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# Environmental Consultant Proposal Form

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# **Important Notice**

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).



## 1. Your business

| 1. Please provide the following details (including all trading names and subsidiaries): |        |                           |                  |                         |
|---|--------|---------------------------|------------------|-------------------------|
| Name:   |        |                           |                  |                         |
| Date of establishment:  |        |                           |                  |                         |
| Website address:  |        |                           |                  |                         |
| 2. Address/es, including posto  | ode/s  | s, for all subsidiaries:  |                  |                         |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
| 3. Please supply details of all   | princi | ipals, directors, partnei | rs:              |                         |
| Name  |        | Qualifications            |                  | How long with company   |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
|   |        |                           |                  |                         |
| 4. Please state total numbers of:   |        |                           |                  |                         |
| Principals, directors, partners   | Qu     | alified staff             | Administration   | Others                  |
|   |        |                           |                  |                         |
| 5. Please state the name of a   | ny pro | ofessional body or trad   | e association of | which you are a member: |
| Professional body:  |        |                           |                  |                         |
| Trade association:  |        |                           |                  |                         |



| 6. Is cover required for the p directors, partners?  | Yes  | No  |    |  |
|--|--|-----|----|--|
| If YES, please provide:  |  |     |    |  |
| Name of previous firm:   |  |     |    |  |
| Last year's fees:  |  |     |    |  |
| Reason for leaving:  |  |     |    |  |
| Position in firm:  |  |     |    |  |
| Is there separate insurance costated above?  | vering the activities of this firm for the period  | Yes | No |  |
| 7. Do you currently have a pr  | ofessional indemnity policy in place?  | Yes | No |  |
| If YES, please provide:  |  |     |    |  |
| Name of current insurers:  |  |     |    |  |
| Name of your broker:   |  |     |    |  |
| Renewal date:  |  |     |    |  |
| Limit of indemnity:  |  |     |    |  |
| Premium:   |  |     |    |  |
| Excess:  |  |     |    |  |
| Retroactive date:  |  |     |    |  |
| Do you or any of your princ<br>with or financial interest in   | ipals, directors, partners have any association any other practice, company or organisation? | Yes | No |  |
| If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken: |  |     |    |  |
|  |  |     |    |  |
|  |  |     |    |  |
|  |  |     |    |  |
|  |  |     |    |  |
|  |  |     |    |  |
|  |  |     |    |  |



## 2. Professional Indemnity

| 1.   | Do you use consultants/sub-contractors?   |                     |         |               |   |        | Yes      | No |
|------|---|---------------------|---------|---------------|---|--------|----------|----|
| If Y | If YES:   |                     |         |               |   |        |          |    |
| A)   | What percentage of your fee income was paid to them in the last financial year?   |                     |         |               |   |        |          | %  |
| B)   | What was the na undertaken?   | ture of the work    |         |               |   |        |          |    |
| C)   | Do you require co   | over for them unde  | er this | policy?       |   |        | Yes      | No |
| D)   | Do you require them to carry professional indemnity insurance to a similar limit? |                     |         |               |   |        | Yes      | No |
| If N | IO to 1d, please pr   | ovide details as to | why     | not:          |   |        |          |    |
|      |   |                     |         |               |   |        |          |    |
| 2.   | Please complete   | the following:      |         |               |   |        |          |    |
| A)   | A) Financial year end date:   |                     |         |               |   |        |          |    |
| B)   | B) Total fee income:  |                     |         |               |   |        |          |    |
|      |   | Previous            |         | Last complete | C | urrent | Estimate |    |
|      |   | £                   |         | £             | £ |        | £        |    |
|      |   |                     |         |               |   |        |          |    |

