



Basic company details

Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy:

Company name:	<input type="text"/>	Primary industry sector:	<input type="text"/>
Primary address (address, province, postcode, country): <input type="text"/>			
Description of business activities: <input type="text"/>			
Website address: <input type="text"/>			
Date established (DD/MM/YYYY):	<input type="text"/>	Number of employees:	<input type="text"/>
Last 12 months gross revenue: €	<input type="text"/>	Revenue from US sales (%):	<input type="text"/>
Last 12 months gross profit: € <input type="text"/>			

Primary contact details

Please provide contact details for the individual within your organisation who is primarily responsible for IT security. These details will be used to provide information about downloading our incident response app and receiving risk management alerts and updates:

Contact name:	<input type="text"/>	Position:	<input type="text"/>
Email address:	<input type="text"/>	Telephone number:	<input type="text"/>

Cyber security controls

Please confirm whether multi-factor authentication is enabled and enforced for all remote access to your network: Yes No

Please confirm whether multi-factor authentication is enabled and enforced for remote access to all company email accounts: Yes No

Please confirm whether you have offline back-ups that are fully disconnected from your live environment or cloud-based back-ups with access secured by multi-factor authentication: Yes No

Previous cyber incidents

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

<input type="checkbox"/> Cyber extortion	<input type="checkbox"/> Data loss	<input type="checkbox"/> Denial of service attack	<input type="checkbox"/> IP infringement
<input type="checkbox"/> Malware infection	<input type="checkbox"/> Privacy breach	<input type="checkbox"/> Ransomware	<input type="checkbox"/> Theft of funds
<input type="checkbox"/> Other (please specify) <input type="text"/>			

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? Yes No

If 'yes', please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again:

Important notice

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.



CROMAR
INSURANCE BROKERS SA

**CYBER
SECURE
SOLUTION**



www.cromar.gr

Coverholder at **LLOYD'S**

Declaration of Consent for the Processing of Personal Data

(The signing of this declaration is required for the issuance and operation of the Insurance Policy)

As a Policy Holder / Insured I declare that:

1. I have read CROMAR's "Privacy Policy" at the company's website (www.cromar.gr).
2. I have been notified of the Processing of Personal Data by the CROMAR Group of companies, and of my rights as a data subject (i.e. access, correction, deletion, restriction, portability and objection). I have also been notified of my right to revoke at any time in the future the consent I am hereby granting, and of my rights provided by Articles 12-22 of the General Data Protection Regulation.
3. I give my explicit consent (Article 7 of Regulation EE 2016/679) to the above Company as the Controller for the following:
 - a. For the processing of the Personal Data included in this Proposal Form, as well as any further data that might come to the knowledge of the Company in the future and is related to the Insurance Policy I am applying for, as well as to its operation.
 - b. To keep records of all the above data in electronic or other form.

I acknowledge that the processing of Personal Data is absolutely necessary for the operation of the Insurance Policy that I am applying for and that any revocation in the future will give the Company the right to terminate the Insurance Policy issued on the basis of it, with immediate effect.

Contact name:

Position:

Signature:

Date (DD/MM/YYYY):