CYBER INSURANCE iTOO GO

For companies under R250 million revenue

In association with Hollard.

Name of Insured			
Physical address		Postal code	
Registration number		VAT number	
Email address		Contact number	
Nature of operations	Choose an item		
Details of products and services offered			
Policy inception date		Annual revenue	R
Brokerage name		Limit of indemnity	R Choose an item

Should your industry require referral or you answer No to any of the questions below, please contact the iTOO Cyber Insurance Team as you may be required to complete a full proposal form instead. Upon receipt, underwriters will review the application and revert.

You, the undersigned confirm that the Insured:

1. is domiciled in South Africa and does not have operations outside South Africa to be covered under this policy — Yes ☐ No ☐
2. collects, stores or processes zero or less than 100 000 unique payment cards per year — Yes ☐ No ☐
3. collects, stores or processes less than 100 000 personally identifiable records — Yes ☐ No ☐
4. is not aware of any circumstances within the past 5 years that would have, may give or has given rise to a claim under the coverage provided by this insurance policy — Yes ☐ No ☐
5. has implemented and complies fully with the following minimum-security requirements: — Yes ☐ No ☐

5.1. next generation anti-virus/anti-malware which is updated as per the providers recommendations

5.2. processes to apply security related patches/updates within 3 months of release

5.3. not using any outdated software which is no longer supported by the vendor

5.4. password controls including: length of at least 10 characters; use of passwords which are not easy to guess; multi factor authentication or passwords changed at least quarterly (unless passwords of at least 14 characters are used), passwords are not reused for at least 5 changes and accounts are locked out after at most 10 failed authentication attempts

5.5. default operating system or application installation/administration accounts secured by changing passwords from the well-known default passwords and where possible accounts are disabled, deleted or renamed

5.6. resiliency procedures for **Sensitive Systems** and **Sensitive Data** including weekly backup generation or replication, monitoring or testing to ensure successful generation, having a copy which at any point in time is disconnected, offline or cannot be overwritten from the production environment and test the ability to restore or read copies at least every 6 months

If you have a company network, please also confirm that you have implemented and comply fully with the following minimum-security requirements:

5.7. next generation firewalls with geo-location blocking configured

5.8. generally accepted vulnerable network services are secured via disabling/blocking on the firewall or where required restricted based on IP address and/or to secured areas

5.9. administrative/remote access exclusively over secured channels e.g. virtual private network (VPN)

5.10. **Sensitive System** activity logs are stored for at least 6 months

Annual Revenue	*Deductible	Limit of Indemnity (per claim and in the annual aggregate)					
		R1 000 000	R2 500 000	R5 000 000	R10 000 000	R15 000 000	**R25 000 000
R0-R10 000 000	15 000.00	5 915.00	9 335.00	12 975.00	19 980.00	29 965.00	49 945.00
R10 000 001-R25 000 000	25 000.00	7 935.00	12 500.00	18 045.00	25 975.00	34 705.00	52 165.00
R25 000 001-R50 000 000	25 000.00	9 655.00	15 275.00	21 960.00	31 605.00	42 225.00	63 475.00
R50 000 001-R75 000 000	50 000.00	10 985.00	17 350.00	24 955.00	35 900.00	47 985.00	72 135.00
R75 000 001-R100 000 000	50 000.00	11 995.00	18 950.00	27 265.00	39 230.00	52 420.00	78 810.00
R100 000 001-R250 000 000	100 000.00	15 045.00	23 760.00	34 185.00	49 195.00	65 750.00	98 825.00

Annual premiums reflected *** Each and every claim** ****Cyber extortion sub limited to R15 000 000.00**

27 January 2021

iTOO Special Risks (Pty) Ltd
Villa Arcadia, 22 Oxford Road, Parktown, Gauteng, 2193 | PO Box 87419, Houghton, 2041
Tel: 011 351 5000 | Email: info@itoo.co.za | www.itoo.co.za

Terms and Conditions

- The applicable policy wording is the iTOO Go Cyber Insurance policy wording, including:
  - A: Cyber Liability
  - B: Crisis Management and Notification Expenses
  - C: First Party Expenses
  - D: Loss of Business Income
  - E: Cyber Extortion
  - F: Digital Media Liability
- Business interruption deductible is 12 hours and is sub limited to 50% of the annual limit of indemnity
- Premiums include 15% VAT and 20% Commission
- Quotation valid for 30 days from the date of declaration
- Unless otherwise requested, policy will run for 12 months from the date of inception
- Retroactive date as per inception date unless prior uninterrupted cyber insurance cover has been held
- Risk dependent ITOO reserves the right to review and adjust the above premiums

Optional Additional Endorsements:

• Initial Response Phase	Yes ☐	No ☐		
• E-Financial Loss	Yes ☐	No ☐	If Yes, please complete Annexure A	
• Outsourced Service Provider	Yes ☐	No ☐	If Yes, please complete Annexure B	
• Payment Card Industry	Yes ☐	No ☐	If Yes, please complete Annexure C	
• Phone Phreaking	Yes ☐	No ☐	If Yes, please complete Annexure D	
• Physical Damage	Yes ☐	No ☐	If Yes, please complete Annexure E	

Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Declaration

This application does not bind the Proposer to buy or the insurer to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. The Proposer declares that the statements set forth in this application are true. The Proposer further declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Proposer will immediately notify the insurer of such changes and the insurer may withdraw or modify the proposed terms of insurance.

