**Please email:** itic@thomasmiller.com

|  |  |
| --- | --- |
| 1. Company Name |  |
| 1. Website |  |
| 1. Name and e-mail address of the person at your company to whom correspondence should be addressed |  |

**SECTION 1 – IT security measures**

|  |
| --- |
| 1. Which of the following security measures do you follow? |

|  |  |  |  |
| --- | --- | --- | --- |
| Firewall | | Yes | No |
| Anti-virus | | Yes | No |
| Intrusion-detection | | Yes | No |
| Other | | Yes | No |
| If other please specify |  | | |

|  |
| --- |
| 1. How often are anti-virus signatures updated? |

|  |  |  |  |
| --- | --- | --- | --- |
| Automatic | | Yes | No |
| Weekly | | Yes | No |
| Monthly | | Yes | No |
| Other | | Yes | No |
| If other please specify |  | | |

**SECTION 2 – Payment process**

|  |  |  |
| --- | --- | --- |
| 1. Do you verify all new bank account details by phone before making any payment? | Yes | No |

**SECTION 3 – Claims declaration and prior insurance**

|  |
| --- |
| 1. Within the last five years have you experienced: |

|  |  |  |
| --- | --- | --- |
| 1. A breach of IT security? | Yes | No |
| 1. Transmission of any virus or malicious code? | Yes | No |
| 1. An attempted or actual fraudulent diversion of money or funds? | Yes | No |
| 1. Any other fact, circumstance, event or transaction which may give rise to a claim under the ITIC Cyber endorsement?   *If ‘Yes’, please describe* | Yes | No |
|  | | |
| 1. Have you any insurance currently in place that covers any element of risk also covered in the ITIC cyber endorsement? | Yes | No |
| 1. Have you ever had cyber insurance declined or cancelled?   *If ‘Yes’, please describe* | Yes | No |
|  | | |

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief, the information given above is true and provides a fair presentation of the risk I/we are asking ITIC to insure. I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence an underwriter’s assessment or which would alert an underwriter to the need to make further enquiries).

Any insurance offered will be subject to the Rules of ITIC which are available at www.ITIC-insure.com or on request. Your attention is drawn to Rule 1.1 which lists those sections of the Insurance Act 2015 which are excluded from your cover.

|  |  |
| --- | --- |
| **Signed:** | **Position in company:** |
|  |  |
| **Date:** |  |
|  |

*This proposal form must be completed and signed by a person who is authorised to bind the proposer.*

**Please e-mail this completed form to:** itic@thomasmiller.com