

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 Uniform Resource Locators (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 details¹ in the table below:

FULL NAME OF COMPANY TO BE INSURED

PRIMARY STOCK EXCHANGE COMPANY TRADES ON

FULL PRIMARY ADDRESS

INSURED WEBSITE ADDRESS

Important Notes:

1. “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).

During your policy period, any New URLs² 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.

EXTERNAL IP ADDRESSES/RANGES

WEB UNIFORM RESOURCE LOCATORS (URLS)

Important Notes:

2. “New URLs” means any uniform resource locators (URLs) developed by you during the policy period or which were owned by you at the date of the policy inception but not previously declared within the table above. 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. Any URLs acquired by you after the inception date of the policy 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.

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 DIGITAL SIGNATURE

Place your digital signature in the
Digital Authorized Signature line.