

# CYBER SELECT

## PROPOSAL FORM

Please answer each question. Indicate Yes or No as appropriate and supply any further information requested.

### 1 GENERAL

**1.1** Name of Insured/Proposer

**1.2** Postal Address   
 Postcode

**1.3** Turnover  £

**1.4** Company Registration number

**1.5** Full Business Description

**1.6** Number of Employees

**1.7** Number of pieces of Personally Identifiable Information held i.e. an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

**1.8** How long have you been trading?

**1.9** Period of Insurance Required (New Business Only) From  To

**1.10** Have you suffered any loss or damage, or been involved in any claim or incident relating to a cyber event within the past three years? Yes  No

If Yes, please provide details below or attach a separate sheet.

Date	Nature of loss or damage	Cost or current estimate of claim
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2 CYBER INFORMATION

	Please tick relevant response	Comments
<b>2.1</b> Please confirm that the Policyholder is not a subsidiary to another company.	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please confirm the names of the other companies in the group. <div style="background-color: #cccccc; height: 80px; width: 100%;"></div>
<b>2.2</b> Please confirm that neither the Policyholder nor any subsidiary: <ul style="list-style-type: none"><li>• is a Financial Institution (including Banking, Insurance Brokers, Accounting Companies); or</li><li>• had Mergers &amp; Acquisitions activity within the last 12 months, or have any disclosed for the next 12 months; or</li><li>• is an Air Traffic Controller; or</li><li>• is a Government Agency; or</li><li>• Charities</li><li>• is a telecommunication, energy or utility company</li><li>• is an entity active in the pornographic or in the gambling industry.</li></ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of involvement in such activities. <div style="background-color: #cccccc; height: 230px; width: 100%;"></div>
<b>2.3</b> Please confirm that the Policyholder does not have any subsidiaries in the United States and none of the Insured stores, processes or collects any Personally Identifiable Information in the United States.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, then please confirm what percentage of turnover is derived from such subsidiaries and the number of Personally Identifiable Information stored, processed or collected, along with any other relevant comments. <div style="background-color: #cccccc; height: 70px; width: 100%;"></div>
<b>2.4</b> Please confirm that the Policyholder has at least the following IT security measures in place, and that they are regularly reviewed and updated: <ul style="list-style-type: none"><li>• antivirus</li><li>• firewall</li><li>• password secure WiFi</li><li>• a security policy on use of mobile devices,</li><li>• security policy on use of social media websites.</li></ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of where these IT security measures are not present, along with any other information about any additional IT security measures undertaken. <div style="background-color: #cccccc; height: 110px; width: 100%;"></div>

## 2 CYBER INFORMATION CONTINUED

	Please tick relevant response	Comments
<b>2.5</b> Please confirm that the Policyholder hold and periodically reviews a written data protection/information security policy in line with the Data Protection Act 2018 and GDPR.	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of what measures are in place in respect of data protection. <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>2.6</b> Please confirm that the Policyholder maintain a regularly reviewed and updated Retention and Destruction policy where they hold Personally Identifiable Information records.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details and confirm how the Policyholder uses this data. <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>
<b>2.7</b> Please confirm that the access to policyholder's systems is restricted with login and password on a need-to-have basis, and is withdrawn within 3 days of the user leaving the company.	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of how access for former employees is removed and any other information regarding access to systems. <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>2.8</b> If the Policyholder is engaged in production or provides online services, please confirm that the office systems are clearly segregated from the production/online services systems.	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, then please provide full details of what protections are in place to prevent a cyber attack spreading to or from such systems. <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>2.9</b> If the Policyholder allows VPN access to their system, please confirm it is protected with two-factor authentication.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, then please confirm the detail and level of protection in place, along with any other relevant comments. <div style="background-color: #cccccc; height: 80px; width: 100%;"></div>
<b>2.10</b> If the Policyholder uses third party IT service providers, please confirm that they are required to adhere to Policyholder's data protection/information security	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, then please confirm the rationale for this decision, along with any other relevant comments. <div style="background-color: #cccccc; height: 80px; width: 100%;"></div>

**2 CYBER INFORMATION CONTINUED**

Please tick relevant response

Comments

**2.11** If the Policyholder engages in credit/debit card payments or payment processing, please confirm that you have full, independently certified compliance with Payment Card Industry Data Security Standards

Yes  No

if no, then please provide the rationale as to why this is not the case.

**2.12** Please confirm that the Policyholder does not conduct any activity with any sanctioned or embargoed territory

Yes  No

if no, then please provide full details of involvement in such activities.

**2.13** If the Policyholder has completed a 3rd party vulnerability test (e.g .F-Secure Radar Scan), please provide the details.

**2.14** Please supply any additional information you feel may be relevant to the purchase of the insurance.

# IMPORTANT INFORMATION

## YOUR RECORDS

You should keep a record (including copies of letters) of all information you supply to Allianz about this proposal.

