input type="text"/>	%
Other work (please provide details)	<input type="text"/>	<input type="text"/>	%
	<input type="text"/>	<input type="text"/>	%

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	Contract value	Contract length

Section 3 continued

c Do you typically undertake contracts which are more than 2 years in duration? Yes No

d Do you use outside consultants/contractors, 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 destruction to physical property 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 (o) 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 next 12 months? Yes No

q Have you released or introduced new products, software and/or services within the past 12 months? Yes No

If 'Yes', to (p) or (q) above, please provide full details, on a separate sheet if necessary:

Section 3 continued

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 sheet if necessary:

s Over the past three years, have any customers refused to pay or requested 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

4 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 if necessary, including what is outsourced and to whom:

d Provide details of your internal IT network functions:

e Indicate time after which the inability for staff to access your internal computer network and systems would have a significant impact on your business:

Immediately After 6 hrs After 12 hrs After 24 hrs After 48 hrs Never

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

g Indicate time after which the inability for customers to access your website would have a significant impact on your business:

Immediately After 6 hrs After 12 hrs After 24 hrs After 48 hrs Never

h Provide brief details below, or on a separate sheet if necessary, of the impact on your business if your internal network or applications should fail or be disrupted (include commercial relations, revenues and image):

5 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, alteration of process, additional employment, redundant servers etc). Use a separate sheet if necessary.

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
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e Was any 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

6 Network security

a Do you employ a Chief Privacy Officer, or Chief Information Officer, who has 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 in their care? Yes No

f Do you enforce provisions for non compliance by employees, contractors and 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, PDAs, smartphones (e.g. BlackBerry), 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 the premises by tape, disk hard drive 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 databases, servers and data files encrypted? Yes No

7 Information and data management

- a Does your information asset programme include a data classification standard (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 procedures in force to monitor the period for which customer data is held, and have processes 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 breaches and network failures? Yes No
- i Have you identified all relevant regulatory and industry compliance frameworks? Yes No
- Please provide details:

Compliant				Date of latest audit
Gramm-Leach Bliley Act of 1999	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Health Insurance Portability & Accountability Act of 1996	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Payment Card Industry (PCI) Data Security Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
If 'YES', what level requirement?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Other				

- j How many individual personally identifiable records are retained within your networks and databases?

8 Claims and circumstances

- a 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
- b 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
- c Have you sustained any unscheduled network outage or interruption within the past 24 months? Yes No
- d Have you ever suffered an intentional breach of IT security, network damage, system corruption or loss of data? Yes No
- e Have you ever sustained a material or significant system intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar incident or situation? Yes No
- f During the last three years has any customer or other person or entity alleged that their personal information was compromised? Yes No
- g During the last three years have you notified customers that their information was or may have been compromised? Yes No

The following two questions are directed to any principal, partner, director, risk manager, or employee:

- h Are you or they aware of any circumstance or incident, which could give rise to a claim against you and/or a requested in this application, arising from breach of network security, failure of IT systems, network or data corruption, an infringement of third party intellectual property rights or an instance of professional negligence? Yes No
- i Are you or they aware of any circumstances or incidents that have resulted in any claim against you and/or a claim against any insurance policy that provides the type of coverage being requested in this application? Yes No

9 General questions

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

- a During the last five years, sustained any loss or had any claim made against them, whether insured or otherwise, in respect of any of the type of insurances requested in this application for this or any previous business? Yes No
- b Ever been convicted of or is any prosecution pending for any offence involving dishonesty of any kind (including but not limited to an offense involving fire, fraud, theft or handling stolen goods)? Yes No
- d 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:

10 Previously purchased coverage

- a Have you ever purchased or otherwise held insurance for the type of risks being applied for in this application? Yes No
- b Do you currently have insurance in place for the type of coverage being requested in this application? Yes No

If ‘Yes’, please provide the following:

Insurer	Limits	Deductible	Policy Period			Premium	Retroactive Date		
			DD	MM	YY		DD	MM	YY

- c Have you ever been refused insurance or had any special terms or conditions imposed by any insurer? Yes No
- d Has any insurance for the type of coverage requested in this application been declined or cancelled? Yes No

If ‘Yes’ to (a), (c), or (d) above, please provide full details, on a separate sheet if necessary

- e Do you maintain general liability insurance coverage? Yes No

If ‘Yes,’ please provide the limits of liability and whether this coverage includes advertising injury and/or products and completed operations coverage.

Date from which cover is required

DD

MM

YY

Disclosure

You are not required to disclose convictions regarded as 'spent' by virtue of any rehabilitation of offenders legislation. Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us. We recommend you keep a record (including copies of letters) for your future reference, of any additional information given. Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or could invalidate the policy. We reserve the right to decline any proposal.

Data Protection

By accepting this insurance you consent to Barbican using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Important – eRisks Business Protection Policy Statement of Fact

By accepting this insurance 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 Statement of Fact and a copy of the completed proposal form for your records.

This application must be signed by the applicant. Signing this form does not bind the company 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 my fellow principals, partners, directors, risk managers, or employees to enable me to answer the questions accurately.

Signature

Name

Position

For and on behalf of

Date

DD

MM

YY



Barbican

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www.barbicaninsurance.com

Return completed form to

BROKER/ADVISER DETAILS

Use stamp or insert contact details above

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