



## **COMPUTER CRIME PROPOSAL FORM**

- A. Answer all questions leaving no blank spaces.
- B. If you have insufficient space to complete any of your answers, continue on your headed paper.
- C. Please attach latest audited Financial Statements and Report and any subsequent Interim Report issued.
- D. It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- E. Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

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### **A. PARTICULARS OF PROPOSER**

1. Proposer's:

- a. Name \_\_\_\_\_
- b. Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_
- c. Registration Number \_\_\_\_\_
- d. VAT Registration Number \_\_\_\_\_
- e. License Number \_\_\_\_\_

2. a. Has the Proposer been acquired by another entity, merged or acquired any other business during the last 5 years?

*If Yes, please give details on a separate page*

- b. Does any individual or organisation own more than 10% of the equity?

*If Yes, please give details on a separate page*

3. **PLEASE NOTE** that in order for a Subsidiary to be included in the cover, the Subsidiary company must be named in the Proposal Form with its principal business activity and the first named Insured's shareholding interest so indicated.

<u>Name of subsidiary</u>	<u>Location</u>	<u>Date established</u>	<u>Principal Activity</u>

4. Please provide the following information:

	<u>Currently or at last date of interim report</u>	<u>At last year- end</u>	<u>At previous year-end</u>
i) Total Loans and Discounts:	\$ _____	\$ _____	\$ _____
ii) Total Funds Under:			
Discretionary Management	\$ _____	\$ _____	\$ _____
Non-Discretionary Management	\$ _____	\$ _____	\$ _____
iii) Total Assets:	\$ _____	\$ _____	\$ _____

5. a. State the number of employees in the following categories:

i) At Head Office	_____
ii) At Data Processing Centre	_____
iii) At Branches	_____
iv) At Subsidiaries	_____
v) At Agencies	_____
vi) At Administration Centre	_____
<b>Total :</b>	_____

b. What has been the percentage turnover in the following employment categories during the last twelve months:

	<u>Inward</u>	<u>Outward</u>
Directors (including those of Subsidiaries)	_____ %	_____ %
Employees	_____ %	_____ %

**B. PROPOSER'S ACTIVITIES**

In the last financial year what approximate percentage of the Proposer's total revenues were derived from the following activities?

a. Leasing	_____ %
b. Trade Financing	_____ %
c. Barter, Countertrade or Swap Operations	_____ %
d. Mergers and Acquisitions Advice	_____ %
e. Share Placing and New Issues	_____ %
f. Factoring	_____ %
g. Venture Capital	_____ %
h. Overseas Advisory	_____ %
i. Trust Administration	_____ %
j. Life Assurance	_____ %
k. Short-term Insurance	_____ %
l. Any Other Activity ( <i>Please describe</i> )	_____ %
<hr/>	
	_____ %

**C. LOSS EXPERIENCE**

Please give in the space provided below, or if needed, on a separate page, brief details including remedial action taken to avoid recurrence of any losses which you have sustained during the past five years and/or any circumstances likely to give rise to a loss or losses whether insured or uninsured.

<u>Date discovered</u>	<u>Location</u>	<u>Nature of Loss</u>	<u>Amount Actual or Estimated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. PARTICULARS OF COVERAGE**

1. State the LIMIT OF INDEMNITY and EXCESS required:

Limit/s \$ \_\_\_\_\_ or \$ \_\_\_\_\_ or \$ \_\_\_\_\_

Excess/es \$ \_\_\_\_\_ or \$ \_\_\_\_\_ each and every claim

required for your Electronic and Computer Crime Policy

**E. DATA PROCESSING**

1. Please provide, on a separate page, a general description of the services performed by the Proposer's data processing operations.

2. Does the Proposer provide any of these services for any correspondent bank or other financial institution? YES  NO

If Yes, please state the bank or financial institution's name \_\_\_\_\_

3. Is your data processing organisation centralised or decentralised in the following areas:

	<u>Centralised</u>	<u>Decentralised</u>
a) Systems developments, software acquisition	_____	_____
Operation of major systems including	_____	_____
b) telecommunications systems	_____	_____

- c) Acquisition and operation of small computers \_\_\_\_\_
- Personal computing and decision support \_\_\_\_\_
- d) systems \_\_\_\_\_

4. Please list the approximate percentage of data processing performed according to the following source categories:

- a) In-House Operations \_\_\_\_\_ %
- b) Arrangement with Holding Company \_\_\_\_\_ %
- c) Arrangement with Correspondent Bank \_\_\_\_\_ %
- d) Arrangement with Joint Venture \_\_\_\_\_ %
- e) Arrangement with Service Vendor (non-bank) \_\_\_\_\_ %
- f) Arrangement with Subsidiary \_\_\_\_\_ %

**F. SECURITY**

**1. DATA SECURITY OFFICER**

- a) Have you designated a Data Security Officer, who is charged with responsibility for the implementation and administration of data security? YES  NO
- b) To whom does the Data Security Officer report? \_\_\_\_\_
- c) Is there a written Data Security Manual outlining corporate policy and standards necessary to ensure security of data? YES  NO

**2. INTERNAL ELECTRONIC DATA PROCESSING (E.D.P) AUDIT**

Is there an internal E.D.P. Audit Department? YES  NO

*If Not, describe on a separate page, how this function is performed?*

*If Yes:*

- a) Is there a written E.D.P. audit and control procedures manual? YES  NO
- b) How many people are employed in the E.D.P. Audit Department?

