

COMMERCIAL CYBER INSURANCE PROPOSAL

Name of Insured _____

Physical address _____ Postal code _____

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 | Sensitive System activity logs are stored for at least 6 months | | |
| 5.8 | backup and recovery procedures for Sensitive Systems and Sensitive Data 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	2 500	3 500	5 375	8 485	12 210	18 805
R10 000 001-R25 000 000	25 000	3 410	4 775	7 215	11 400	16 405	23 615
R25 000 001-R50 000 000	25 000	4 250	5 950	8 780	13 885	19 965	28 730
R50 000 001-R75 000 000	50 000	4 825	6 750	9 985	15 775	22 685	32 645
R75 000 001-R100 000 000	50 000	5 295	7 410	10 905	17 225	24 785	35 665
R100 000 001-R250 000 000	100 000	7 500	10 500	15 045	23 760	34 185	49 195

* Each and every claim

Terms and Conditions:

- The applicable policy wording is the Cyber Insurance Section, in the Commercial 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