

We are different. Cyber exposures are dynamic and change, so we assess your Cyber-related risks ourselves.

This means we only need and only rely on you to confirm your IP addresses and URLs (which should be listed in the table below). We do the rest.

Before incepting your policy, the table below simply needs to be reconfirmed or updated by you. These URLs will then form the basis of your Insured Network for determining whether an Insured Cyber trigger has occurred under the policy.

To complete this application form, please confirm your Company details² in the table below:

FULL NAME OF COMPANY TO BE INSURED

PRIMARY STOCK EXCHANGE COMPANY TRADES ON

FULL PRIMARY ADDRESS

INSURED WEBSITE ADDRESS

EXTERNAL IP ADDRESSES/RANGES

WEB UNIFORM RESOURCE LOCATORS (URLS)

During your policy period, any New URLs¹ need to be notified to us (at least within 30 days following external release of your New URLs) if you want them included within your insurance policy.

Important Notes:

1. “New URLs” means any uniform resource locators (URLs) developed by you during the policy period or which were owned by you as at the date of this policy incepting but not previously declared within the table above. It does not, for example, include URLs that have been acquired from other businesses. If any New URLs notified to us during the course of the policy are linked with malicious cyber activity, then these will only be accepted and included within the policy with our prior written consent. Further information is set out in your policy which will be provided to you at the same time as any insurance quotation.
2. “Your Company details” means all the current IP addresses and URLs owned by your Company applying for this insurance, including any of your Company’s subsidiaries or holding companies and any subsidiary of any such holding company(ies).

For the purposes of this insurance policy, the details declared in the table above constitute the Insured’s Network which is defined in your policy which will be provided to you at the same time as any insurance quotation.

As part of our underwriting process we will be sharing the information in the table above with third parties but solely for the purposes of providing insurance and insurance services.

Once completed, please return this Application Form to your insurance broker.

AUTHORISED NAME

POSITION

DATE (DD/MM/YYYY)

AUTHORISED SIGNATURE