

# CYBER LIABILITY APPLICATION FORM

## IMPORTANT INFORMATION

Please read and understand the following notes before you complete this application form.

### Who We Are:

Hamilton Fraser Cosmetic Insurance is part of the Hamilton Fraser group of companies. You can contact us at:

Address: 1st Floor, Premiere House, Elstree Way, Borehamwood, Hertfordshire, WD6 1JH

Telephone: 0800 634 3881

Email: [info@cosmetic-insurance.com](mailto:info@cosmetic-insurance.com)

### Material Facts

It is the duty of the proposer to disclose material facts to the underwriter. Where information omitted the insurer may avoid their obligation under the policy. A material fact shall be deemed to be one that would be likely to influence an underwriter's judgment and acceptance of your proposal. If you are in any doubt as to what you consider to be disclosed, you should inform us of this at the same time of completing. If there are any changes to the 'material fact' then you should inform us as soon as possible.

### Acceptance of Your Proposal

Upon acceptance of the underwriter's terms and payment of the premium, all information provided by you together with supporting documentation will be deemed to be incorporated into the

contract between you and the insurer. You should keep copies of this proposal and supporting documentation for your own record.

### Personal Data

We process the data you give to us so we can give you an insurance quote. If you decide to accept the quotation, we can send you the agreement. So we can do this, we'll also give this information to the insurers. We also may provide this information to third parties if you make a claim under the policy, or to prevent fraud.

Your data will be stored for the period provided by insurers from the date you terminate the policy, so that we can help settle any claim. If, however, you decide not to take the policy, it will be stored for years.

You have the right to request access to your personal data held by us and have it corrected or deleted once we no longer need it to fulfil your contract with us.

### Presentation

This presentation must be completed in ink by the proposed individual. All questions must be answered and you can use any additional sheets within the proposal.

The Signing of this Proposal does not bind the Proposer or the underwriters to complete the contract of Insurance.

Please tick to confirm you have understood:

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## About Us

1	Full Name of Proposer	
2	Trading Name (if different from the above)	
3	How long have you been trading?	
4	Have you ever engaged in similar activity under a different name	
	If YES please give full details	

## Correspondence Address

5		
		Postcode
	Country	
	Telephone Number	
	Mobile Number	
	Email Address	

## Trading Address (if different from above)

6		
		Postcode
	Country	
	Telephone Number	
	Mobile Number	
	Email Address	
7	Please state the ultimate owner or Holding Company of your business	
	Length of current operation by present Parent/Owner?	Years

## About You and Your Business

7	What is your estimated turnover for the coming year?	
8	What limit of indemnity do you require? Please tick:	
	£100,000 <input type="checkbox"/>	£250,000 <input type="checkbox"/>
	£500,000 <input type="checkbox"/>	

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About You and Your Business continued									
<b>8</b>	£750,000 <input type="checkbox"/>	£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>						
<b>9</b>	Have you ever been the subject of a criminal offence (other than minor motoring convictions), professional disciplinary proceedings or enquiries?			Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<b>10</b>	Have you or any person to which this proposal relates, have not been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt either in a personal capacity or as a business?			Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<b>11</b>	Do you perform any activities outside of the UK, Channel Islands, Northern Ireland or Isle of Man?			Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<b>12</b>		Names, addresses & email addresses	Individual taxpayer ID/NI numbers	Driver's license, passport or other ID numbers	Financial account records	Payment card data	Patient information	Other; Please specify	
	Number of records transmitted or processed per year:								
	Maximum number of records stored on your network at any one time:								
<b>13</b>	In respect of all sensitive information above that is transmitted processed or stored:	Is it always encrypted while at-rest on the network?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Is it always encrypted while in-transit within and out of the network? (inc wireless networks, in file transfers and in email?)				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Is it always encrypted on mobile computing devices? (inc laptops, tablets, mobile telephones and PDA's)				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Is always encrypted on portable data storage media? (inc USB sticks, flash drives, magnetic tapes)				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Details:								

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## Security Controls

14	Do you have a defined process implemented to regularly patch your systems and applications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Do you use anti-virus software and regularly apply updates/patches?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Have you installed and do you maintain firewall configuration to protect your system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17	Do you back-up files on your system (inc your website) at least weekly and store off site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18	Are all passwords changed at least every 60 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19	Do you have a written clearance procedures in place regarding use, licensing and consent for third-party content used by you and your website or in promotional materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20	Do you accept credit card payments in your facilities or via the web?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21	Do you outsource all of your payment processing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22	Do you ever store or transmit credit card details on your network, even momentarily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23	Are you compliant with the most recent applicable Payment Card Industry Data Security Standards (PCI DSS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

## Claims and Accidents

24	Have you ever been investigated in respect of personally identifiable information, including but not limited to payment card information, or your privacy practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25	Have you ever been asked to supply your regulator or similar body with information relating to personally identifiable information or your privacy practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26	Have you ever been asked to sign a consent order or equivalent in respect of personally identifiable information or your privacy practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27	Have you ever received a complaint relating to the handling of someone's personally identifiable information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Additional Information

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## Additional Information continued

## Declaration

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal, and supplementary attachments/addenda, are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise the Underwriters as soon as possible. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of this Proposal may result in Underwriters refusing to provide Indemnity voiding the Policy in every acceptance and assessment of this Proposal may result in the Underwriters refusing to provide Indemnity voiding the Policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties in entered into.

NAME OF PROPOSER	
DATE	
SIGNATURE	

This Policy is effected with Hiscox Insurance Company Ltd and administered by Hamilton Fraser Insurance in accordance with the authorisation under Contract by the Underwriters.

Hamilton Fraser Cosmetic Insurance is a trading name of HFIS plc. HFIS plc is authorised and regulated by the Financial Conduct Authority. Registered Office: Lumiere House, Suite 1-3, 1st Floor, Elstree Way, Borehamwood, WD6 1JH. Registered in England: 3252806.