



Private and Confidential

CyberEdge Application Form



| | | |
|---------------------------|-------------------------------|------------------------------|
| Company or trading name | <input type="text"/> | |
| Address | <input type="text"/> | |
| | Postcode <input type="text"/> | Country <input type="text"/> |
| Telephone | <input type="text"/> | |
| Email | <input type="text"/> | |
| Website | <input type="text"/> | |
| Date business established | | <input type="text"/> |
| Number of employees | | <input type="text"/> |

Do you have a Chief Privacy Officer (or Chief Information Officer) who is assigned responsibility for your global obligations under Data Protection and Privacy legislation? Yes No

Desired Coverages

- Covers required
- Network Security and Privacy Liability
 - Multimedia Liability
 - Privacy Regulatory Defence and Penalties
 - Business Interruption and Additional Costs of Working
 - Crisis Management
 - Cyber Extortion

Financial information

| | | |
|---|-----------------------|------------------------|
| Gross Annual Revenue | Last Year | <input type="text"/> |
| | Current Year | <input type="text"/> |
| | Next Year (estimated) | <input type="text"/> |
| % of gross annual revenue account for by sales or operations through your website | | <input type="text"/> % |



| | | | |
|--|--|----------------------|---|
| % of annual transactions paid by debit/credit card | | <input type="text"/> | % |
| Average Transaction value | | <input type="text"/> | £ |
| Percentage of last year's gross annual revenue generated from: | US/Canadian clients subject to US/Canadian law | <input type="text"/> | % |
| | UK clients subject to UK law | <input type="text"/> | % |
| | RoW client | <input type="text"/> | % |
| 2012 IT system budget | | <input type="text"/> | £ |

Network and Data Security

Do you store, process and or transmit any Sensitive Data on Your Computer System
(Tick all that apply)

| | |
|--|---|
| <input type="checkbox"/> Credit card information | <input type="checkbox"/> Customer Information |
| <input type="checkbox"/> Healthcare information | <input type="checkbox"/> Money/Securities information |
| <input type="checkbox"/> Trade Secrets | <input type="checkbox"/> Intellectual Property Assets |

Do you process payments on behalf of others, including eCommerce transactions?

Yes No

Do you outsource any part of Your network, computer system or information security functions? Tick all that apply

Vendor name providing services

| | | |
|------------------------------|--------------------------|----------------------|
| Data center hosting | <input type="checkbox"/> | <input type="text"/> |
| Managed Security | <input type="checkbox"/> | <input type="text"/> |
| Data Processing | <input type="checkbox"/> | <input type="text"/> |
| Application service Provider | <input type="checkbox"/> | <input type="text"/> |
| Alert log monitoring | <input type="checkbox"/> | <input type="text"/> |
| Offsite backup and storage | <input type="checkbox"/> | <input type="text"/> |

Do you require all vendors to whom You outsource data processing or hosting functions (e.g. data backup, application service providers etc) to demonstrate adequacy of their IT systems?

Yes No

If 'Yes', please indicate method of verification

Do you have strict user revocation procedures on user accounts and inventoried recovery of all information assets following employee termination?

Yes No

Do you have anti-virus software on all computer devices, servers and networks that are updated in accordance with the software providers' recommendations?

Yes No



Do you have firewalls and intrusion monitoring detection in force to prevent and monitor unauthorised access?

Yes No

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

Is your network configured to ensure that access to sensitive data is limited to properly authorised requests?

Yes No

Is all sensitive and confidential information stored on your databases, servers and data files encrypted?

Yes No

Do you have a document retention and destruction policy within your organisation?

Yes No

Do you provide awareness training for employees in data privacy and security, including legal liability issues, social engineering issues (e.g. phishing etc)?

Yes No

If 'Yes', please describe the medium and frequency of such training

Incident Response / Crisis Containment

Do you have a security incident response plan in case of a security breach?

Yes No

Does your security incident response plan include alternative options to account for incapacitated third party outsourcing providers who you depend on?

Yes No

Have you identified all regulatory and industry compliance frameworks?

Yes No

Please provide details on the following compliance frameworks:

Gramm-Leach Bliley Act 1999

Yes No

Date of latest audit

Health Insurance Portability and Accountability Act of 1996

Yes No

Date of latest audit



Payment Card Industry (PCI) Data Security Standard Yes No

If 'Yes', what level requirement 1 2
 3 4

Date of latest audit

Do "You" have a Business Continuity Plan (BCP) and Disaster Recovery (DR) Plan? Yes No

How long does it take to restore your operation after a computer attack or other loss/corruption of data? 12h or less 13-24h
 More than 24h

Indicate time after which the inability of staff to access your internal computer network and systems would have a significant impact on your business Immediately After 6h
 After 12h After 24h
 After 48h

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

Indicate time after which the inability for customers to access your website would have a significant impact on your business Immediately After 6h
 After 12h After 24h
 After 48h

Briefly describe your recovery/contingency plans to avoid business interruption due to IT system failure, and/or alternative working procedures (inter-dependency, outsourcing etc)

Historical Information

Has any insurer ever cancelled or non-renewed a policy that provided the same or similar coverage as the insurance sought? Yes No

Are You aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a Claim against You under the insurance sought? Yes No

If 'Yes', please explain



Are you 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

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

During the past three years, have you experienced an interruption or suspension of your computer system for any reason (not including downtime for planned maintenance), which exceeded 4 hours?

Yes

No

Have you ever suffered an intentional breach of IT security, network damage, system corruption, or loss of data?

Yes

No

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

During the last three years has any customer or other person or entity alleged that their personal data has been compromised?

Yes

No

During the last three years have you notified customers that their information was or may have been compromised?

Yes

No

Have you reported any occurrences, claims or losses to any insurer in the past 5 years that provided the same or similar insurance to the insurance sought?

Yes

No



Declaration

It is declared that to the best of the knowledge and belief of the insured the statements and replies set out herein are true and that no material facts have been misstated or suppressed after enquiry. The insured undertake to inform insurers of alterations to any facts which are or thereby become material before inception of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed

Title
(authorised signatory of the insured)

Company

Date

AIG Europe Limited

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London
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Fax: 020 7954 8334



Bring on tomorrow

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