#### C) Estimated percentage split of your fee income for:

|   | Previous | Last complete | Current | Estimate |
|---|----------|---------------|---------|----------|
| Work carried out for UK clients   | %        | %             | %       | %        |
| Work carried out for<br>US / Canadian<br>clients not subject<br>to US / Canadian<br>law | %        | %             | %       | %        |
| Work carried out for US / Canadian clients subject to US / Canadian law                 | %        | %             | %       | %        |



| Work carried out for<br>clients anywhere<br>else in the world –<br>please give details<br>of where | %  | %  |  | %    |     | %  |
|--|--|--|--|------|-----|----|
| D) Do you enter into   | contracts that are not s                           | subject to UK law?                             |  |      | Yes | No |
| If YES, please provid  | e details of which count                           | ries and jurisdiction:                         |  |      |     |    |
|  |  |  |  |      |     |    |
| 3. Business activitie  | es:  |  |  |      |     |    |
|  |  | ork undertaken in the<br>ring headings and the |  |      |     | 2  |
| Studies/General Advi   | ce   |  |  |      |     | %  |
| Assesmments/Audits   |  |  |  |      | %   |    |
| Investigations   |  |  |  | %    |     |    |
| Remedia Work   |  |  |  |      | %   |    |
| Specific Waste Treati  | Specific Waste Treatment or Waste Disposal systems |  |  |      | %   |    |
| Any other activity (please provide full details)   |  |  |  | %    |     |    |
| Total:   |  |  |  | 100% |     |    |
| A) Please state what percentage of firms fees are derived from the following client groups:        |  |  |  |      |     |    |
| Developers   |  |  |  | %    |     |    |
| Contractors  | Contractors  |  |  |      | %   |    |
| Lending Institutions   |  |  |  |      |     | %  |
| Oil & Gas Industry   |  |  |  |      |     | %  |
| Power Industry   |  |  |  | %    |     |    |
| Property Owners  |  |  |  | %    |     |    |



| Те                          | nants  | %   |   |
|-----------------------------|--|---|---|
| Otl                         | ners (please specify below)                    |   | %                                       |
|                             |  |   |   |
|                             |  |   |   |
| B)                          | Do you anticipate any n forthcoming 12 months? | najor changes in these activities in the          | Yes No                                  |
| 5.                          | Please give details of the 3 business):        | largest contracts in the last 5 financial years ( | give details of current projects if new |
| Laı                         | gest contract                                  |   |   |
| Sta                         | art and end dates                              |   |   |
| Na                          | ture of contract                               |   |   |
| Na                          | me and business of client                      |   |   |
| Total contract value        |  |   |   |
| Inc                         | ome to you                                     |   |   |
| Se                          | cond largest contract                          |   |   |
| Sta                         | art and end dates                              |   |   |
| Nature of contract          |  |   |   |
| Name and business of client |  |   |   |
| To                          | tal contract value                             |   |   |
| Inc                         | ome to you                                     |   |   |
| Th                          | ird largest contract                           |   |   |
| Sta                         | art and end dates                              |   |   |
| Na                          | ture of contract                               |   |   |
| Na                          | me and business of client                      |   |   |
| To                          | tal contract value                             |   |   |
| Inc                         | ome to you                                     |   |   |



## Risk management

|  | obtained from former employers for at ement of any employee responsible for  | Yes              | No |
|--|--|------------------|----|
| 7. Above what amount do payments re-   | quire at least a two-stage sign-off?   |                  |    |
|  | have client authority to agree and/or<br>behalf from client funds or accounts?   | Yes              | No |
| If YES:  |  |                  |    |
|  | nstructions to transfer funds or make out taking steps to independently verify and integrity of any bank account details | Yes              | No |
| B) Do you undertake to immediately imp is such an independent verifications? | lement procedures to ensure that there on process in place for all future  | Yes              | No |
| C) What steps have you taken to ensure                                       | e that the transaction has been complete   | ed successfully? |    |
| 9. Do you always use a letter of engage                                      |  | Yes              | No |
| If NO, please provide details as to why no                                   | ot.  |                  |    |
|  |  |                  |    |
| 10. Please confirm the letter of engagem                                     | ent outlines:  |                  |    |
| A) The scope of services to be performed                                     | ed?  | Yes              | No |
| B) Any statement / assumptions upon w  | hich the letter of engagement is based?  | Yes              | No |
| C) The responsibilities of the client?                                       |  | Yes              | No |
| D) Any limitations / restrictions in respec                                  | ct of any services performed?  | Yes              | No |
| E) The client signs the letter of engager                                    | nent?  | Yes              | No |
| F) You do not provide advice or service letter of engagement?                | es which fall outside the scope of the   | Yes              | No |
|  |  |                  |    |



