

### IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

### 1 | GENERAL INFORMATION

#### Details of entities to be insured (the "Proposer")

Name of the Applicant (include names of all subsidiary or affiliated companies to be insured or attach separate sheet if necessary)

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Headquarters Address:

.....

Postal Code:

.....

Corporate Website Address

.....

Date Established

/ /

Business Description

.....

#### Gross Revenues

	TOTAL
Prior Year	ZAR
Current Year (est.)	ZAR

### 2 | NETWORK SECURITY

1. Do you maintain firewalls on your computer system, mobile laptops and PCs including when used remotely?
2. Do you maintain anti-virus and malware prevention solutions, use intrusion detection/prevention systems on their computer system and update the protection regularly?
3. Do you have a written corporate-wide privacy policy which addresses information management, records and compliance?
4. Do you conduct awareness training regarding Privacy issues for all employees?

YES		NO	
YES		NO	
YES		NO	
YES		NO	

### THE POWER OF KNOWLEDGE

**AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW**

Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.

33 Glenhove Road, Melrose Estate, 2196. Postnet Suite 250, Private Bag X4, Bedfordview 2008

Telephone: 011 778 9140, Facsimile: 011 778 9199, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za

Underwritten by certain underwriters at Lloyd's

5. Do you maintain and implement on going patch management process to ensure timely patching of your computer systems?
6. Do you collect, process and store more than 100,000 individual records that can be considered to be personally identifiable information. Personally identifiable information means any information collected that could be used to identify an individual
7. Has the Applicant established and documented system backup and recovery procedures?
8. Does the Applicant back-up all sensitive/critical business data at least every 7 days?
9. Does the Applicant have a written Business Continuity and Disaster Recovery Plan in place which establishes the steps for keeping all aspects of the business functioning and IT related infrastructure recovery/continuity in the midst of disruptive events?

YES		NO	
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YES		NO	
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YES		NO	
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YES		NO	
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YES		NO	
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### 3 | CIRCUMSTANCES OR CLAIMS

1. Have you ever been declined for errors and omissions, privacy or media liability insurance or had an existing policy cancelled or not renewed?
2. Have you experienced any claims or are aware of any circumstances including regulatory investigations that could give rise to a claim that may have been covered by this policy?
3. Are you aware of any computer or information security incidents during the past three years? An incident includes any unauthorized access, intrusion, breach, compromise or use of your computer systems including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other similar incidents.

YES		NO	
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YES		NO	
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YES		NO	
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If you answered "YES" to any of the above three questions, please provide details below or on a separate sheet if necessary.

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The Applicant hereby warrants and represents that the above particulars and statements and the information contained in any attachments to this Application together with any additional information provided in support of this Application, which by reference are made a part hereof, are true and complete and that no material facts have been omitted or misstated. Further at the time of signing this Application the Applicant, apart from as disclosed herein, has no reason to believe that a claim may be made against it for any act, error or omission on the part of any principal, partner, director, officer or employee of the Applicant or its predecessors in business.

The Applicant acknowledges that Underwriters rely on this Application and its attachments and any additional supporting information provided as the material basis of any contract of insurance that may be entered into between the Applicant and Underwriters. The Applicant further acknowledges that the furnishing of this Application does not bind Underwriters to provide insurance cover and that a binding contract of insurance is not in place unless an offer of insurance is made and having been accepted by the Applicant is also accepted by Underwriters.

This Declaration must be signed by a person who has the authority to sign on behalf of and to bind the Applicant, including all entities and individuals seeking insurance through this Application.

**Privacy Statement**

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed here: <https://www.camargueum.co.za/legal>

.....  
**NAME OF APPLICANT**.....  
**POSITION/TITLE**.....  
**SIGNED ON BEHALF OF THE APPLICANT BY**.....  
**DATE DD/MM/YYYY**.....  
**PRINT NAME**

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