

# OneInfinity Cyber Proposal Form

It is important that all information contained in your response is accurate and correct, as you will be bound by your answers and by the information provided by you in this application.

## Important Notices

### Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty under the law to disclose to the insurer every matter within your knowledge that is material to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. If you are unsure whether a matter is material, you should disclose it.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of insurance.

It is important that all information contained in this application is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this application. You should obtain advice before you sign this application if you do not properly understand any part of it. Your duty of disclosure continues after the application has been completed up until the contract of insurance is entered into.

### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may have the option of avoiding the contract of insurance from its beginning.

If your non-disclosure is fraudulent, the insurer may also have the right to keep the premium that you have paid.

### Change of Risk or Circumstances

You should advise the insurer as soon as practicable of any change to your normal business as disclosed in this application, such as changes in business activities, location, acquisitions and new overseas activities.

### Waiver of Contribution or Indemnity Rights

Where you have agreed with another person or company (who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance) that you will not seek to recover such loss or damage from that person, the insurer will not cover you, to the extent permitted by law, for such loss or damage.

## I. Company Information

BUSINESS INFORMATION	
Company Name (Legal Entity Name)	
License / Reg. number	
Company Industry	
Country / Region	
Address	
Current Fiscal Year Revenue Estimate (in USD)	
Last Fiscal Year Revenue (in USD)	
Policy Request	
Policy Limit / Sum Insured (in USD)	<input type="checkbox"/> 500,000 USD <input type="checkbox"/> 1,000,000 USD <input type="checkbox"/> 2,000,000 USD
Policy Start Date	
CONTACT PERSON	
Contact Person Full Name	
Job Title / Role	
Email	
Phone Number	

## II. Domain

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Please provide the domain names for your (1) web application, (2) email service, and (3) external/cloud service to be covered by this insurance, beginning with your primary domain name. If all services share the same domain name, providing just that one is sufficient.

We're here to insure what's important to your business and will perform a non-intrusive exposure assessment of your domain names as part of our underwriting process.

1. INPUT YOUR DOMAIN BELOW	
(1)	
(2)	
(3)	
(4)	
(5)	

## III. Email Service

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2. Do you have any Email Services  Yes  No

*Answer the below questions only if you answered "Yes" in question 2*

2.1 Is Multi-factor Authentication (MFA) implemented for Email Identity Management?  Yes  No

2.2 Is there an Email Security Gateway in place to filter and block malicious emails?  Yes  No

2.3 Have you conducted Phishing Drills for all email addresses in the last 12 months?  Yes  No

2.4 Is there a team (internal or external) responsible for monitoring all Email security incidents?  Yes  No

## IV. Web Service

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3. Do you have any Web Services?  Yes  No

*Answer the below questions only if you answered "Yes" in question 3*

3.1 Do you use a Web Application Firewall to filter malicious traffic for ALL websites?  Yes  No

3.2 Have you conducted Penetration Testing on all Web Applications in the past 12 months?  Yes  No

3.3 Is there a team (internal or external) responsible for monitoring all Website security incidents?  Yes  No

## V. Public Service

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4. Do you use any Public Services such as Remote Control (SSH,RDP, VNC, Telnet, etc.), File Transfer (SMB, FTP, rsync, etc.), Storage (Database, AWS S3, Azure Blob Storage, Google Cloud Storage, Github, etc.), VPN, etc.?  Yes  No

*Answer the below questions only if you answered "Yes" in question 4*

- 4.1 Is Multi-factor Authentication (MFA) implemented for ALL Public Services Identity Management?  Yes  No
- 4.2 Have you or your solution vendor/provider conducted Vulnerability Scan or Assessment on all Public Services in the past 12 months?  Yes  No
- 4.3 Is there a team (internal or external) responsible for monitoring all Public Service security incidents?  Yes  No

## VI. Endpoint

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5. What is the total number of Endpoints in your company?  Less than 300  
 Equal or more than 300
6. Is an Endpoint Detection and Response (EDR) solution implemented on ALL company Endpoints?  Yes  No
7. Is there a team (internal or external) responsible for monitoring all Endpoint security incidents?  Yes  No

## VII. Personal Identifiable Information

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8. What is the estimated count of unique individuals with personally identifiable information (PII) that your company maintains/processes? The count should include both customers and employees.  Less than 10,000  
 Equal or more than 10,000
9. Do you use a Data Leakage Protection (DLP) solution to monitor large-scale data breaches?  Yes  No

## VIII. Security Management

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10. Has any insurer ever cancelled or not renewed a cyber insurance policy offering similar coverage for the company?  Yes  No
11. Is there an assigned individual or team responsible for overseeing information security with a regular effectiveness review of the company's information security program?  Yes  No
12. Does the company mitigate all critical deficiencies, weaknesses, or vulnerabilities that were identified across the organization?  Yes  No
13. Have all past incidents, if any, been adequately resolved with reasonable response plans?  Yes  No
14. For critical systems that may cause business interruptions, does your company identify high-risk scenarios, have a practical backup operation, maintain robust system architecture, and conduct drills to minimize downtime?  
Please answer 'Yes' if your company does not have any critical systems susceptible to interruptions.  Yes  No
15. For critical data that can't be lost, does your company have robust backup practices and drills on data recovery?  Yes  No

## Declaration

We have read and understood the Important Notices contained in this application.

We agree that this proposal, together with any other information or documents supplied with this proposal, will form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the insurer.

We declare, after inquiry of all relevant persons within our organisation, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the insurer of any material alteration to those facts before completion of the contract of insurance.

This form must be reviewed, signed and dated by a duly authorised Principal, Director, or equivalent.

By signing this form, I / We hereby declare that the above information provided by me/us or on my/our behalf in this application and any other relevant information/documents submitted in connection with this application are true, accurate, and complete. I / We agree that this application shall form the basis of the contract between me/us and the insurer, and that any policy issued may be void or voidable in the event of any misrepresentation, non-disclosure, or omission.

The insurance applied for shall only take effect when this application has been reviewed and formally approved by the insurer.

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Signatory Name and Surname

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Job Title / Role

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Date

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Signature