

This supplementary application form is for companies providing managed services.

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered as completely as possible.

Once completed, please return this form to your insurance broker.

Please use the 'Additional information' page at the end of this application if you require more space to answer any question.

1.1 Company name:

1.2 Please state whether:

a) multifactor authentication is enabled on any software solution or operating system* supplied by you to your clients that allows commands to be made remotely or software to be executed remotely: Yes No

*Please note: this includes any remote management and monitoring tool (RMM) or virtual private network (VPN).

b) you have a backup policy in place for all data on your computer systems or on your client's computer systems which you are responsible for: Yes No

If "yes", please state whether:

i) you make three copies of data with one copy being the production data and two being backup copies: Yes No

ii) you store the backup data copies in two different formats which are held at separate physical locations: Yes No

iii) any one user account cannot access both backup copies to modify or delete any of the backed-up data: Yes No

c) if the client did not purchase the service from you, do you have hold harmless agreements in your favour for any liability arising out of any computer system backup or failure to provide any computer system backup: Yes No

1.3 Please provide the name of your vendor and RMM software:

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.

Contact name:

Position:

Signature:

Date (DD/MM/YYYY):

Additional Information

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.