

CYBER ENTERPRISE RISK MANAGEMENT INSURANCE PROPOSAL FORM

Please Note

- 1. Please answer **ALL** questions in full. If there is insufficient spaces on the form please continue on the company letterhead.
- 2. The latest audited Financial Statements / Annual Report / Interim Report MUST be attached.
- 3. This form may be used for new applications or new renewals. In the case of renewals the underwriters **MUST** receive a completed, signed and dated proposal form, financials/reports and acceptance of renewal terms prior to renewal date, failing which, no cover exists after said date.
- 4. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.

NB: (No insurance is in force until the Proposal has been accepted by the Company and the premium paid, except as provided by an official Covering Note issued by the Company)

If MUKFIN agrees to issue a cyber enterprise risk management policy, all of the information, which the company provides, will become part of and shall form the basis of any policy issued to the Company by Mukoma Financial Services.

1. IDENTIFICATION OF THE APPLICANT COMPANY

Company Name		
Address		
Postal Address		
Contact Person		
Phone Number		
Fax Number	There is a w	aysa way
Cell Number		
E-Mail Address		
Website		
Type Of Organisation		
VAT Number		
Date Established		
Number of employees		
Annual Gross Margin		
Annual Turnover		

2. PROFILE OF THE COMPANY/COMPANIES TO BE INSURED

2.1 Business Operations

Please describe the main business operations of the company/companies to be insured. If these activities include e - commerce, please indicate the percentage of turnover generated.



2.2 Scope

The companies and subsidiaries to be insured. If the company has subsidiaries outside of South Africa, please provide the details.

2.3 Criticality of the Information Systems

Please assess the outage period over which your company will suffer significant impact to its business.

Application/Activity	Maximum Outage Period Before Adverse Impact On Business				
	Immediate	>12h	>24h	>48h	>5 Days

3. INFORMATION SYSTEMS

	<100	101-1000	>1000
Number of Information			
Systems users			
Number of Laptops			
Number of Servers)
Do you have an e-commerce	or an online service website?		□Yes □No
If yes:	2 > 1 = 1		

What is the revenue share generated or supported by the website? (estimate)(% or ME)

4. INFORMATION SECURITY

4.1 Security Policy and Risk Management

1.	An IS policy is formalised and approved by company management and/or security rules are defined and communicated to all staff and approved by the staff representatives.	\Box Yes \Box No
•		
2.	Formalised awareness training on the IS is required of all staff at least annually.	□Yes □No
3.	You identify critical information systems risks and implement appropriate controls to mitigate them.	\Box Yes \Box No
4.	Regular audits of the IS are conducted and resulting recommendations are prioritised and implemented.	\Box Yes \Box No
5.	Information resources are inventoried and classified according to their criticality and sensitivity.	\Box Yes \Box No
6.	Security requirements that apply to information resources are defined according to classification.	□Yes □No
4.2 Info	ormation Systems Protection	
1.	Access to critical information systems requires dual authentication.	□Yes □No
2.	Users are required to regularly update passwords.	\Box Yes \Box No
3.	Access authorisations are based on user roles and a procedure for authorisation management is implemented.	\Box Yes \Box No
4.	Secured configurations references are defined for workstations, laptops, servers and mobile devices.	\Box Yes \Box No

- 6. Laptops are protected by a personal firewall.
- 7. Antivirus software is installed on all systems and antivirus updates are monitored.
- 8. Security patches are regularly deployed.

 \Box Yes \Box No

 \Box Yes \Box No

 \Box Yes \Box No



	9.	A Disaster Recovery Plan is implemented and updated regularly.	\Box Yes \Box No
	10.	Data backups are performed daily, backups are tested regularly and a backup copies are	\Box Yes \Box No
		placed regularly in a remote location.	
4.3	Net	work Security and Operations	
	1.	Traffic filtering between the internal network and internet is updated and monitored	\Box Yes \Box No
		regularly.	
	2.	Intrusion detection/prevention system is implemented, updated and monitored regularly.	\Box Yes \Box No
	3.	Internal users have access to Internet web site browsing through a network device (proxy) equipped with antivirus and website filtering.	\Box Yes \Box No
	4.	Network segmentation is implemented to separate critical areas from non-critical areas.	\Box Yes \Box No
	5.	Penetration testing is conducted regularly and a remediation plan is implemented where necessary.	\Box Yes \Box No
	6.	Vulnerability assessments are conducted regularly and a remediation plan is implemented where necessary.	□Yes □No
	7.	Procedures for incident management and change management are implemented.	\Box Yes \Box No
	8.	Security events such as virus detection, access attempts, etc, are logged and monitored regularly.	□Yes □No
4.4	Phys	sical Security of Computing Room	
	1.	Critical systems are placed in at least one dedicated computer room with restricted	\Box Yes \Box No
	•	access and operational alarms are routed to a monitoring location.	
	2.	The data centre hosting critical systems has resilient infrastructure including redundancy	\Box Yes \Box No
	3.	of power supply, air conditioning, and network connections. Critical systems are duplicated according to Active/Passive or Active/Active	
	5.	architecture.	\Box Yes \Box No
	4.	Critical systems are duplicated on two separate premises.	\Box Yes \Box No
	5.	Fire detection and automatic fire extinguishing system in critical areas are implemented.	\Box Yes \Box No
	6.	The power supply is protected by a UPS and batteries which are both maintained	\Box Yes \Box No
	0.	regularly.	
	7.	Power is backed up by an electric generator which is maintained and tested regularly.	□Yes □No
4.5	Out	sourcing	
[Ple	ase f	ill in if a function of the information system is out sourced.]	
	1.	The outsourcing contract includes security requirements that should be observed by the service provider	\Box Yes \Box No
	2.	Service Level Agreements (SLA) are defined with the outsourcer to allow incident and	\Box Yes \Box No
		change control and penalties are applied to the service provider in case of non	
	3.	compliance with the SLA Monitoring and steering committee(s) are organised with the service provider for the	
	5.	management and the improvement of the service	\Box Yes \Box No
	4.	You have not waived your rights of recourse against the service provider in the outsourcing contract	\Box Yes \Box No

What are the outsourced Information Systems functions?	Yes/No	Service Provider (Outsourcer)
Desktop management	\Box Yes \Box No	
Server management	\Box Yes \Box No	
Network management	\Box Yes \Box No	
Network security management	\Box Yes \Box No	
Application management	\Box Yes \Box No	
Use of cloud computing	\Box Yes \Box No	
If Yes, please specify the nature of cloud services:		
Software as a Service	□Yes □No	





Platform as a Service Infrastructure as a Service	□Yes □No	
Other, to:	□Yes □No	
5 The outcourcing contract contains a provision requ	iring the service provider(s) to	□Ves □No

5. The outsourcing contract contains a provision requiring the service provider(s) to □Yes □No Maintain professional indemnity or errors and omissions insurance

5. PERSONAL DATA HELD BY THE ORGANISATION

	pe and Number of Records Imber of personal information records held for th	e activity to be insured.	Total	
	ries of personal data collected/processed	Yes/No	Number of I	
	ercial and marketing information	\Box Yes \Box No		
Paymen	t Card or financial transactions information	\Box Yes \Box No		
•	information	\Box Yes \Box No		
Other,	to specify please:			
Do you	process data for:	□ Our own purpose?	□On behalf	of third party?
5.2 Per	sonal Information Protection Policy			
1.	A privacy policy is formalised and approved by security rules are defined and communicated to		l data	\Box Yes \Box No
2.	Awareness and training are provided at least and access or process personal data.		rised to	\Box Yes \Box No
3.	A personal data protection officer is designated	in your organisation.		\Box Yes \Box No
4.				\Box Yes \Box No
5.				\Box Yes \Box No
6.	Monitoring is implemented to ensure compliance with laws and regulations for the \Box Yes \Box No protection of personal data.			
7.	Your personal information practices have been audited by an external auditor within the \Box Yes \Box No past two years.		\Box Yes \Box No	
8.				
5 3 Col	lection of Personal Data			
1.	You have notified to the Personal Data Protect	ion Commission (PDPC) the	personal	□Yes □No
	data processing involved by your company and authorisation.			
2.	A privacy policy is posted on your website whic department.	h has been reviewed by a law	yer/legal	\Box Yes \Box No
3.	Consent of individuals is required before collec persons can access and if necessary correct or d		ne concerned	\Box Yes \Box No
4.	Recipients are provided with a clear means to o		operations	\Box Yes \Box No
5.	You transfer Personal Data to third parties.	_		\Box Yes \Box No
	If Yes, answer the following questions: a) The third party (e.g. processor) has a contra		ersonal data	□Yes □No
	only on your behalf and under your instruc			
	b) The third party has a contractual obligation protect personal data	i to set up sufficient security f	neasures to	\Box Yes \Box No



5.4 Personal Information Protection Controls

1.	Access to personal data is restricted to only those users who need it to perform their task and access authorisations are reviewed regularly.	\Box Yes \Box No	
2.		\Box Yes \Box No	
3.	Personal data is encrypted when transmitted over the network.	\Box Yes \Box No	
4.			
5.			
If perso	nal records held contain payment card information (PCI), please answer the following:		
Your PO	CI DSS level is: Level 1: Level 2: Level 3: Level 4:		
(Please	refer to definitions page at the end of this document)		
The pay If No :	ment processor (yourself or third party) is PCI DSS compliant	\Box Yes \Box No	
	PCI is stored encrypted or only a part of payment card numbers is stored	\Box Yes \Box No	
	PCI retention time does not exceed the duration of payment and legal/regulatory requirements	\Box Yes \Box No	
	t card data processing is externalised	\Box Yes \Box No	

Please indicate payment processor name, PCI retention time and any additional security measures:

5.5 Incidents

Please provide a description of any information security or privacy incidents that have occurred in the last 36 months. Incidents include any unauthorised access to any computer, computer system, database, intrusion or attacks, denial of use of any computer or system, intentional disruption, corruption, or destruction of data, programs, or applications, any cyber extortion event(s); or any other incidents similar to the foregoing including those that have resulted in a claim, administrative action, or regulatory proceeding.

Date	Description of the incident
Comment	

No person or entity proposed for cover is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage.

None Or, except: \square



DECLARATION

I/We declare that the above statements are true and complete.

At the present time, other than as stated above, I / We have no reason to anticipate any claim being brought against me/s that would constitute a claim under the insurance now being renewed or applied for.

I / We declare that in the event of this being a renewal of a policy, there have been no material alterations to the risk as submitted to the underwriter originally, and if a new application that all material facts have been disclosed.

I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.

Full name:

Capacity:	
Signature:	
Date:	
	There is always a way