| If NO to any of the above, p   | If NO to any of the above, please provide details:  |            |            |  |  |  |
|--|---|------------|------------|--|--|--|
| - , ,,   |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
| 11. Do you commit clients to contracts with third parties?  Yes  |   |            |            |  |  |  |
| If YES, do you always obtain clients written acceptance of the terms of contracts before committing them?  |   |            |            |  |  |  |
| If NO, please explain why n  | ot:   |            |            |  |  |  |
|  |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
|  |   | ı          |            |  |  |  |
|  | om insurance is now sought of<br>ding taken by any regulat<br>ssociation?                       |            | Yes No     |  |  |  |
| If YES, please provide deta  | ils:  | '          |            |  |  |  |
|  |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
|  |   | ı          |            |  |  |  |
| 13. Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied? Yes No |   |            |            |  |  |  |
| If YES, please provide details:  |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
| 14. Is there any other info required?  | 14. Is there any other information that you consider material to the insurance required?  Yes N |            |            |  |  |  |
| If YES, please provide details:  |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
|  |   |            |            |  |  |  |
| 15. For what limits of indemnity are quotations required?  |   |            |            |  |  |  |
| £250,000   | £500,000  | £1,000,000 | £2,000,000 |  |  |  |
| £5,000,000   | £10,000,000   | Other £    |            |  |  |  |



# 3. Cyber

| 1. Website:   |                                |
|---|--------------------------------|
| 2. Ransomware Controls  |                                |
| A) Do you allow remote access to your network?  | Yes No                         |
| If YES, do you use MFA to secure all remote access to your network, including any remote desktop protocol (RDP) connections?                                  | Yes No                         |
| B) Do you use MFA to protect all local and remote access to privileged user accounts?   | Yes No                         |
| If the turnover is under £10M and limit required is £1M or lower, please move or thresholds, please answer Questions 3 and 4.                                 | nto section 5. If above either |
| Ransomware Controls (continued)   |                                |
| A) Do you pre-screen emails for potentially malicious attachments and links?  | Yes No                         |
| If YES, who is your email pre-screen provider:  |                                |
| B) Can your users access email through a web application or a non-corporate device?   | Yes No                         |
| If YES, do you enforce Multi-Factor Authentication (MFA)?   | Yes No                         |
| C) Do you use a next-generation antivirus (NGAV) product to protect all endpoints across your enterprise?   | Yes No                         |
| If YES, who is your NGAV provider:  |                                |
| D) Do you use an endpoint detection and response (EDR) tool that includes centralised monitoring and logging of all endpoint activity across your enterprise? | Yes No                         |
| If YES, who is your EDR provider:   |                                |
| E) Do you use MFA to protect all local and remote access to privileged user accounts?   | Yes No                         |
| F) Do you use a data backup solution that has all of the following characteristics:   |                                |
| kept in a cloud service protected by MFA;   |                                |
| 2. runs daily; and  | Yes No                         |
| •   |                                |



| 4.   | Phishing Controls Do any of your employees complete social engineering training? | Yes | No |  |  |
|------|--|-----|----|--|--|
| If Y | If YES:  |     |    |  |  |
| A)   | does your social engineering training include phishing simulation?               | Yes | No |  |  |
| B)   | do employees with financial or accounting responsibilities complete training?    | Yes | No |  |  |
| C)   | do employees without financial or accounting responsibilities complete training? | Yes | No |  |  |

## 4. Office Protect

| Location of premises to be covered. |              |  |  |  |
|-------------------------------------|--------------|--|--|--|
| Location                            | Full address |  |  |  |
| 1.                                  |              |  |  |  |
| 2.                                  |              |  |  |  |
| 3.                                  |              |  |  |  |

