

Cyber and Crime Insurance Questionnaire

The following questionnaire is intended to ascertain the current insurance arrangements in place for your organisation before entering into a contract for service with the state authority. The questionnaire can be completed by your organisation or your broker. These are not the final insurance requirements for the contract; a state authority may request additional cover or limits of indemnity following assessment of the information provided. This form should be completed accurately and should be a true reflection of the insurance cover in place.

Insurance Type	Cyber Insurance	Crime Insurance (including cover for social engineering and third party exposures)
Organisation Name and Contact Details		
Insurer		
Policy Number		
Renewal Date		
Is the name of the contractor the same as the name of the insured or 'trading as'?		
Confirm territorial limits and jurisdiction of insurance policies include Republic of Ireland		
Insurer authorised to transact business within the Republic of Ireland (or within the EU under the Freedom of Services Directive)	Yes ☐ No ☐	Yes ☐ No ☐
	Yes ☐ No ☐	Yes ☐ No ☐

Scope of Policy – insured name and business description correct and relevant to service provided?	Describe:	Describe:
Limit of Indemnity	€2m in the aggregate per Insurance year Yes ☐ No ☐ N/A ☐	€2m any one claim or series of claims arising out of a single occurrence. Yes ☐ No ☐ N/A ☐
Deductibles/Excesses	Yes ☐ No ☐ If yes, how much? €	Yes ☐ No ☐ If yes, how much? €
Is the policy a claims made or occurrence policy?	Claims made ☐ Occurrence policy ☐	Claims made ☐ Occurrence policy ☐
Does the policy have any run off period? If a claims made policy		

Indemnity to principal clause	Yes ☐ No ☐	Yes ☐ No ☐
Exclusions/ Restrictions/Conditions/Warranties which are relevant to the contract/service	Yes ☐ No ☐ Details:	Yes ☐ No ☐ Details:
Other relevant information		

Completed by: _____

Signed: _____

Date:_____