UK SCHOOLS SCHEME APPLICATION

Thank you for your interest in our Schools Scheme. When you have completed this form please email it to info@company-x.com.

COMPANY INFORMATION

1. Name of Organisation:
2. Subsidiary Company(s):
3. Company Number:
4. Date Established:
5. Insured Address:
   Town/City: Postcode:
6. Company Description:
7. Website address:
8. Ownership structure: ◯ Private ◯ Publicly Owned ◯ Investment Fund ◯ Government Entity ◯ Not for profit
9. Turnover (last 12 months)
10. Renewal date of current cyber insurance policy (if applicable):
11. IT/Security Contact:
    (These details will be used to give access to the breach defence portal)
    Contact Name:
    Job Title:
    Email:
    Phone:
12. Is the organisation a Franchisee or Franchisor? ◯ Yes ◯ No
    If yes, does the Organisation have Computer System connectivity with the franchisor or any other franchise locations? ◯ Yes ◯ No
13. Does your institution have any operations, partnerships, campuses, or educational programs in the United States, Cuba, Iran, Afghanistan, Belarus, Myanmar, North Korea, Russia, Syria, Ukraine, or Venezuela? ◯ Yes ◯ No
14. Referred by a partner? Please specify who.

RISK INFORMATION

1. Are backups stored either offline or in a secure online system that requires multi-factor authentication to access. If not, are the Insured backups protected in a way that they can't be changed or deleted (i.e. immutable)? ◯ Yes ◯ No
2. Do you install critical patches within 30 days of release? ◯ Yes ◯ No
3. Are you in compliance with all applicable privacy regulations? ◯ Yes ◯ No
4. Do you collect, store and process **less than** 1,000,000 personal data records on individuals (PCI, PII, PFI and/or PHI)? ◯ Yes ◯ No

companyx

OPTIONAL COVER: FRAUD TRANSFER FUND

◯ Coverage not required

1. I would like fraud transfer fund coverage for: ◯ £50,000 cover for £250 ◯ £100,000 cover for £390
2. Do you have a procedure whereby, all new (including changes to existing) payment details or contact details are confirmed by an alternative method to the original method used, before any payment is made? ◯ Yes ◯ No
3. Are transfers of funds over £10,000 and any instructions for releasing assets, funds or investments approved by at least two staff members? ◯ Yes ◯ No

CLAIMS & PREVIOUS INCIDENTS

1. Have you suffered any loss or has any claim been made against you or are you aware of any matter that is reasonably likely to give rise to any loss or claim where you would seek an indemnity from our cyber insurance policy in the last 36 months? ◯ Yes ◯ No

If yes, please provide further details in the additional information section on the next page.

DISCLOSURE

Can you confirm that the insured(s), or any partner, or any director, or any officer, have:

A) Never been declared bankrupt or disqualified from being a company director

B) No outstanding County Court Judgment(s) or Sheriff Court Decree(s)

C) Never been officers of a company that has been declared insolvent, or had a receiver or liquidator appointed, or entered into arrangements with creditors in accordance with the Insolvency Act 1986 ◯ Yes ◯ No

D) Never been convicted or have any prosecutions pending or been given an official police caution, in respect of any criminal offence other than motoring offenses

E) Never had any insurance proposal declined, renewal refused, had any special or increased terms applied or had insurance cancelled or avoided by Underwriters

If no, please provide further details in the additional information section on the next page.

DECLARATION

I/We acknowledge and confirm that:

1. I/We understand that I/we have a duty to make a fair presentation of the risk. I/We have not knowingly withheld information that may influence the acceptance of this insurance and the terms provided.
2. This product is a scheme product underwritten by a single insurer and no comparison with other insurers has been provided.
3. I/We have assessed my/our own demands and needs and confirm this product is appropriate for my/our circumstances.
4. I/We have been provided with and have read the Insurance Product Information Document (IPID) which can be found at https://company-x.com/ukss_ipid/
5. I/We have been provided with and have read the Commercial Clients Terms of Business Agreement (TOBA) which can be found at https://company-x.com/toba/
6. I/We understand that data will be processed in line with the privacy policy, full details of which can be found at https://company-x.com/privacy-policy/

Signature:

Name:

Position:

Date:

ADDITIONAL INFORMATION