## Building

| 2. | Please confirm the following in relation to all premises:  |       |    |
|----|--|-------|----|
| A) | Your business is the sole occupant of the premises   | Yes N | No |
| B) | The entire building is used only for office-based activities   | Yes N | No |
| C) | No licenced premises, commercial premises holding flammable liquids, gases or solvents, businesses utilising naked flames or heat, restaurants or takeaway establishments are attached to any premises to be covered | Yes N | No |
| D) | The premises are entirely constructed of  • Walls: Brick, Stone or concrete  • External covering of roof: Slate, tiles, concrete, metal, glass, asbestos   | Yes N | No |
| E) | No part of the premises are listed by English Heritage or Cadw or Historic Scotland  | Yes N | No |
| F) | All premises are and will be maintained in a good state of repair  | Yes N | No |



| G)   | All premises are not undergoing, nor will they be undergoing, any structural alterations or repairs and no planning permission is held or being sought to undertake any such alteration or repair | Yes No | 0 |
|------|---|--------|---|
| H)   | All premises are not in an area prone to or with a history of flooding or potential flooding  | Yes No | 0 |
| I)   | To your knowledge, the premises have never been flooded nor do they show signs of having been flooded   | Yes No | 0 |
| J)   | All premises are not within 400 meters of any river, open body of water or the sea  | Yes No | D |
| If N | If NO to any of the above, please explain why not on a separate sheet   |        |   |

#### Security

| 1.   | Do all premises have a working intruder alarm system that is maintained every 12 months? | Yes No |
|------|--|--------|
| 2.   | If yes, are all alarms linked to the police or an alarm monitoring centre?               | Yes No |
| If N | IO to either of the above, please explain why not on a separate sheet                    |        |

3. Please confirm you comply with the following minimum standard of security:

It is a condition precedent to the Insurer's liability for loss or Damage under Sub-Section 1 that the Insured shall have in place in full working order and in operation whenever the Premises are closed for business or left unattended the following minimum level of security or such level as is specified in the Schedule.

- A) the final exit door of the Insured's portion of the Buildings is to be fitted with either
  - for timber or steel framed doors a mortice deadlock that has 5 or more levers and matching box striking plate which conform to BS 3621 or
  - ii) for timber or steel framed doors a rim latch deadlock that conforms to BS 3621
- B) all other external doors and internal doors giving access to any part of the buildings not occupied by the Insured are to be fitted with either
  - i) as described in a) i. and ii. above or
  - ii) 2 key-operated security bolts for doors fitted approximately 30cms from the top and bottom of the doors respectively
- C) aluminium or UPVC framed doors are to be fitted with integral cylinder key operated mortice deadlocks
- D) all ground floor and basement opening windows/skylights and other opening windows/skylights accessible from roofs decks balconies fire escapes canopies down pipes are to be fitted with key operated window locks. This requirement does not apply to windows/skylights which are protected by solid steel bars grilles gates expanded metal or weld-mesh securely fixed to the brickwork surrounding the window

Any door or window officially designated a fire exit by the fire authority is excluded from these requirements. These are to be secured internally by panic bolts or fire exit bolts. Any additional devices are to be approved by the local Fire Prevention Officer

| Do all premises to be insured comply with the above minimum standard of security? | Yes No |
|---|--------|
| If NO to the above, please explain why not on a separate sheet.                   |        |



#### Contents

Please confirm the replacement cost as new for each of the following categories:

|  | Address 1 | Address 2 | Address 3 |  |
|--|-----------|-----------|-----------|--|
| Contents   | £         | £         | £         |  |
| Tenant's Improvements  | £         | £         | £         |  |
| Stock, samples and goods held in trust   | £         | £         | £         |  |
| Documents  | £         | £         | £         |  |
| Computer Equipment   | £         | £         | £         |  |
| Portable Equipment (UK and EU)   | £         | £         | £         |  |
| Portable Equipment<br>(Worldwide)  | £         | £         | £         |  |
| Other (please provide details)   | £         | £         | £         |  |
| For any additional address/es, please supply the replacement cost as new for each of the above categories. |           |           |           |  |
| 2. Are there any interested parties in relation to the property to be Insured?                             |           |           |           |  |

If YES to the above, please explain on a separate sheet.

