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Note to the Proposer: The following proposal form is only applicable to Proposers with total revenue of € 25.000.000 or less. Otherwise please ask a CyberEdge Smart Application to your broker. Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing to complete this insurance. Please provide by addendum any supplementary information which is material to the response of the questions herein if they do not fit in the space provided on the application. For the purpose of this proposal form, "Proposer" means the entity stated below and all its subsidiaries to be covered. All answers should be given as a group response.

Proposer Information

1	1 Name of company:	
2	2 Address:	
3	3 Website:	
4	4 Applicant's contact email:	
5	5 Activity:	
6	6 Consolidated annual revenue:	umber of employees:

Options

Based on the consolidated revenue of the Proposer for the last financial year, choose the sum insured for the required premium*.

Your revenue:

Choose the aggregate limit

This will be your premium

If you require a different sum insured or the consolidated revenue exceeds € 25.000.000, please contact your broker to obtain a specific quote. Please note that this document does not represent a unilateral offer and that the terms herein are subject to confirmation by the insurer.

The following activities must be submitted in advance and require a custom application, this quotepad is not valid for the following activities: Financial institution, Telecom, Cloud providers/ Data Centre, Dating websites, Gaming, Movie/TV/Music studios, Telemarketing, Call centres, Medical sector, Law firms and Notaries.

The total sum insured per policy period applies to all damages of any insured under all insurance covers combined. The following sub-limits apply per claim and per year covered. They are part of and are not additional to the total sum insured.

Coverage Extensions	Sub-limits	Retention
Event Management	Aggregate limit	€ 2.500
First response	48h	None
Data Protection Investigation	Aggregate limit	€ 2.500
Data Protection Fines	Aggregate limit	€ 2.500
Liability	Aggregate limit	€ 2.500
Network Interruption	Aggregate limit	8h
Multimedia Liability	Aggregate limit	€ 2.500
Cyber Extortion	Aggregate limit	€ 2.500
Cyber Theft	€ 100.000	€ 2.500
Telephone System Hacking	€ 100.000	€ 2.500
Criminal Reward Fund	€ 100.000	None

^{*} Premium excluding local taxes.



Premium calculation

emium of selected option:				
ofessional Liability already covered	d with AIG: - 20%		Yes 🔘	No C
ves, please provide policy number:				
eductible of € 1.000 (only for compa	anies with a consolidated revenue be	low € 10 mio): + 15%	Yes 🔘	No C
tal premium due (excl. local taxe	es):			
lere.				
		N		
	•			
•	· ·			
Quote valid for:	30 days from date of signature of I	nis proposal form		
onfirmation of Insured's	s status			
Is a subisidiary of another compa	ny:		Yes (No C
If yes, is there System Intercor	nnectivity* between the Proposer and	d the parent company?	Yes (No C
Has operations outside of the Eur	opean Territory:		Yes ()	No (
Is already insured in Cyber by AIG:			Yes (No (
•			Yes (No C
Collects, processes or stores Perso	onally Identifiable Information (PII):		Yes (No C
If yes, please enter approxima	ite number of unique PII records:			
Collects, processes or stores Paym	nent Card Information (PCI):		Yes 🔘	No C
				No C
		s/vear·	163	110
		3/ year		
Collects, processes, stores Protect	ted Healthcare Information (PHI):		Yes (No C
Depends on any Outsource Service	ce Provider:		Yes 🔵	No C
If yes, please enter companies	s and Service provided below:			
Name of companies		Provided services		
	ofessional Liability already covered res, please provide policy number: ductible of € 1.000 (only for compatal premium due (excl. local taxe) and itions Applicable Wording: Retroactive Date: Period Requested: Quote valid for: Onfirmation of Insured's Proposer Is a subisidiary of another compaint yes, is there System Intercord Has operations outside of the Eur Is already insured in Cyber by AIG: Iran, Myanmar, Sudan, Syria, North Collects, processes or stores Person If yes, please enter approximate Collects, processes or stores Payment yes, is the proposer PCI DSS If yes, please enter approximate Collects, processes, stores Protect Depends on any Outsource Service If yes, please enter companies	es, please provide policy number: ductible of € 1.000 (only for companies with a consolidated revenue be tal premium due (excl. local taxes): Onditions Applicable Wording: Retroactive Date: Period Requested: Quote valid for: Is a subisidiary of another company: If yes, is there System Interconnectivity* between the Proposer and Has operations outside of the European Territory: Is already insured in Cyber by AIG: Has branches, subsidiaries, participations or joint ventures or has active Iran, Myanmar, Sudan, Syria, North Korea, Belarus, Zimbabwe, Crimea Collects, processes or stores Personally Identifiable Information (PII): If yes, is the proposer PCI DSS certified: If yes, please enter approximate number of unique PCI transaction Collects, processes, stores Protected Healthcare Information (PHI): Depends on any Outsource Service Provider: If yes, please enter companies and Service provided below:	please provide policy number: ductible of € 1.000 (only for companies with a consolidated revenue below € 10 mio); + 15% tal premium due (excl. local taxes); proditions Applicable Wording: AIG EU FL BE CYBEREDGE 2019 EN Retroactive Date: Inception date Period Requested: 12 months with inception from: at 24:00h (local time) Quote valid for: 30 days from date of signature of his proposal form profirmation of Insured's status Proposer Is a subisidiary of another company: If yes, is there System Interconnectivity* between the Proposer and the parent company? Has operations outside of the European Territory: Is already insured in Cyber by AIG: Has branches, subsidiaries, participations or joint ventures or has activities in Cuba, Iran, Myanmar, Sudan, Syria, North Korea, Belarus, Zimbabwe, Crimea region: Collects, processes or stores Personally Identifiable Information (PII): If yes, please enter approximate number of unique PII records: Collects, processes or stores Payment Card Information (PCI): If yes, is the proposer PCI DSS certified: If yes, please enter approximate number of unique PCI transactions / year: Collects, processes, stores Protected Healthcare Information (PHI): Depends on any Outsource Service Provider: If yes, please enter companies and Service provided below:	Sessional Liability already covered with AIG: -20% Ses, please provide policy number: ductible of € 1.000 (only for companies with a consolidated revenue below € 10 mio): +15% Yes Ital premium due (excl. local taxes): Conditions Applicable Wording: AIG EU FL BE CYBEREDGE 2019 EN Retroactive Date: Inception date Period Requested: 12 months with inception from: 30 days from date of signature of his proposal form Confirmation of Insured's status Proposer Is a subisidiary of another company: If yes, is there System Interconnectivity' between the Proposer and the parent company? Yes Has operations outside of the European Territory: Is already insured in Cyber by AIG: Has branches, subsidiaries, participations or joint ventures or has activities in Cuba, Iran, Myanmar, Sudan, Syria, North Korea, Belarus, Zimbabwe, Crimea region: Collects, processes or stores Personally Identifiable Information (PII): If yes, please enter approximate number of unique PII records: If yes, is the proposer PCI DSS certified: If yes, please enter approximate number of unique PCI transactions / year: Collects, processes, stores Protected Healthcare Information (PHI): Yes Depends on any Outsource Service Provider: If yes, please enter companies and Service provided below:

