



Note to the Proposer: The following proposal form is only applicable to proposed policyholders with total gross revenue of GBP 25,000,000 or less. Otherwise please request the CyberEdge Insurance Proposal Form from your Broker.

Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing to complete this insurance. Please provide by addendum on the Company headed paper of the Proposer any supplementary information which is material to the response of the questions herein, and/or complete answers to the listed questions if they do not fit in the space provided on the application. For the purpose of this proposal form, "Proposer" means the entity stated below and all its subsidiaries to be covered. All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provided separately on your headed paper.

Proposer Information:

Company Name: _____	Business Description / Industry: _____
Registered Address: _____	Total Gross Revenue/ Fee income: _____ Fin. Year: _____
Business Address: _____	Broker: _____
	Web Address: _____

Options Based on the total gross revenue of the Proposer for the last financial year, tick the box indicating the Premium for the Option required.

Limit of Liability (Any one claim and in the aggregate)	Total Gross Revenue				
	Up to GBP 1,000,000	GBP 1,000,001 to GBP 2,500,000	GBP 2,500,001 to GBP 5,000,000	GBP 5,000,001 to GBP 15,000,000	GBP15,000,001 to GBP25,000,000
GBP 100,000	GBP 400 <input type="checkbox"/>	GBP 550 <input type="checkbox"/>	GBP 850 <input type="checkbox"/>	GBP 1,350 <input type="checkbox"/>	GBP 1,850 <input type="checkbox"/>
GBP 250,000	GBP 650 <input type="checkbox"/>	GBP 800 <input type="checkbox"/>	GBP 1,050 <input type="checkbox"/>	GBP 1,450 <input type="checkbox"/>	GBP 2,220 <input type="checkbox"/>
GBP 500,000	GBP 950 <input type="checkbox"/>	GBP 1,100 <input type="checkbox"/>	GBP 1,350 <input type="checkbox"/>	GBP 1,950 <input type="checkbox"/>	GBP 2,300 <input type="checkbox"/>
GBP 1,000,000	GBP 1,450 <input type="checkbox"/>	GBP 1,625 <input type="checkbox"/>	GBP 1,950 <input type="checkbox"/>	GBP 2,450 <input type="checkbox"/>	GBP 3,250 <input type="checkbox"/>
GBP 2,000,000	GBP 2,350 <input type="checkbox"/>	GBP 2,600 <input type="checkbox"/>	GBP 2,950 <input type="checkbox"/>	GBP 3,500 <input type="checkbox"/>	GBP 4,750 <input type="checkbox"/>
GBP 3,000,000	GBP 3,250 <input type="checkbox"/>	GBP 3,500 <input type="checkbox"/>	GBP 4,000 <input type="checkbox"/>	GBP 4,800 <input type="checkbox"/>	GBP 6,000 <input type="checkbox"/>

Premiums are excluding local taxes and are subject to change. If you require a limit of liability above the GBP 3,000,000, or the total gross revenue is above GBP 20,000,000, approach your Broker to obtain a specific alternative quote. Please note that this document does not represent a unilateral offer and that the terms herein are subject to confirmation by the Insurer.

Retentions

Up to GBP1,000,000 Total Gross Revenue	GBP1,000
GBP1,000,001 to GBP5,000,000 Total Gross Revenue	GBP2,500
GBP5,000,000 to GBP15,000,000 Total Gross Revenue	GBP5,000
GBP15,000,001 to GBP25,000,000 Total Gross Revenue	GBP7,500

Coverage Extensions

	Sub-limit of Liability	Separate Retention
Data Administrative Investigations:	Full limit	N/A
Data Administrative Fines:	Full limit	10% of any Data Administrative Fines
Pro-active Forensic Services:	Full limit	N/A
Repair of the Company's Reputation:	Full limit	N/A
Repair of the Individual's Reputation:	Full limit	N/A
Restoring, recreating, or recollecting Electronic Data:	Full limit	N/A
Notification to Data Subjects:	Full limit	N/A

Optional Extensions

	Sub-limit of Liability	Separate Retention	Additional Premium
MultiMedia Liability	Full limit	N/A	10% of original premium <input type="checkbox"/>
Cyber/Privacy Extortion Liability	Full limit	N/A	5% of original premium <input type="checkbox"/>
Network Interruption	Full limit	Waiting period 12 hours	25% of original premium <input type="checkbox"/>

Premium Calculation:

Standard premium GBP _____

Optional Extension GBP _____ (if applicable)

TOTAL PREMIUM DUE: GBP _____ excluding local taxes

Conditions:

Applicable Wording: AIG CyberEdge **Ver:** October 2012

Retroactive Date: Inception

Period requested: 12 months with inception from: ____ / ____ / ____ at 24:00 h (local time)

Quote Valid for: 30 days from date of declaration

Confirmation of Insured's status:

- I/We **confirm** that the Insured and its subsidiaries:
- | | |
|---|--|
| a) Are not Medical, Call Centres, Telemarketing, Data Processing (outsourcers), Internet Service Providers, Telecommunications or any organisation regulated by the FSA: | CONFIRMATION |
| b) Have security software controls (like Antivirus protection) on all IT systems, including portable devices: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| c) Have access controls in place for employees and other users with privileged access to sensitive data: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| d) Have back up and recovery procedures for all mission critical systems, data and information assets: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| e) Do not have any domiciled operation or derived revenue from the territory/Jurisdiction of USA and/or Canada | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| f) After a full enquiry of its directors and officers, do not have any knowledge of any act or omission, fact, event or circumstance with might give rise to a loss under this Cyber Edge insurance contract. | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Note: If your answer is "NO" to any of the above statements, please provide full details and approach your Broker to obtain a specific alternative quote.

Declaration:

I declare that the statements and particulars in this declaration are true and that no material facts have been misstated. I agree that this declaration together with any other information supplied shall form the basis of the Contract of Insurance effected thereon. I undertake to inform the insurers of any material alteration to those facts occurring before the completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk. I also declare to have read the applicable wording and fully understood its scope, exclusions and limitations:

(to be signed by Partner, Director, Principal or equivalent)

Signed Title

Firm(s) Name..... Date