## IMPORTANT INFORMATION – YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

You must make a fair presentation of the risk to us at inception, renewal and variation of your Policy. This means that you must tell us about all facts and

circumstances which may be material to the risks covered by your Policy in a clear and accessible manner or give us sufficient information to alert us of the need to make enquiries about such facts or circumstances.

Material facts are those which are likely to influence us in the acceptance of or assessment of the terms or pricing of your Policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, we may avoid your Policy (that is treat it as if it had not existed) and refuse to pay any claims where any failure to make a fair presentation is:

- a deliberate or reckless; or
- b of such other nature that, if you had told us about a material fact or circumstance, we would not have issued, renewed or varied your Policy.

In all other cases, if you fail to make a fair presentation of the risk, we will not avoid your Policy but we may instead:

- a reduce proportionately the amount paid or payable on any claim, the proportion for which we are liable being calculated by comparing the premium actually charged as a percentage of the premium which we would have charged had you made a fair presentation (e.g. if we would have charged you double the premium, we will only pay half the amount of any claims under your Policy); and/or
- b treat your Policy as if it had included such additional terms as we would have imposed had you told us about a material fact or circumstance. Payment of any claim you make will be subject to the application of any such additional terms.

For these reasons it is important that you check all of the facts, statements and information set out in this Risk Details Form or in any other information provided are

complete and accurate. You must also make reasonable enquiries to check with anyone you employ in your business that the facts and statements set out in this Risk

Details Form or in any other information provided are complete and accurate and that there are no other material facts which you need to disclose.

**If any of the facts, statements and information set out in this Risk Details Form, risk presentation or any additional information provided are incomplete or inaccurate, you or your insurance adviser must contact us immediately.**

**Failure to do so could invalidate your policy or lead to a claim not being paid or not being paid in full.**

## DECLARATION

I/We declare that to the best of my/our knowledge and belief all statements and particulars given by me/us are true and complete and that no material information or fact has been withheld or suppressed

I am/We are authorised to sign on behalf of all proposers.

I/We agree

- that this proposal will be the basis of the contract between me/us and the Insurers
- that if any answers have been written by another person then for that purpose such person will be regarded as our/my agent and not the agent of the Insurers
- to be bound by the terms and conditions of the policy

I/We understand that

- the liability of the Insurers does not commence until this proposal has been accepted by them
- the Insurers reserve the right to decline any proposal

I/We agree to the seeking of information from credit and other agencies in connection with this proposal

I/We understand that the existence of any procedures for dealing with complaints do not prejudice my right to take legal action against the Insurers

Proposer's/Insured's signature

Date

Status of signatory

# FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION

## 1 WHO WE ARE

When **we** refer to “**we**”, “**us**” and “**our**” in this notice it means Allianz Insurance plc or Allianz Engineering Inspection Services Limited.

When **we** say, “**individuals**” in this notice, **we** mean anyone whose personal information **we** may collect, including:

- anyone seeking an insurance quote from **us** or whose details are provided during the quotation process
- policyholders and anyone named on or covered by the policy
- anyone who may benefit from or be directly involved in the policy or a claim, including claimants and witnesses.

## 2 HOW WE USE PERSONAL INFORMATION

**We** use personal information in the following ways:

- to provide quotes, administer policies and policyholder claims to fulfil **our** contract
- to administer third party claims and prevent financial crime to meet **our** legal obligations
- to manage **our** business and conduct market research to meet the legitimate needs of **our** business
- to send marketing information about **our** products and services if **we** have received specific consent.

There is no obligation to provide **us** with personal information, but **we** cannot provide **our** products and services without it.

**Anyone whose personal information we hold has the right to object to us using it.**

**They can do this at any time by telling us and we will consider the request and either stop using their personal information or explain why we are not able to.**

**Further details can be found below.**

## 3 AUTOMATED DECISION MAKING, INCLUDING PROFILING

**We** may use automated decision making, including profiling, to assess insurance risks and administer policies. This helps **us** decide whether to offer insurance, determine prices and validate claims.

Anyone subject to an automated decision has the right to object to it. To do so they should contact **us** by emailing **us** at [accsm@allianz.co.uk](mailto:accsm@allianz.co.uk) and **we** will review the decision.

## 4 THE PERSONAL INFORMATION WE COLLECT

**We** collect the following types of personal information so **we** can complete the activities in section 2, “How **we** use personal information”:

- basic personal details such as name, age, address and gender
- family, lifestyle and social circumstances, such as marital status, dependants and employment type
- financial details such as direct debit or payment card information
- photographs and/or video to help **us** manage policies and assess claims
- tracking and location information if it is relevant to the insurance policy or claim
- identification checks and background insurance risk details including previous claims information
- medical information if it is relevant to the insurance policy or claim
- criminal convictions if it is relevant to the insurance policy or claim
- accessibility details if **we** need to make reasonable adjustments to help
- business activities such as goods and services offered.

## 5 WHERE WE COLLECT PERSONAL INFORMATION

Direct from **individuals**, their representatives or information they have made public, for example, on social media.

