

## SECTIONAL TITLE CYBER INSURANCE PROPOSAL

Name of Insured							
Physical address						Postal code <span style="border-bottom: 1px solid black;"></span>	
Email address				Contact number			
Nature of operations							
If Other, please specify							
Annual turnover/gross revenue	R				VAT number		
Policy inception date				Retroactive date			
Policy period				Brokerage name			

You, the undersigned confirm that the Insured:

1. is not a financial institution; call center/telemarketer; payment card aggregator/processor; data processor/outsourcer; healthcare center/provider (turnover > R25 million); internet service/hosting/cloud storage provider; payroll processor; technology service provider (turnover > R25 million); telecommunications provider; gaming/gambling provider; government entity, state owned enterprise	YES	NO
2. is domiciled in South Africa and does not have operations outside South Africa to be covered under this policy	YES	NO
3. stores/processes less than 100 000 payment cards per year	YES	NO
4. is not aware of any circumstances within the past 3 years that would have, may give or has given rise to a claim under the coverage provided by this insurance policy	YES	NO
5. has implemented the following security controls:	YES	NO
5.1 firewalls, anti-virus/anti-malware		
5.2 processes to apply security related patches/updates within 3 months of release		
5.3 password controls including: length of at least 8 characters; use of passwords not reasonably deemed easily guessable and account lockout as a result of at most 20 failed authentication attempts		
5.4 default installation/administration account passwords changed from the default password and where possible accounts are disabled, deleted or renamed		
5.5 administrative/remote access interfaces such as remote desktop protocol (RDP) are accessible exclusively over secured channels, e.g. virtual private network (VPN)		
5.6 physical access to server rooms/sensitive processing facilities is restricted		
5.7 <b>Sensitive System</b> activity logs are stored for at least 6 months		
5.8 backup and recovery procedures for <b>Sensitive Systems</b> and <b>Sensitive Data</b> including: weekly backup generation, monitoring for successful backup generation and testing the ability to restore from backups at least every 6 months.		

**Note:** Should you have answered NO to any of the above questions, a comprehensive Cyber Insurance Proposal will be required before cover will be considered.

Annual premium quoted. However, should monthly premium be required then divide the annual premium by 12							
Annual Turnover	Limit of Indemnity (per claim and in the annual aggregate)						
	*Deductible	R250 000	R500 000	R1 000 000	R2 500 000	R5 000 000	R10 000 000
R0-R10 000 000	15 000	1 480	2 195	2 960	5 765	8 415	14 025
R10 000 001-R25 000 000	25 000	1 685	2 500	3 825	6 650	9 895	14 535
R25 000 001-R50 000 000	25 000	2 195	3 265	4 950	8 775	12 750	18 360
R50 000 001-R75 000 000	50 000	2 550	3 875	5 865	10 405	15 300	22 450
R75 000 001-R100 000 000	50 000	2 860	4 235	6 530	11 425	16 320	24 500
R100 000 001-R250 000 000	100 000	4 050	5 915	8 925	15 860	23 205	33 915

\* Each and every claim

**Terms and Conditions:**

- The applicable policy wording is the Cyber Insurance Section, in the Sectional Title policy wording, including:
  - 1: Cyber Liability
  - 2: Crisis Management and Notification Expenses
  - 3: Data Recovery and Business Interruption
  - 4: Cyber Extortion
  - 5: Digital Media Liability
- Business interruption deductible is 12 hours and is sub limited to 50% of the annual limit of indemnity
- Premiums include 15% VAT and 20% Commission
- Quotation valid for 30 days from the date of declaration
- Unless otherwise requested, policy will run for 12 months from the date of inception
- Retroactive date as per inception date unless prior uninterrupted cyber insurance cover has been held
- Risk dependent and Hollard reserves the right to review and adjust the above premiums

**Protection of Personal Information**

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

**Declaration**

This application does not bind the Proposer to buy or the insurer to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. The Proposer declares that the statements set forth in this application are true. The Proposer further declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Proposer will immediately notify the insurer of such changes and the insurer may withdraw or modify the proposed terms of insurance.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Position

\_\_\_\_\_

Date