^{*}System Interconnectivity means any sharing of the following: Active Directory, Shared Folders, Email Systems, Security Systems, Network Infrastructure, Common Datacenter, Common Cloud Tenancy, ERM or CRM type applications (e.g. SAP, Salesforce, etc.), Common IT team managing multiple IT Environment of group companies, Web Domain, Endpoints.



9	Scans and patches its operating systems and applications mon	thly:				Yes 🔘	No 🔘
10	Has security software and hardware controls (like anti-virus,-malware,-spyware and firewalls) on all of its business networks:				Yes 🔵	No O	
11	Has access controls in place for employees and other users with	h privileged acces	s to sensitive	data:		Yes 🔘	No 🔘
12	Has backups (weekly) and recovery procedures (tested twice/ye and information assets:	ear) for all missior	n critical syster	ms, data		Yes 🔵	No O
13	Trains its employees regarding computer usage, email usage, de reporting and other cybersecurity best practices:	ata handling, cyb	er incident			Yes 🔵	No 🔾
14	Declares not to have had any damages for the last 5 years that r listed above*:	might qualify for c	coverage exter	nsions		Yes 🔵	No O
	If the answer to question 14 implies the disclosure of personal data are nvictions and offences, please contact us prior to such disclosures.	ound criminal info	rmation, invest	igations,			
15	Please mention what the impact would be if:						
	How impactful would it be if:	Catastrophic	Damaging	Moderate	Marginal	Insignificant	N.A.
	A fraudulent transaction was created by leveraging an end-user system, critical server/application, critical web application, PoS-system, the network and/or terminals?	0	0	0	0	0	0
	Credentials, configurations, privileges, accounts, and/ or data were modified within the Proposer's end-user system, critical server/application, critical web application, PoSsystem, the network and/or terminals? This includes misrepresentation and misappropriation.	0	0	0	Ο	0	0
	An unauthorised change was made or a configuration error occurred within the Proposer's SCADA, ICS, OT, Onboard Systems, and/or Critical IoT devices?	0	0	0	0	0	0
	Someone in the Proposer's organisation provided an	0	0	0	0	0	0

Note: If your answer is 'Yes' to questions 1, 2,3, 4 or 7 or 'No' to question 9 to 14; this quotepad is not valid. Please contact your broker to obtain a specific quote.



To be signed by Partner, Director, Principal or equivalent

The proposer agrees for the insurance to take effect (coverage starts after reconfirmation by the insurer):

	\sim	
Yes	()	No
	\smile	

Declaration

I declare on behalf of all insureds, after inquiry, that the statements and particulars in this proposal are true and no material facts have been misstated or suppressed. I agree that this proposal form, and any attachment or any information submitted therewith and any and all other information supplied or requested, shall form the basis of any Contract of Insurance effected thereon. I further undertake to inform insurers of any material alteration to any information, statements, representations or facts presented in this proposal form occurring after the date this proposal form is signed and before the inception date of the proposed policy. A material fact is one that would influence the acceptance or assessment of the risk. All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. I also declare to have read the applicable wording and fully understood its scope, exclusions and limitations.

To be signed

Name of Proposer:
Title:
Date:
Signature + Stamp:



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