eye. under writing

Underwriting form for companies with annual revenue < 50 million

Company or trading name ....

Names of wholly
owned subsidiaries* ....

Address ....

City ....

Postal ....

Telephone ....

Email ....

Website(s) ....

Date business established ....

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 till 50-million annual revenue

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

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

Insured sum:
- ☐ € 100.000,-
- ☐ € 250.000,-
- ☐ € 500.000,-
- ☐ € 1.000.000,-

- ☐ € 2.000.000,-
- ☐ € 3.000.000,-
- ☐ € 4.000.000,-
- ☐ € 5.000.000,-

2. Technical information

Please declare that:
- You stored less than 250.000 PII/PHI/PCI records by or for your business.
- You have a Business Continuity or Disaster recovery plan which is last tested less then 12 months ago.
- Your recovery time objectives are less than 12 hours.
- You maintain regular back-ups (at least monthly) and are they in an encrypted and immutable format.*
- You encrypt all sensitive information on laptops? (in practice: disk encryption on all disks for laptops).
- 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?
- You implemented Multi Factor Authentication (MFA) for Remote Connectivity (VPN/RDP), access to CRM systems and email/M365/Google Workspace accounts

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

* *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.*

3. 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: …….………….………….………….………….………….………….…

4. 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: …….………….………….………….………….………….………….…

5. Undersigning

Date: …………………………………..

Place: …………………………………..

Signature:

…………………………………………..

Signature's name:

…………………………………………..

Signature's function:

…………………………………………..