eye. under writing

Underwriting form for companies with annual revenue 50 till 250 million

Company name ....

Names of wholly
owned subsidiaries* ....

Address ....

City ....

Postal ....

Telephone ....

Email ....

Website(s) ....

Establishment date ....

Countries of residence ....

Number of employees ....

Next financial year end ....

Currency ....

Have you been involved in any merger and acquisitions within the last three years?

☐ no   ☐ yes (*please provide full details, on a separate sheet if necessary*)

What are your main services/activities?

....

* *Wholly owned subsidiaries means: owns more than 50% of its outstanding voting securities, partnership or membership interest;*
  Has the right to elect of appointing a majority of such entity's directors, managers or trustees; or
  Has sole control over the management structure pursuant to a written agreement.

Eye-Underwriting – Quotation form for companies with annual revenue 50- till 250-million

1. Financial Information

Gross annual revenue:
Last year: …………………..
Current year: …………………..
Next year (est): …………………..

Annual net income before taxes:
Last year: …………………..
Current year: …………………..
Next year (est): …………………..

Percentage of last year's gross annual revenue generated from:
☐ US/Canadian
☐ UK
☐ EEA
☐ Clients anywhere else in the world

Insured sum
☐ € 1.000.000,-
☐ € 2.000.000,-
☐ € 3.000.000,-

☐ € 4.000.000,-
☐ € 5.000.000,-

2. Network Security

Please declare that:
- You conduct regular reviews of your third-party service providers and partners to ensure that they meet your requirements for protecting sensitive information in their care.
- You encrypt all sensitive information on laptops (in practice: disk encryption on all disks for laptops).
- All sensitive and/or confidential data stored in your databases is encrypted on disk.

☐ I declare
☐ I cannot declare, reason: …………………………………………………………………..

3. Information and Data management

What kinds of data is processed by or for your business?
- ☐ Credit Card
- ☐ Healthcare
- ☐ Other
- ☐ None

Please declare that:
- You post a privacy policy on your website which has been reviewed by a qualified lawyer.
- You have procedures in force for honoring the specific marketing 'opt-out' requests of your customers that are consistent with the terms of your published privacy policy.
- You have procedures in force to monitor the period for which customer data is held, and have processes for deleting this information at the end of that period.
- You have procedures in force for deleting all sensitive data from hard drives prior to their disposal from the company.
- You have identified all relevant regulatory and industry compliance frameworks such as PCI and GDPR.

- ☐ I declare
- ☐ I cannot declare , reason: ………………………………………………………………………

How many individual personally identifiable records are retained within your networks and databases?

……………………………………………………………………………………………………..

4. Ransomware

Please declare that:
- You use multi factor authentication including one randomly generated data point:
    - ▪ For email/M365/Google Workspace account
    - ▪ For remote access to your network (specifically VPN&RDP)
    - ▪ For access to CRM systems
- You maintain regular back-ups (at least monthly) and are they in an encrypted and immutable format. *
- You agree to act to notices of critical patches by Eye Security within 2 working days.
- You segregate "end-of-life" or "out-of-support" hardware and systems on a network level.

- ☐ I declare
- ☐ I cannot declare , reason: ………………………………………………………………

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* *Immutable: not digitally removable by Domain Accounts (incl. administrators) and not adjustable by anyone. Encrypted: encrypted such that the key cannot be found plaintext in the computer network OR encryption in combination with MFA controls.*

5. Business Interruption

Please declare that:
You have a written Disaster Recovery Plan that addresses network outages which is tested on at least an annual basis.

☐ I declare
☐ I cannot declare , reason: …………………………………………………………………

6. Recovery Time and Impact

Please declare that:
- In the event of an interruption of the applicant's network, the applicant's recovery time objective for critical systems, applications and processes is at most 12 hours.
- In the event Critical Information, or critical systems, applications or processes became unavailable, it will take at least 12 hours to materially interrupt the applicant's business.

☐ I declare
☐ I cannot declare , reason: …………………………………………………………………

7. Social Engineering

Please declare that:
- You have a documented process that requires at least two members of staff to review and authorize any transfer of funds, signing of cheques (above €10.000,-) or for the issuance of instructions for the disbursement of assets, funds or investments.
- This process includes maintaining the sign-off documentation for your records.
- You verify all requests to change customer/vendor/supplier details by confirming via a direct call using the existing contact information previously provided and on file from the entity requesting the change.
- You always verify with the requestor of a transfer, payment or delivery of funds, goods or services, the authenticity/validity of the request, via a method other than the original means of that request and maintain documentation to evidence the process, with respect to:
    - Customer/Client/Vendor/Supplier instructions to direct funds, goods or services to a third-party recipient; *and*
    - Transactions or instructions where customer/client/vendor/supplier account details vary from the account information held on record; *and*
    - Non-standard requests made by senior management* for the transfer of funds, goods or services.

☐ I declare
☐ I cannot declare , reason: …………………………………………………………………

8. Claims and Circumstances

Please declare that you are not:
- Aware of any circumstance or incident, which could give rise to a claim against you, arising from a breach of network security, failure of IT networks, data corruption, an infringement of third-party intellectual property rights or an instance of professional negligence.
- Aware of any circumstances or incidents that have resulted in any claim against you and/or a claim against any insurance policy that provides the type of coverage being requested in this application.
- You have had a breach which compromised customer, client or employee confidential or personal information in the past three years.

☐   I declare
☐   I cannot declare , reason: ……………………………………………………………………………………

Date: …………………………………………..

Place: …………………………………………..

Signature:

………………………………………………………..

Signature's name:

………………………………………………………...

Signature's function:

………………………………………………………....