#### **Business Interruption**

3. Please confirm the Business Interruption costs for each of the following categories:

|                           | Address 1 | Address 2 | Address 3 |
|---------------------------|-----------|-----------|-----------|
| Loss of revenue           | £         | £         | £         |
| Increased cost of working | £         | £         | £         |

For any additional address/es, please supply the Business Interruption costs for each of the above categories.

4. Please confirm your required maximum Indemnity period:

| 12 Months | 24 Months | 36 Months |
|-----------|-----------|-----------|
|           |           |           |



## 5. Management Liability

## Directors and Officers (D&O) and Corporate Liability (CL)

| 1.   | Is the Proposer a UK / Irish registered private limited company?  | Yes                 | No |
|------|---|---------------------|----|
| 2.   | Do the Proposer's latest annual report and accounts show a positive net worth and positive net income (after tax)?                            | Yes                 | No |
| lf N | O to questions 1 or 2 above please provide full details   |                     |    |
|      |   |                     |    |
|      |   |                     |    |
|      |   |                     |    |
| 3.   | Do the business activities of the Proposer or its subsidiaries relate to ar   | y of the following: |    |
| A)   | The provision of financial services and/or being authorised by either the Financial Conduct Authority or the Prudential Regulation Authority? | Yes                 | No |
| B)   | Professional legal advice?  | Yes                 | No |
| C)   | Biotechnology, pharmaceuticals, healthcare / social care or childcare?  | Yes                 | No |
| D)   | Aviation and Transportation?  | Yes                 | No |
| E)   | Professional sports?  | Yes                 | No |
| F)   | Travel and Leisure  | Yes                 | No |
| G)   | General Retail  | Yes                 | No |
| H)   | Advertising   | Yes                 | No |
| I)   | Property Investment   | Yes                 | No |
| J)   | Oil, Gas or Mining  | Yes                 | No |
| 4.   | In the next 12 months is the Proposer:  |                     |    |
| A)   | Aware of any proposal relating to its acquisition by another organisation; or   | Yes                 | No |
| B)   | Contemplating any offering or share issue?  | Yes                 | No |
| 5.   | Does the Proposer have any subsidiary companies incorporated outside of the EU or Switzerland?  | Yes                 | No |



| 6.       | Does the Proposer have any subsidiaries or assets in the USA or Canada?                              | Yes No |
|----------|--|--------|
| 7.<br>A) | Do you currently hold a Management Liability (Directors & Officers) Policy?                          | Yes No |
| B)       | If Yes to a) please advise what the Prior & Pending Litigation date is stated on your current Policy |        |
| If Y     | ES to any of questions 3-7 above please provide full details   |        |
|          |  |        |
|          |  |        |
|          |  |        |

## Employment Practices Liability (EPL)

(Only complete this section if Employment Practices Liability cover is required)

| 3. The Proposer confirms that all employees are based in the UK / Ireland.   | Yes No |
|--|--------|
| <ol> <li>The Proposer confirms that a contract of employment and employee<br/>handbook (which includes written employment and grievance<br/>procedures) has been issued to all employees.</li> </ol> | Yes No |
| The Proposer confirms that HR consultants or legal advisors are always consulted to review employment terminations.  | Yes No |
| <ol> <li>The Proposer confirms that no redundancies, terminations or changes<br/>to employee benefits have taken place in the last 12 months or are<br/>planned in the next 12 months.</li> </ol>    | Yes No |
| Do you currently hold Employment Practices Liability (EPL) cover?  | Yes No |
| f NO to questions 8-12 above, please provide full details.   |        |
|  |        |
|  |        |
|  |        |



