



Request for proposal Eye Cyber Insurance

You request a proposal for cyber insurance. The organization to be insured consists of a company with possibly one or more wholly owned subsidiaries and has a turnover less than 250 M. Questions with a # sign are only to be answered by organizations with a turnover of more than 50 million.

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

If your answer is "No" to any of the questions below? Please mention the question number at the end of this application and provide an explanation.

1. The organization

Company name

Chamber of Commerce #

Address

Zip code Place Country

Website(s):

Date of establishment

Number of employees

1.1. Subsidiaries

Name Wholly owned¹ O Yes O No Country

Name Wholly owned O Yes O No Country

Name Wholly owned O Yes O No Country

Name Wholly owned O Yes O no Country

(Optionally, you can attach an organization chart or attachment)

1.2. Your main business activities/services.

.....
.....

1.3. The amount for which you want to insure the organization (max. three options).

- | | | |
|--|--|--|
| <input type="checkbox"/> € 100.000,- | <input type="checkbox"/> € 250.000,- | |
| <input type="checkbox"/> € 500.000,- | <input type="checkbox"/> € 1.000.000,- | <input type="checkbox"/> € 2.000.000,- |
| <input type="checkbox"/> € 3.000.000,- | <input type="checkbox"/> € 4.000.000,- | <input type="checkbox"/> € 5.000.000,- |

¹ Wholly owned subsidiaries means: owns more than 50% of its outstanding voting securities, partnership or membership interest; Has the right to elect of appointing a majority of such entity's directors, managers or trustees; or has sole control over the management structure pursuant to a written agreement.

2. Financial information

2.1. Consolidated turnover for the organization to be insured (company and subsidiaries).

Last year
Current year (estimate)

2.2. Percentage of consolidated turnover 2022 realized in:

- The Netherlands
 - EER
 - UK
 - USA/Canada
 - Other
- 100%

3. Information and data management

3.1. Which data and how much (records) are processed by the organization or for your organization.

	Organization	Third party
<input type="checkbox"/> Creditcard information
<input type="checkbox"/> Medical data
<input type="checkbox"/> Other sensitive personal data ²
<input type="checkbox"/> Other personal data
	_____.	_____
Total

3.2. # Your privacy statement has been reviewed by a qualified lawyer and can be found on your public website.

3.3. # You have processes in place for marketing, like "opt-out" requests from your clients, in accordance with the legislation and your privacy statement.

3.4. # You have set up a procedure to delete personal data in accordance with the maximum statutory retention period and your privacy statement.

3.5. # You identified all relevant legislation and sector-specific compliance frameworks that apply to your organization.

- Yes, I declare for 3.2 – 3.5 No, I can't declare

Only answer these questions when credit card details, medical data or other special personal data (sensitive data) are processed.³

3.6. You encrypt all sensitive data on laptops, for example with disk encryption.

3.7. # You have set up a procedure for the deletion of all sensitive data when the retention period has expired.

3.8. # You have procedures in force for deleting all sensitive data from hard drives prior to their disposal.

3.9. # sensitive data used in databases is stored encrypted.

3.10. # You regularly assess whether your external service providers and partners comply with your requirements and the legal requirements for the protection of sensitive data that they process.

³ Sensitive data categories, according to the European GDPR, refer to sensitive information such as someone's race, religion, or health. This type of data needs to be treated with greater care. It is prohibited to process special personal data unless there is a legal exception.

Not applicable Yes, I declare for 3.6 – 3.8 No, I can't declare

4. Security

- 4.1. You have a valid service agreement for endpoint monitoring, detection and response with Eye Security and you comply with all obligations of this agreement.
- 4.2. At least 85% of the organization's endpoints are monitored by Eye Security under this security agreement.
- 4.3. You install all critical insurance security patches indicated by Eye Security on your systems within 2 working days.
- 4.4. U separate "end-of-life" and/or "out-of-support" software from your network with network segmentation.
- 4.5. You have implemented Multi Factor Authentication (MFA) with random code for external access to your network. Or, at a minimum, you have implemented Multi Factor Authentication (MFA) with random code generation for remote connectivity (specifically VPN/RDP), CRM systems, email, and Microsoft 365 and Google Workspace accounts.

Yes, I declare for 4.1 -4.5 No, I can't declare

5. Business interruption

- 5.1. You make encrypted and immutable backups at LEAST once a month. These back-ups are separated from your network.^{45*}
- 5.2. You have a documented disaster recovery plan and/or business continuity plan for network outage.
- 5.3. This plan has been tested within the past 12 months.
- 5.4. # In case of (partial) network interruption, the recovery time goal for critical systems, applications and processes is less than 12 hours.
- 5.5. # When critical information, systems, applications or processes are no longer available, it will take at least 12 hours for this has an significant impact on business operations.⁶.

Yes, I declare for 5.1 - 5.5 No, I can't declare

6. Social Engineering

- 6.1. Processes have been set up at all locations, such as the four-eyes principle, for the verification of instructions to change bank details and/or make deviating payments. The follow-up of these processes is demonstrably recorded, including:
 - Instructions from the customer/customer/seller/supplier to send funds, goods or services to a third-party recipient; *and*
 - Transactions or assignments in which the account details of the customer/client/supplier differ from the registered account details; *and*
 - Non-standard requests from senior management for the transfer of funds, goods or services.

Yes, I declare No, I can't declare

⁴ Encrypted: Encrypted in such a way that the key cannot be found in plain text in the computer network OR encryption in combination with MFA checks.

⁵ Immutable: not digital Removable by domain accounts (incl. administrators) and not customizable by anyone.

⁶ If the application can only be accessed through MFA, a specific MFA is not needed.

7. General questions

- The undersigned hereby confirms that all answers given in this questionnaire are complete and correct.
- If information provided in this form changes between the date of the signature below and the effective date of the insurance, you will notify us immediately of such changes. We or any insurance agents may be able to withdraw or change any quotations/authorizations/agreements, as a result of which the insurance will be dissolved.
- The answers given are part of the presentation of your risk to us and any insurers.
- You are NOT aware of any circumstance or incident that may give rise to a claim against you, as a result of a network security breach, a failure of IT networks, data corruption, an infringement of third party intellectual property rights or a case of professional negligence.
- You are NOT aware of any circumstances or incidents that have resulted in a claim against you and/or a claim on an insurance policy that provides the type of coverage requested in this application.
- You have NOT experienced a breach in the last three years that has compromised confidential or personal data of customers, clients or employees.
- You have NOT been involved in a merger or acquisition in the last three years.
- You have NO branches, subsidiaries, associates or joint ventures and do NOT provide services to or deal with any person or organization in sanctioned territories. This includes but is not limited to Syria, Cuba, Sudan, Iran, Myanmar, North Korea, Venezuela, Russia, Belarus, Crimea, Luhansk and/or Donetsk or any other area subject to certain U.S., EU, UN and/or other national sanctions restrictions.
- By signing this form, the undersigned expressly authorizes Eye Underwriting to process the personal data entered on this form for the purpose of its own business operations and administration.

Yes, I declare for 7

No, I can't declare

8. Explanation, including the question number on the questions you answered with "No".

9. Signature for agreement

Signature	Date:	Place:
Name... ..		Function
Email.....		Phone.....

For the advisor
Name and location of broking agent

Name advisor and e-mail

Remarks: