

**CYBER RISKS / ERISKS - SME**  
**FOR COMPANIES WITH REVENUE LESS THAN R500M**

**PROPOSAL FORM**

**GENERAL INFORMATION**

Details of entities to be insured (the “Proposer”):

|                                    |  |
|------------------------------------|--|
| Company Name                       |  |
| Trading Name                       |  |
| Registration / ID Number           |  |
| VAT Number                         |  |
| Physical Address (incl. Area Code) |  |
| Website Address                    |  |
| Telephone Number                   |  |
| E-Mail                             |  |

**REQUIRED COVER**

State the Limit of Indemnity and First Amount Payable required:

|                       |   |   |   |
|-----------------------|---|---|---|
| Limit of Indemnity:   | R | R | R |
| First Amount Payable: | R | R | R |

Please mark which sections of the Cyber Risk offering you wish to incorporate within your policy:  
(Agreements 1 & 2 are for Tech PI only and require a full Proposal Form)

|   |                          |
|---|--------------------------|
| Insuring Agreement 1   (Technology) Professional Services (Tech PI) | n/a                      |
| Insuring Agreement 2   Multimedia Liability (With Tech PI only)     | n/a                      |
| Insuring Agreement 3   (Network) Security and Privacy Liability     | <input type="checkbox"/> |
| Insuring Agreement 4   Data Recovery and Loss of Business Income    | <input type="checkbox"/> |
| Insuring Agreement 5   Privacy Regulatory Defence and Penalties     | <input type="checkbox"/> |
| Insuring Agreement 6   Crisis Management Costs                      | <input type="checkbox"/> |
| Insuring Agreement 7   Data Extortion                               | <input type="checkbox"/> |

**REVENUE**

Please provide the following figures and the respective financial year-end dates to which they refer:

Genlib CC **Reg. No.** 2008/032635/23 **VAT. No.** 4670244831 **FSP No.** 35482 **CEO** GA Rodinis

Postnet Suite 280, Private Bag X1005, Claremont, 7735, Cape Town **T** +27 (0)21 531 2922 [www.genlib.co.za](http://www.genlib.co.za)

|                             | Previous Financial Year | Current Financial Year | Forthcoming Fin. Year |
|-----------------------------|-------------------------|------------------------|-----------------------|
| Date:                       | / /                     | / /                    | / /                   |
| Gross Annual Revenue        | R                       | R                      | R                     |
| Net Income/Loss Before Tax: | R                       | R                      | R                     |
| Number of Employees:        |                         |                        |                       |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Is 100% of annual revenue generated in the Proposer's home country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If not, please provide a revenue split per country:                 |                              |                             |
|   |                              |                             |

## ACTIVITIES OF THE PROPOSER

What are your main services / activities?

|   |                              |                             |
|---|------------------------------|-----------------------------|
|   |                              |                             |
| Is the Proposer involved in the processing, storage or distribution of cannabis products, adult entertainment, or cryptocurrencies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## SECURITY, CONTROLS AND RISK MANAGEMENT

|   |   |                              |                             |
|---|---|------------------------------|-----------------------------|
| 1 | Please confirm the total number of Data Subjects that are retained within your networks, databases, and cloud-based servers at any one point in time in terms of employees, customers, and contractors/vendors: |                              |                             |
| 2 | Does the Proposer use Google G-Suite, Office 365, Azure or other similar cloud-based infrastructure with the four network security best-practice guidelines listed in Question 3 enabled?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | If Yes, continue to Question 4  |                              |                             |
| 3 | Which of the following security best-practice guidelines does the Proposer have enabled on its network(s):  |                              |                             |
|   | 3.1 Filtering all incoming emails and communications for malicious links, spam, malware, and attachments?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | 3.2 Multi-Factor Authentication for all user accounts?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | 3.3 Sender Policy Framework?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | 3.4 Advanced Threat Protection settings?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | If No, answer below:  |                              |                             |
|   | 3.4.1 Does applicant use Amazon Web Services (AWS) Security Hub?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | If No, answer below:  |                              |                             |
|   | 3.4.2 Please provide full details of compensatory controls:   |                              |                             |
|   |   |                              |                             |

|     |   |  |                              |                              |                             |
|-----|---|--|------------------------------|------------------------------|-----------------------------|
| 4   | Does the Proposer have the following protocols in place:  |  |                              |                              |                             |
| 4.1 | All system configuration and data is either   |  |                              |                              |                             |
|     | (i)   | subject to regular back-ups (at least weekly) via secure cloud             | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |
|     | or  |  |                              |                              |                             |
|     | (ii)  | maintained in offline copies disconnected from the organisation's network? | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |
| 4.2 | Multi-Factor Authentication settings are enabled for access to back-up files?   |  | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |
| 4.3 | Is Encryption implemented on all data while it is in transit and at rest?   |  | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |
| 4.4 | Is Encryption implemented on portable devices?  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |
| 5   | Is Patch Management implemented within 14 days of critical security, anti-virus and malware patches being made available from commercial software vendors ensuring that all servers, laptops, desktops, routers, firewalls, phones and other physical devices remain protected from known vulnerabilities?  |  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.1 | Within how many days are critical security, anti-virus and malware patches received from commercial software vendors implemented on all physical devices? No. days:   |  |                              |                              |                             |
| 6   | Does the Proposer confirm that none of its directors or officers are aware of any claims or circumstances that may give rise to a claim or loss under this proposed insurance, or would have given rise to a claim or loss under this proposed insurance had it been in force at the time, including any computer system intrusion, tampering, virus or malicious attack, loss of data, hacking incident, alleged data theft, unplanned outage or similar circumstances, which has exceeded R75,000 in total costs? |  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7   | Does the Proposer provide all employees with anti-fraud training at least annually (including but not limited to detecting social engineering, phishing training, business email compromise and other similar exposures)  |  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## GLOSSARY OF TERMS

### Data Subject

Any natural or juristic person who can be identified, directly or indirectly, via an identifier such as a name, ID number, address etc.

### Encryption

A method by which information is converted into secret code that hides the information's true meaning.

### Multi-Factor Authentication

A process in which a user authenticates themselves through two or more different means when gaining access to a computer system or web-based service. Typically use a password and a passcode, generated by a physical token device or software as the two factors.

**Patch Management**

Process of managing an IT network by regularly performing patch deployment to keep the network up to date. Each patch deployed is a set of changes to a computer program or its supporting data which is designed to update, fix or improve it to resolve vulnerabilities.

**Sender Policy Framework (SPF)**

An email authentication technique which is used to prevent spammers from sending messages on behalf of your domain.

**DECLARATION**

I hereby declare that I am authorized to complete this application on behalf of the Proposer and that after due inquiry, to the best of my knowledge and belief, the statements and particulars in this application are true and complete and no material facts have been misstated, suppressed, or omitted. I undertake to inform Underwriters of any material alteration or addition to these statements or particulars which occur before or during any contract of Insurance based upon the application is effected. I also acknowledge that this Application (together with other information supplied to Underwriters) shall be the basis of such contract. I understand that Underwriters will rely on the statements that I 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.

**Privacy Statement**

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed at <https://www.camargueum.co.za/legal>

|  |  |
|--|--|
| We, the Directors and Management of the Company, declare that to the best of our knowledge the statements set forth herein are true. It is agreed that this form shall be the basis of the Contract should a Policy be issued. |  |
| Signature of the Proposer  |  |
| Name of Signatory  |  |
| Capacity of Signatory (duly authorised)  |  |
| Name of Company  |  |
| Date   |  |
| Place  |  |

**BROKER'S DETAILS**

|                  |  |
|------------------|--|
| Name of Company  |  |
| Contact Person   |  |
| Telephone Number |  |
| E-Mail           |  |