

1. Your business

Business name

Address

Post code

Your gross income in the last completed financial year
(or estimate for the current year if you are a new business):

Number of records processed or stored annually:

General business description:

Business sector - please select the most appropriate:

2. Statement of fact

By accepting the offer of insurance that follows, you confirm that the statements below are true. These statements, and all information you or anyone on your behalf provided before we agreed to insure you are incorporated into and form the basis of the policy.

If anything in these statements is not correct, or if any material information is not disclosed to us, we will be entitled to treat this insurance as if it never existed. You should keep a copy of this proposal form including the statement of fact for your records.

- a. Your gross income for the last completed financial year (or your estimate for the current year if you are a new business) did not (or will not for a new business) exceed €10,000,000.
- b. Your business activities do not include any of the following:
 - i. financial institution (including but not limited to banks and buildings societies);
 - ii. gambling company or operator;
 - iii. government department or agency, council, local authority or public body;
 - iv. healthcare or medical provider;
 - v. payment card processor or gateway, payroll processor;
 - vi. social or professional networking site or service; dating site or service;
 - vii. franchisee or franchisor;
 - viii. producer, distributor, advertiser or broadcaster of pornography;
 - ix. data warehouse, direct marketer, data aggregator or information broker;
 - x. family planning or substance abuse centre or service, adoption agency or abortion clinic;
 - xi. mobile application or video game developer or publisher;
 - xii. insurer or insurance broker
 - xiii. business process outsourcer
- c. You do not conduct any business or have clients in the United States of America or Canada.
- d. You are domiciled in the Republic of Ireland.
- e. You transact, process or store no more than 100,000 records containing personal data annually.
- f. You encrypt all mobile computing devices (for example laptops, tablets, mobile telephones, PDAs) and portable data storage media (for example USB sticks, flash drive, magnetic tapes) which store, process or have access to personal data.
- g. You are either compliant with, or not subject to, the Payment Card Industry Data Security Standards (PCI/DSS).

Claims, losses and circumstances

- h. You are not aware of any matter that is reasonably likely to give rise to any loss or claim, nor have you suffered any loss, nor has any claim been made against you in the last five years.
- i. No regulatory, governmental or administrative action has been brought against you, nor have any investigation or information request concerning any handling of personal data.

5. Your information

By signing this proposal form, you consent to the Hiscox group of companies (collectively referred to as Hiscox) using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean Hiscox has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Hiscox as set out above. The information provided will be treated in confidence and in compliance with all relevant regulation and legislation. You or others related to your policy may have the right to apply for a copy of this information (for which Hiscox may charge a small fee) and to have any inaccuracies corrected. For training and quality control purposes, telephone calls may be monitored or recorded.

6. Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of my/our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of my/our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Underwriting Ltd to avoid this insurance.

I/We agree that this proposal acceptance form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

I understand and agree

Name

Position within the company

Today's date

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Signature or e-Signature

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7. Complaints

Hiscox aims to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times Hiscox are committed to providing you with the highest standard of service. If you have any queries or concerns about your policy or wish to complain, please contact Hiscox Customer Relations in writing at:

Hiscox Customer Relations, 3rd Floor, Mallard House, Kings Pool, 3 Peasholme Green,
York YO1 7PX.
or by telephone on 0800 1164 627 / 01904 681 198.
or by email at customer.relations@hiscox.com.

Whilst we hope you will never have cause to be disappointed by our response, should you wish to escalate the matter further, you may have the right to refer your complaint to the Financial Ombudsman Service. For more information regarding the scope of the Financial Ombudsman Service, please refer to www.financialombudsman.ie.

8. Disclosure

All sections of cover provided under this product are underwritten by Hiscox Underwriting Ltd on behalf of Hiscox Insurance Company Limited.

Hiscox Underwriting Ltd is authorised and regulated by the Financial Conduct Authority. Hiscox Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

Hiscox Insurance Company Ltd is authorised in the UK by the Prudential Regulation Authority, regulated in the UK by the Prudential Regulation Authority and Financial Conduct Authority and regulated in Ireland by the Central Bank of Ireland for conduct of business rules.