



DUAL Security & Privacy Insurance

Important Notice

This Statement of Fact is a record of the Material Facts declared to DUAL Corporate Risks Limited by you. It establishes the Contract of Insurance between you, the Insured and DUAL Corporate Risks Limited. Acceptance of the insurance proposal and the calculation of premium are based upon this Statement of Fact. A Material Fact is defined here as: a fact which an insurer considers to be influential in their assessment and acceptance of this insurance.

Please check this statement of fact carefully. If any of the Material Facts below are incorrect, or if there are any other Material Facts you should declare, consult your broker immediately. Failure to do so could invalidate your policy or result in a claim not being paid. This form must be completed and signed by a Principal, Partner or Director of the Proposer/s.

The person completing and signing the proposal form should be authorised by the Proposer/s to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to ensure this Statement is completed accurately.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form.

Note to the Proposer

This proposal is only applicable to proposed policyholders with total gross revenue of USD 30,000,000 or less. Otherwise, please contact your broker.

Completing or signing this proposal does not bind you, or any individual or entity you are representing to complete the purchase of insurance. If there is any additional information material to the response of the questions herein, please provide it as an addendum on your company's headed paper.

"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, please provide these separately on your headed paper.

Proposer Information

Company Name: _____

Business Description/Industry: _____

Registered Address: _____

Total Gross Revenue/Fee Income (Last available financial year): _____

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 USD 500,000	USD 500,001 to USD 2,000,000	USD 2,000,001 to USD 5,000,000	USD 5,000,001 to USD 10,000,000	USD 10,000,001 to USD 20,000,000	USD 20,000,001 to USD 30,000,000
USD 500,000	USD 860 <input type="checkbox"/>	USD 1,075 <input type="checkbox"/>	USD 1,485 <input type="checkbox"/>	USD 2,035 <input type="checkbox"/>	USD 2,860 <input type="checkbox"/>	USD 4,400 <input type="checkbox"/>
USD 1,000,000	USD 1,430 <input type="checkbox"/>	USD 1,785 <input type="checkbox"/>	USD 2,475 <input type="checkbox"/>	USD 3,400 <input type="checkbox"/>	USD 4,730 <input type="checkbox"/>	USD 7,260 <input type="checkbox"/>
USD 2,000,000	USD 2,150 <input type="checkbox"/>	USD 2,640 <input type="checkbox"/>	USD 3,700 <input type="checkbox"/>	USD 5,115 <input type="checkbox"/>	USD 7,095 <input type="checkbox"/>	USD 10,900 <input type="checkbox"/>
USD 3,000,000	USD 2,800 <input type="checkbox"/>	USD 3,400 <input type="checkbox"/>	USD 4,840 <input type="checkbox"/>	USD 6,655 <input type="checkbox"/>	USD 9,240 <input type="checkbox"/>	USD 13,950 <input type="checkbox"/>
USD 5,000,000	USD 3,975 <input type="checkbox"/>	USD 4,750 <input type="checkbox"/>	USD 6,775 <input type="checkbox"/>	USD 9,317 <input type="checkbox"/>	USD 12,950 <input type="checkbox"/>	USD 19,250 <input type="checkbox"/>

Premium Calculation

Annual Premium USD: _____

Policy Fee USD: USD 25.00 _____

Total Due USD: _____

Premiums may be subject to change depending on the answers herein. If you require limit of liability greater than USD 5,000,000, please approach your broker to obtain a quote.

This document does not represent a unilateral offer and the terms herein are subject to confirmation by DUAL.

Retentions

Total Gross Revenue	Retention	Waiting Period (applicable to Business Interruption coverage)
Up to USD 500,000	1,000	6h
USD 500,001 to USD 2,000,000	1,000	6h
USD 2,000,001 to USD 5,000,000	2,500	6h
USD 5,000,001 to USD 10,000,000	5,000	6h
USD 10,000,001 to USD 20,000,000	7,500	8h
USD 20,000,001 to USD 30,000,000	10,000	8h

Confirmation of Insured's Status

I/We confirm that the Insured and its Subsidiaries:

- a) Have a principal address in Bermuda, and generate less than USD 30,000,000 in Total Gross Revenue/Fee income, and with less than 15% of income derived from activities in the United States of America
- b) Are not Financial Institutions
- c) Are not classified as a Virtual Currency Exchange or Virtual Currency Miner
- d) Are not Call Centres, Telemarketing, Data Processors, Payment Processors, Internet Service Providers or Telecommunications firms
- e) Operate anti-virus software on all computer devices, servers and networks, which are updated in accordance with the software providers' recommendations
- f) Encrypt or password protect all mobile devices, including laptops, tablets, smartphones and USB sticks (otherwise Portable Media Exclusion to apply)
- g) Is compliant with the Payment Card Industry (PCI) Standards, or if not compliant, process/transmit/store LESS than 1,000,000 financial transactions or records containing an individual's personal information per year
- h) Back up critical data at least weekly
- i) Have a documented Business Continuity Plan (BCP) or Disaster Recovery Plan (DRP) that addresses Cyber perils
- j) Are NOT aware of any matter that is reasonably likely to give rise to any loss or claim under such insurance, and has NOT suffered any loss or any claim including but not limited to a regulatory, governmental or administrative action brought against the Insured, nor any investigation or information request concerning any handling of Personally Identifiable Information (PII).

I/We declare that the statements made and particulars given in the Proposal are true and I/We have not mis-stated or suppressed any Material Fact.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated: _____

Signature of Partner/Director: _____

Name of Partner/Director: _____

A copy of this Proposal should be retained by you for your records.

About DUAL

DUAL Corporate Risks Limited is part of the award winning DUAL Group and is the underwriting division of the Hyperion Insurance Group. With annual gross written premiums in excess of USD 800m and employing over 400 people worldwide, the DUAL Group is the world's largest international underwriting agency and Lloyd's largest international coverholder. For Security and Protection Insurance, we underwrite on behalf of: 75% ANV Cyber Consortium [Entered into jointly for and on behalf of ANV Syndicates 1861 (75%) and 5820 (25%) at Lloyd's and 25% Novae Syndicate 2007].