# 6. Claims

| 1.       |  |     |    |
|----------|--|-----|----|
|          | Are you, after full enquiry:   |     |    |
| A)       | Aware of any circumstance which is likely to give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners?   | Yes | No |
| B)       | Aware of any shortcoming in your work for a client who is likely to give rise to a claim against you? This includes:   |     |    |
|          | i) A shortcoming known to you, but not your client, which you cannot<br>reasonably put right?  |     |    |
|          | ii) A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?   | Yes | No |
|          | iii) An escalating level of complaint from your client on a particular project?  |     |    |
|          | iv) A client withholding payment due to you after any complaint?   |     |    |
| If a     | nswered Yes to any of the above, please provide full details.  |     |    |
|          |  |     |    |
|          |  |     |    |
|          |  |     |    |
| 2.       |  |     |    |
|          |  |     |    |
| A)       | Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?   | Yes | No |
| A)<br>B) | predecessor, any past or present principals, directors, partners?  | Yes | No |
| B)       | predecessor, any past or present principals, directors, partners?  Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors,  |     |    |
| B)       | predecessor, any past or present principals, directors, partners?  Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?   |     |    |
| B)       | predecessor, any past or present principals, directors, partners?  Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?   |     |    |
| B)       | predecessor, any past or present principals, directors, partners?  Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?   |     |    |
| B)       | Predecessor, any past or present principals, directors, partners?  Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?  Inswered Yes to any of the above, please provide full details. |     |    |
| B)       | predecessor, any past or present principals, directors, partners?  Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?   |     |    |
| B)       | Predecessor, any past or present principals, directors, partners?  Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?  Inswered Yes to any of the above, please provide full details. |     |    |



| 4.   | Cyber   |     |    |
|------|---|-----|----|
|      | the past 3 years, has the Applicant or any other person or organisation oposed for this insurance experienced one or more of the following:   |     |    |
| •    | Been served with a lawsuit or received a demand, complaint or charge alleging liability for a privacy breach, privacy injury, security breach, intellectual property infringement or reputational harm;   |     |    |
| •    | Been the subject of any government action, investigation or proceedings regarding any alleged violation of privacy law;   |     |    |
| •    | Notified customers, clients or any third party of any security breach or privacy breach;  |     |    |
| •    | Received any cyber extortion demand or threat;  | Yes | No |
| •    | Sustained any unscheduled network outage or interruption for any reason;  |     |    |
| •    | Sustained any property damage or business interruption losses as a result of a cyber-attack;  |     |    |
| •    | Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud;  |     |    |
| •    | A business interruption as a direct result of an unscheduled network outage or interruption of a service provider computer system; or   |     |    |
| •    | Became aware of any other cyber security or data privacy event, incident or allegation involving or impacting your organisation? ccc  |     |    |
| If a | inswered Yes to any of the above, please provide full details.  |     |    |
|      |   |     |    |
| 5.   | Office Protect  |     |    |
| A)   | Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been cancelled or declared void due to a breach of a policy condition or due to non-disclosure or misrepresentation of a material fact? | Yes | No |
| B)   | Has the Insurance cover ever been restricted or cancelled due to non-compliance with risk improvement requirements?   | Yes | No |
| C)   | Have you or any predecessor, past or present principals, directors, partners made any claims or suffered any incidents that could have given rise to a claim in respect of cover given under the Office Protect section in the last three years?                                  | Yes | No |
| If a | inswered Yes to any of the above, please provide full details.  |     |    |
|      |   |     |    |
|      |   |     |    |



| 6.  | Management Liability  |     |    |  |
|---|---|-----|----|--|
| A)  | Have there been any claims or investigations against the Proposer, its board members or employees within the last 5 years?  | Yes | No |  |
| B)  | Are the Proposers board members aware, after enquiry, of any circumstance or incident which may give rise to a claim or investigation under this proposed policy? | Yes | No |  |
| C)  | The Proposer confirms that it has not had any employment related claims, complaints, administrative or tribunal hearings or litigation in the last 3 years.       | Yes | No |  |
| If answered Yes to any of the above, please provide full details. |   |     |    |  |
|   |   |     |    |  |

#### 7. Declaration

#### Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

#### **Declaration**

On behalf of the Proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

| Signature of principal / director / partner: |  |
|--|--|
| Date:  |  |



#### **About Tokio Marine HCC**

Tokio Marine HCC is a leading specialty insurance group conducting business in approximately 180 countries and underwriting more than 100 classes of specialty insurance. Headquartered in Houston, Texas, the company comprises of highly entrepreneurial teams equipped to underwrite special situations, companies and individuals, acting independently to deliver effective solutions. Our products and capabilities set the standard for the industry, as many of our employees are industry-leading experts.

More information about our financial strength here:



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