



# SafeCommerce Short Application

You can complete this form on-screen and e-mail to your insurance broker or adviser. Simply click the cursor to the right of 'Applicant(s)' below, then use the 'tab' key to move through the form. Alternatively you can print out the form and complete manually.

Please answer all the questions on this form. Before any question is answered please read carefully the declaration at the end of the application form. Underwriters will rely on the statements that you make on this form.

**ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.**

**ANY POLICY THAT MAY BE ISSUED BASED UPON THIS FORM WILL PROVIDE CLAIMS MADE AND REPORTED COVERAGE.**

## Section 1 - Your Details

1. Applicant(s):
2. Address:
3. Website home page, plus other websites to be insured (including subsidiaries) if any:

## Section 2 - Your Business

4. Date established:	5. Total number of staff:
6. Nature of business:	
7. Please confirm the total revenues/fees:	
a) from your most recent financial year;	b) projected for your next financial year

8. Please provide details of compliance applicable to your organization, with details of latest audit carried out;

	Compliant			Date of Latest Audit			
Gramm-Leach Bliley Act of 1999:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="text"/>
Health Insurance Portability & Accountability Act of 1996:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="text"/>
Payment Card Industry (PCI) Data Security Standard	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="text"/>
If Yes, what level requirement?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4 <input type="checkbox"/>
Other:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			



9. Is all sensitive and confidential information within your organization encrypted using industry-grade mechanisms?

- a. Whilst at rest                      Yes                       No
- b. In transit                              Yes                       No
- c. On portable devices              Yes                       No

10. Please detail all Personally Identifiable Information stored on mobile devices.


11. Please indicate the types of data stored on your network:

Nature of information	Encrypted (Yes or No)	Number of Records
Personal Medical Information		
Social Security Information		
Payment Card (debit or credit) details		
Financial Information		
Other		

12. Does your company have an established procedure for editing or removing from your Website libelous or slanderous content, or content that infringes the Intellectual Property rights of others (copyright, trademark, trade name, trade secrets etc.)?

- Yes                       No

If No, please provide further explanation


13. Please provide brief details of the impact on your business in the event that your network or applications should fail or be compromised?


14. Has the company ever sustained a significant system intrusion, tampering or loss of data issue, virus or malicious code attack, hacking incident, data theft or similar incident?

- Yes                       No

If Yes, please provide details




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15. During the last three (3) years, has anyone alleged that their personal information was compromised, or have you notified customers that their information was or may have been compromised?

Yes  No

If Yes, please provide details


16. In the last five (5) years has your company been the subject of any cease and desist orders or been the subject of official admonishments, critical directives or comments by regulators?

Yes  No

If Yes, please provide details


17. In the last five (5) years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that may have been covered by this policy?

Yes  No

If Yes, please provide details


18. Please provide details of any current Privacy, Cyber or similar insurance in force


## Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED.

Signed:\*

Name:

Position:\*

Date:

\*the signatory should be a director or senior officer of, or a partner in, the Applicant.