From other persons or organisations, for example:

- credit reference and/or fraud prevention agencies
- emergency services, law enforcement agencies, medical and legal practices
- insurance industry registers and databases used to detect and prevent insurance fraud, for example, the Motor Insurance Database (MID), the Motor Insurers Anti-Fraud and Theft Register (MIAFTR) and the Claims and Underwriting Exchange (CUE)
- insurance investigators and claims service providers
- other insurers or service providers who underwrite the insurance or provide the services for **our** products
- other involved parties, for example, claimants or witnesses.

# FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION CONTINUED

## 6 SHARING PERSONAL INFORMATION

**We** may share personal information with:

- other companies within the global Allianz Group [www.allianz.com](http://www.allianz.com)
- credit reference, fraud prevention and other agencies that carry out certain activities on **our** behalf, for example, the Motor Insurance Database (MID), the Insurance Fraud Bureau (IFB) and marketing agencies if agreed
- **our** approved suppliers to help deal with claims or provide **our** benefit services, for example, vehicle repairers, legal advisors and loss adjusters
- other insurers, third party underwriters, reinsurers, insurance intermediaries, regulators, law enforcement and the Financial Ombudsman Service (FOS); and other companies that provide services to **us** or you, for example, the Employers Liability Tracing Office (ELTO) and the Claims and Underwriting Exchange (CUE)
- prospective buyers in the event that **we** wish to sell all or part of **our** business.

## 7 TRANSFERRING PERSONAL INFORMATION OUTSIDE THE UK

**We** use servers located in the European Union (EU) to store personal information where it is protected by laws equivalent to those in the UK. **We** may transfer personal information to other members of the global Allianz Group to manage the insurance policy or claim; this could be inside or outside the EU. **We** have Binding Corporate Rules (BCR's) which are **our** commitment to the same high level of protection for personal information regardless of where it is processed. These rules align with those required by the European Information Protection authorities. For more information about BCR's, contact **our** Data Protection Officer.

Some of **our** suppliers have servers outside the EU. **Our** contracts with these suppliers require them to provide equivalent levels of protection for personal information.

## 8 HOW LONG WE KEEP PERSONAL INFORMATION

**We** keep information only for as long as **we** need it to administer the policy, manage **our** business or as required by law or contract.

## 9 KNOW YOUR RIGHTS

Any **individual** whose personal information **we** hold has the right to:

- object to **us** processing it. **We** will either agree to stop processing or explain why **we** are unable to (the right to object)
- ask for a copy of their personal information **we** hold, subject to certain exemptions (a data subject access request)
- ask **us** to update or correct their personal information to ensure its accuracy (the right of rectification)
- ask **us** to delete their personal information from **our** records if it is no longer needed for the original purpose (the right to be forgotten)
- ask **us** to restrict the processing of their personal information in certain circumstances (the right of restriction)
- ask for a copy of their personal information, so it can be used for their own purposes (the right to data portability)
- complain if they feel their personal information has been mishandled. **We** encourage **individuals** to come to **us** in the first instance but they are entitled to complain directly to the Information Commissioner's Office (ICO) [www.ico.org.uk](http://www.ico.org.uk)
- ask **us**, at any time, to stop processing their personal information, if the processing is based only on **individual** consent (the right to withdraw consent).

**If you wish to exercise any of these rights please contact our Customer Satisfaction Manager:**

Address: Customer Satisfaction Manager, Allianz,  
57 Ladymead, Guildford, Surrey, GU1 1DB

Email: [accsm@allianz.co.uk](mailto:accsm@allianz.co.uk)

Phone: 01483 552438

## 10 ALLIANZ (UK) GROUP DATA PROTECTION OFFICER CONTACT DETAILS

Allianz Insurance plc and Allianz Engineering Inspection Services Limited are companies within the Allianz Holdings.

Any queries about how **we** use personal information should be addressed to **our** Data Protection Officer:

Address: Data Protection Officer, Allianz,  
57 Ladymead, Guildford, Surrey GU1 1DB

Email: [dataprotectionofficer@allianz.co.uk](mailto:dataprotectionofficer@allianz.co.uk)

Phone: 0330 102 1837

# FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION CONTINUED

## CHANGES TO OUR FAIR PROCESSING NOTICE

Occasionally it may be necessary to make changes to this fair processing notice. When that happens **we** will provide an updated version at the earliest opportunity. The most recent version will always be available on **our** website [www.allianz.co.uk](http://www.allianz.co.uk)

## CONSENT FOR SPECIAL CATEGORIES OF PERSONAL DATA

The global Allianz Group may need to collect and process data relating to **individuals** who may benefit from the policy ("Insured Persons"), which falls within the special categories of personal data under Data Protection Legislation, for example, medical history or convictions of Insured Persons for the purpose of evaluating the risk and/or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the Insured Persons to such information being processed by the global Allianz Group and that this fact is made known to the Insured Persons.

By applying for and/or entering into this insurance policy you will be deemed to specifically consent to the use of the Insured Persons Personal Data in this way and for these purposes and that your directors, officers, partners, and employees have consented to the global Allianz Group using their details in this way.