

# SHA<sup>o</sup>

risk specialists

## PROPOSAL FORM EVOLUTION CYBER SME

1. This is a Specialist SME Cyber liability application form.
2. This cover is only suitable for small to medium enterprises that meet the following criteria:
  - a. Annual turnover under R20m
3. A different proposal form is required for businesses *outside* the threshold.
4. If you save a tree and don't print this form, there are pop-up explanations wherever you see this symbol
5. This form can be completed online if your broker has generated a quote on our Pocket Underwriter system.

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📍 The Pavillion, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196

*Santam is an authorised financial services provider (FSP 3416), a licensed non-life insurer and controlling company for its group companies.*

a division of  
**Santam**

## EVOLUTION CYBER QUESTIONNAIRE

This application form can also be completed online in our Pocket Underwriter system. The headings of each cover type are embedded with pop-up explanations which you can read by hovering your cursor over them so please save a tree and don't print this form.

*Please ensure you complete your business details below, before proceeding.*

### BUSINESS DETAILS (COMPLETING THIS SECTION IS COMPULSORY)

A. Name of Business/Practice

B. Business description (what do you do?)

C. Company registration number

D. Company vat number

E. Physical address

F. Postal address

G. Contact person

H. Contact number

I. Contact email address

J. Website address

K. Annual turnover

L. Number of confidential client records store

Not Applicable	Less than 1 000	1 001-10 000	10 001- 100 000	Above 100 000
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M. Average number of credit card transactions per month

Not Applicable	Less than 5 000	5 001-10 000	10 001- 20 000	Above 20 000
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N. Number of employees

Up to 5	6-20	21-50
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O. Total asset value (fixed and current assets)

Less than R2 000 000	R2 000 000 – R10 000 000	Above R10 000 0000
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P. Number of computers or laptops on network

Less than 5	6-15	16
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Q. Limit of liability required

R. Deductible/first amount payable

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1.1	Do you currently hold, or have you ever held cyber insurance providing the same or similar coverage as the insurance sought?	NO	YES
1.2	Has any insurer ever cancelled or non-renewed a policy that provided the same or similar coverage as the insurance being applied for?	NO	YES
1.3	Do you control or process any personal data of US Citizens?	NO	YES
1.4	Does your website provide a privacy policy (e.g. about collection of data, use of cookies etc.)	NO	YES
1.5	Does your website provide a legal notice about use of third parties' rights and links to external websites?	NO	YES
1.6	Do you have a password policy which requires:	NO	YES
	a) complexity (strong passwords)	NO	YES
	b) rotation (regular change)	NO	YES
	c) MFA (multi-factor authentication) based on criticality (e.g. for remote or privileged access)?	NO	YES
1.7	Does the business use subscription based anti-virus software that is updated automatically by the service provider?	NO	YES
1.8	Is this anti-virus software currently provided by SHA?	NO	YES
1.9	Do you perform regular, automatic backups at least once per week?	NO	YES
1.10	Do you patch and update systems and applications at least once per month?	NO	YES
1.11	Within the last three years, have you suffered a violation of IT Security, network damage, system corruption or loss of data?	NO	YES
1.12	Are firewalls used to secure sensitive data?	NO	YES
1.13	Do you regularly ensure that data backups can be restored as quickly as possible with minimal impact?	NO	YES
1.14	Was the total accumulated financial loss(es) over the 3 years to your business more than R100 000?	NO	YES
1.15	Within the last three years, has a customer claimed that its personal data has been compromised?	NO	YES
1.16	Was the total accumulated financial loss(es) associated with such incident(s) more than R100 000?	NO	YES
1.17	Are you or any co-insured person aware of circumstances that could lead to a claim under this policy?	NO	YES

## DECLARATION

I understand that the answers provided to the questions contained in this proposal form and any additional information provided and any documentation submitted in support of this proposal, will form the basis of any policy or policies effected. I confirm that the information and documentation submitted, is correct, to the best of my knowledge.

The applicant warrants to the best of their knowledge and belief that the statements set forth herein are true and include all material and relevant information.

The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of policy period, the applicant will immediately notify the insurance broker of such change. Signing of this application does not bind the company to offer nor the applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance form part of the policy should a policy be issued.

**Signed**

*On behalf of the Proposer*

**Date**

**Capacity**

## HOW SHA MAY CONTACT YOU, THE POLICYHOLDER

Due to SHA's FSCA Licensing status and in light of the requirements set out in the Protection of Personal Information Act 2013 (POPI) we are not strictly speaking allowed to contact you directly and would generally communicate with you via your broker. However there may be instances where we may need to contact you directly in order to advise you of important matters relating to your Policy.

Therefore please indicate below how you prefer to be contacted in the unlikely that we should need to contact you directly. *We will default to "email" if no selection is made.*

SMS

E-Mail

Phone

Mobile

Post

## PROTECTION OF PERSONAL INFORMATION ACT

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
  - To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
  - To compile non-personal statistical information to assist in assessing similar risks;
  - To assess the risk to be underwritten
- and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
  - To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

### Personal Information of Minors (Complete if Applicable)

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I,  
*(full name of competent person)*, hereby provide my consent to the processing of any information provided herein relating to

*(name of minor whose personal information is disclosed herein)* for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised

## Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

Email: **complaints@santam.co.za**  
Telephone: 0860 102 725  
Fax: (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

Email: **complaints.IR@justice.gov.za**

**Postal address:**  
PO Box 31533  
Braamfontein  
Johannesburg  
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**Physical address:**

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27 Stiemens Street  
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