Business Protect Plus



Section 13 - Cyber Application Form

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Cover is in respect of data restoration expenses and/or loss of business income and/or incident response expenses as a result of the unauthorised access to and/or use of your Computer System or Data Assets by a Third Party or an Employee, including where access has been gained by using stolen authorised user credentials.

Name of Insured:		Full Busines	s Description:				
Policy Number:							
,							
Cover Options (ple							
A. Restoration B. Restoration	•						
B. Restoration & Business InterruptionC. Restoration, Business Interruption & Incident Response							
c. Hostoration, 235most methaphon a modern neoponic							
Limit of Indemnity (please select only one)							
Do you maintain anti-virus software on any device that is part of your Computer System and routinely update the protection as reasonably necessary?						Yes□	No□
Do you maintain firewalls on any device that is part of your Computer System and						Yes□	No□
connected to the internet?							
Do you subject your Data Assets to monthly back up procedures , and store these						Yes□	No□
back-ups in a cloud environment or at an offsite location disconnected from your							
Computer System? Dual-way Country Dual-way Type Country (C)							
Employee Count:			Business Turnover/Revenue (€): (last full 12 months)				
Glossary of terms:							
Computer System any computer, hardware, software, communications system, electronic device (including but not limited to, smart phone, laptop, tablet, wearable device), server, cloud infrastructure or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility.							
Data Asset							
any nonphysical, machine-readable information in digital form, including programs.							
I hereby declare that to the best of my knowledge all the information provided is true and correct.							
Name & Surname:							
Position:							
Signature:							
Signature.		D	ate Signed (DD/	MM/YYYY):			