Name _____ Position _____

Signature _____ Date Y Y Y Y M M D D

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ANNEXURE A

E-Financial Loss

Please complete this section only if you require e-financial loss cover

1. Please advise
   - Total annual value of funds transferred electronically R _____
   - Maximum value per individual electronic transaction R _____
   - Average value of client funds held for which you are responsible (includes funds held in trust) R _____
2. Do you load payments via your own applications or via online banking applications

   Choose an item

   If via your own applications, please state the name of the applications and whether these are in-house developed

3. Have you implemented two factor authentication to gain access to payment applications? Yes ☐ No ☐
4. Have you implemented dual authorisation to load a new beneficiary? Yes ☐ No ☐
5. Have you implemented segregation of duties between loading, releasing and authorising payments? Yes ☐ No ☐
6. Have you implemented dual authorisation to release payments above a specified threshold? Choose an item
7. Number of employees with access to load, release or authorise payments Choose an item

Claims and Insurance History

1. Have you suffered any e-financial losses as a result of a cyber incident within the past 5 years? Yes ☐ No ☐
2. Are you or any of the partners, directors or officers, aware of or are there any circumstances within the past 5 years that would have given, may give, or have given, rise to a claim against this insurance policy? Yes ☐ No ☐

If **Yes** to any of the above, please provide additional information including remediation action taken

Limit of Indemnity (maximum of R250 000 or 10% of limit of indemnity)

	Option 1	Option 2	Option 3	Option 4
Quote	R	R	R	R
Deductible	R	R	R	R

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ANNEXURE B

Outsourced Service Provider

Please complete this section only if you require outsourced service provider cover

Function	Outsourced		Third party provider's name
Cloud data processing/storage	Yes ☐	No ☐	
Data centre/hosting	Yes ☐	No ☐	
Data processing (marketing/payroll)	Yes ☐	No ☐	
Managed security services	Yes ☐	No ☐	
Network implementation/maintenance	Yes ☐	No ☐	
Off-site archiving, backup and/or storage	Yes ☐	No ☐	
Payment processing	Yes ☐	No ☐	
Software implementation/maintenance	Yes ☐	No ☐	
Systems development, customisation and maintenance	Yes ☐	No ☐	
Other (please specify) _____	Yes ☐	No ☐	

1.	What level of access do you grant to third party service providers?	Choose an item
2.	Do agreements with third party service providers require levels of security commensurate with your information security policies?	Yes ☐ No ☐ N/A ☐
3.	Do you review that third party service providers are adhering to contractual and/or regulatory requirements regarding data protection?	Yes ☐ No ☐ N/A ☐
4.	Do you require indemnification from third party service providers for any liability attributable to them (including data breach and system downtime)?	Yes ☐ No ☐ N/A ☐
5.	Do you have any third party service providers who you are dependent upon to have incident response, business continuity and/or disaster recovery plans?	Yes ☐ No ☐
	If **Yes**, do you review the adequacy of such plans?	Yes ☐ No ☐
6.	Do you have documented and approved disaster recovery and business continuity plans?	Yes ☐ No ☐
	If **Yes**, how long would it take you to be operational following an incident?	Choose an item
	If **Yes**, what is your anticipated potential data loss?	Choose an item
	If **Yes**, how frequently do you review, test and update such plans?	Choose an item
7.	Are copies of your incident response, business continuity and/or disaster recovery plans kept in hard copy or in a separate and secure environment so that they are accessible in the event of a full network outage?	Yes ☐ No ☐
8.	Do you have any third party service providers who you are dependent upon to have incident response, business continuity and/or disaster recovery plans?	Yes ☐ No ☐
	If **Yes**, do you review the adequacy of such plans?	Yes ☐ No ☐

Claims and Insurance History

- Have you suffered any disruption to your operations as a result of a cyber related incident at one of your outsourced service providers? Yes ☐ No ☐

If **Yes** to any of the above, please provide additional information including remediation action taken

Limit of Indemnity (maximum 50% of limit of indemnity)

