

CYBER INSURANCE / PROPOSAL FORM

IMPORTANT NOTICE

KOUTINAS SA - Insurance Brokers, Coverholder at Lloyd's, in compliance with the requirements of the General Data Protection Regulation (GDPR), guarantees the safe storage and processing of your personal data and assures you that these will not be made available to Third Parties for advertising or other purposes but will be used in negotiations with Insurers in the context of your insurance coverage.

1. GENERAL DATA

Company Name:		Contact Name:	
Address:			
Tel:		Email:	
Tax Nr./Office:	Year Established:	Website:	
Industry sector:		Number of Employees:	
Nature of Business:			

2. FINANCIAL DATA (€)	Last Complete Financial Year	Current Year (Estimate)	Next Year (Estimate)
Gross Annual Revenue			
Annual Net Income before Taxes			
% of Gross Annual Revenue – Payment Card			
Percentage of Gross Annual Revenue – Online			

3. DATA

1.	What is the total number of Personal Identifiable Information records stored on your networks?
2.	What is the total number of Social Security Numbers stored on your networks?
3.	What is the total number of Personal Health Information records stored on your networks?
4.	How many payment card transactions do you process annually?
5.	What is the total number of Payment Card records stored on your networks?

4. PREVIOUS CYBER INCIDENTS

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last two years (there is no need to highlight events that were successfully blocked by security measures):	
<input type="checkbox"/> Cyber Crime	<input type="checkbox"/> Malware Infection
<input type="checkbox"/> Denial of Service Attack	<input type="checkbox"/> IP Infringement
<input type="checkbox"/> Data Loss	<input type="checkbox"/> Privacy Breach
<input type="checkbox"/> Ransomware	<input type="checkbox"/> Cyber Extortion
<input type="checkbox"/> Other (please specify):	
If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than \$10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again	

By signing this form, you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. KOUTINAS SA will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data.

Date: ___ / ___ / ___

Signature / Name