c) Has the internal E.D.P. Auditor been specifically trained to fulfil his responsibilities in Data Processing? YES  NO

d) Is there a full continuous audit programme in operation? YES  NO

*If Yes, on a separate page, state scope of the current audit.*

e) Are written audit reports made? YES  NO

*If Yes, to whom?* \_\_\_\_\_

f) Are the people responsible for auditing free of all other operational responsibilities and forbidden to originate entries? YES  NO

**G. INPUT AND SYSTEM ACCESS**

a) Are passwords used to afford varying levels of entry to the computer system depending on the need and authorisation of user? YES  NO

b) Are passwords regularly changed when there is any turnover in knowledgeable personnel? YES  NO

c) Does the system enforce regular password changes? YES  NO

*If Yes, what frequency?* \_\_\_\_\_

*If passwords are not used, describe, on a separate page, the alternative method used?*

d) Are all source documents secured to prevent unauthorised modification or use of data before entering the computer system? YES  NO

e) Do personnel inputting data initial, sign or otherwise identify data they prepare? YES  NO

f) Is the use of terminals restricted only to authorised personnel? YES  NO

g) Are unique passwords used to identify each terminal? YES  NO

h) Are remote terminals kept in a physically secure location accessible to authorised personnel only? YES  NO

*If Not, please describe, on a separate page, what steps are taken to prevent an unauthorised user from utilising a terminal?*

i) Are your Auditors satisfied with the software security packages to control access to your computer systems? YES  NO

*If Not, please explain on a separate page.*

j) Are terminals restricted to the type of message that can be sent or received from it? YES  NO

k) Are special log-on passwords (separate from an individual operators password) used when logging in a terminal to provide verification of the terminals identity? YES  NO

l) Do you encrypt data? YES  NO

*If Yes, please provide details on a separate page.*

**H. SERVICE BUREAU COMPUTER SYSTEM**

1. Does the Proposer utilise any person, partnership or organisation (other than the Insured) to convert source data to electronic data? YES  NO

*If Yes, please provide on a separate page:*

i) *The name of the Service Bureau*

ii) *The services provided*

2. Have all Service Bureau been authorised by written agreement? YES  NO

3. Does the Proposer require all Service Bureau utilised to obtain separate fidelity insurance? YES  NO

*If Yes, for what minimum amount? R \_\_\_\_\_*

4. Does the Proposer provide bureau facilities to others? YES  NO

*If Yes, please provide full details on a separate page.*

**I. INDEPENDENT CONTRACTORS**

1. Does the Proposer utilise independent contractors to prepare electronic computer instructions? YES  NO
2. Does the Proposer obtain a written agreement from the independent contractors outlining their responsibilities? YES  NO
3. Does the Proposer require all independent contractors to obtain separate fidelity insurance? YES  NO

*If Yes, for what minimum amount? R \_\_\_\_\_*

**J. INTERNET FACILITY/ E-COMMERCE**

1. Do you provide an internet facility? YES  NO
- If Yes, do you offer:*
- a) Product information? YES  NO
- b) Account balances? YES  NO
- c) Loan applications? YES  NO
- d) Account transfers on a pre-authorised basis? YES  NO
- e) Business/ company account management facilities? YES  NO
- f) Insurance products? YES  NO
- g) On-line securities dealing? YES  NO
- h) *Other, please specify?* YES  NO
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2. Are there formal terms and conditions in place for the use of your Internet facility, which outline the obligations and responsibilities of the users? YES  NO



3. How is the identity of the user verified and authenticated?
- a) Password? YES  NO
- b) Key encryption? YES  NO
- c) Digital signature? YES  NO
- d) *Other, please specify* YES  NO
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4. Are firewalls and/ or comparable software used to authorise access to your Internet Facility? YES  NO
5. Do you monitor and produce reports on unauthorised access activity? YES  NO
6. Do you have a fully tested disaster recovery and business continuity plan? YES  NO
7. Do you encrypt data whether in your Internet facility or other computer system? YES  NO

*If Yes, please provide details on a separate page.*

**K. AUTOMATED CLEARING HOUSE**

1. Do you engage in a system of clearing debits and credits electronically through an Automated Clearing House? YES  NO
2. Do you use such a system to direct deposits of recurring payments? YES  NO
3. Are you on-line to the Automated Clearing House? YES  NO
4. Identify the Automated Clearing System to which you belong. YES  NO

DECLARATION

We declare that the statements and particulars in this Proposal Form are true to the best of our knowledge and belief and that we have not misstated, suppressed or omitted any material facts.

We agree that this Proposal Form together with any other information supplied by us shall form the basis of any contract of Insurance effected thereon and shall be incorporated therein.

We undertake to inform Insurers of any material alteration of these facts whether occurring before or after completion of the contract of Insurance.

Signing this Proposal Form does not bind the Proposer to complete this Insurance.

We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Phoenix Underwriting Managers (Pty) Ltd.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

FOR AND ON BEHALF OF: \_\_\_\_\_

SIGNED BY:

\_\_\_\_\_

Chief Executive Officer  
(or other Senior Officer if the Chief Executive Officer is also the Chairman, Board of Directors)

\_\_\_\_\_

Chairman, Board of Directors

\_\_\_\_\_

Group Risk Manager

**PLEASE NOTE:** This Proposal Form should be completed by YOU and signed by YOU. If the Proposal Form has been completed by your BROKER, review the Proposal Form before signing it. DO NOT sign a BLANK Proposal Form.