	Option 1	Option 2	Option 3	Option 4
Quote	R	R	R	R
Deductible	R	R	R	R

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ANNEXURE C

Payment Card Industry

Please complete this section only if you require payment card industry cover

1. What level PCI merchant have you been certified as? Choose an item
2. What is your estimated number of payment card transactions processed per year?
3. Are you fully compliant with the EMV card processing standards? Yes ☐ No ☐
4. Does a third party process payment card data on your behalf? Yes ☐ No ☐

   If Yes, please provide the name of the payment processor

   If Yes, has the payment processor provided you with evidence that they are PCI certified? Yes ☐ No ☐
5. Is payment card data encrypted or tokenised at all times? I don't know ☐ Yes ☐ No ☐
6. Are your point of sale (POS) terminals designed to be tamper proof? Yes ☐ No ☐
7. Do you segregate your payment network from your normal network? Yes ☐ No ☐ N/A ☐
8. Are POS terminals standalone or integrated with your systems? Choose an item
9. How frequently are your POS devices scanned for malware or skimming devices? Choose an item
10. How frequently is your payment network subjected to third party testing? Choose an item

    At your last test, were any serious concerns raised? Choose an item

Claims and Insurance History

1. Have you ever suffered any PCI related claims? Yes ☐ No ☐
2. Are you or any of the partners, directors or officers, aware of or are there any circumstances within the past 5 years that would have given, may give, or have given, rise to a claim against this insurance policy? Yes ☐ No ☐

If YES to any of the above, please provide additional information including remediation action taken

Limit of Indemnity (maximum 50% of limit of indemnity)

	Option 1	Option 2	Option 3	Option 4
Quote	R	R	R	R
Deductible	R	R	R	R

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ANNEXURE D

Phone Phreaking

Please complete this section only if you require phone phreaking cover

1. Do you make use of an internet connected telephony system (IP telephony)? Yes ☐ No ☐

   If Yes, please state the name of your system/service provider

2. What are your average monthly IP telephony costs including calls and bandwidth? *R*
3. Do you host your IP telephony solution yourself or is this hosted by your service provider? Choose an item
4. How frequently is your IP telephony environment subjected to third party security assessments, including vulnerability scanning? *Please attach the latest testing report.* Choose an item
   - Were any serious concerns raised at your last test and have these been addressed?

     Choose an item
5. Have all default installation and vendor accounts been secured via changing the account password and where possible disabling, deleting or renaming the accounts? Yes ☐ No ☐ N/A ☐
6. Have you implemented any active monitoring with automated alerts or thresholds for call charges and/or bandwidth? Yes ☐ No ☐

Claims and Insurance History

1. Have you suffered any phone phreaking losses as a result of a cyber incident within the past 5 years? Yes ☐ No ☐
2. Are you or any of the partners, directors or officers, aware of or are there any circumstances within the past 5 years that would have given, may give, or have given, rise to a claim against this insurance policy? Yes ☐ No ☐

If Yes to any of the above, please provide additional information including remediation action taken

Limit of Indemnity (maximum R250 000)

	Option 1	Option 2	Option 3	Option 4
Quote	R	R	R	R
Deductible	R	R	R	R

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ANNEXURE E

Physical Damage

Please complete this section only if you require physical damage cover

Note: For the purposes of this proposal form connected tangible assets refers to: all tangible assets including internet of things devices; smart connected assets and all physical IT assets including servers, networking and endpoint devices, which are connected to your network and operating environment and that belong to or are rented, leased, or hired by you.

1. Approximate value of connected tangible assets on your network

Original purchase cost	Last year	R	Current year	R	
Current replacement value	Last year	R	Current year	R	

Please provide additional information on the nature of connected tangible assets on your network

2. Have you implemented controls such as firewalls to segment and protect connected tangible assets on your production line/facility networks from your general company network and the internet? Yes ☐ No ☐ N/A ☐

Please provide additional information on the controls implemented to protect/restrict access to connected tangible assets on your production line or facility networks

3. Please indicate the estimated time it would take to source replacement or equivalent connected tangible assets (based on the assets to be covered which would be the hardest to replace or source alternatives for)

Choose an item

Please provide additional information on the availability of replacement or equivalent connected tangible assets

4. Please indicate the time after which the failure of your connected tangible assets would have a significant impact on your revenue and operations

Choose an item

Claims and Insurance History

1. Have you suffered any damage to connected tangible assets as a result of a cyber incident within the past 5 years? Yes ☐ No ☐

2. Have you suffered any unscheduled outage or interruption of connected tangible assets as a result of a cyber incident within the past 5 years? Yes ☐ No ☐

3. Are you or any of the partners, directors or officers, aware of or are there any circumstances within the past 5 years that would have given, may give, or have given, rise to a claim against this insurance policy? Yes ☐ No ☐

If Yes to any of the above, please provide additional information including remediation action taken

Limit of Indemnity (maximum R250 000)

	Option 1	Option 2	Option 3	Option 4
Quote	R	R	R	R
Deductible	R	R	R	R

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