

## ADDENDUM: E-COMMERCE / ONLINE RETAILS

### SECTION 1: PROFESSION RELATION QUESTION

1. Please state daily revenue from online sales channel: \_\_\_\_\_
2. Please state profit generated from online sales channel: \_\_\_\_\_
3. What is the anticipation downtime / time required to restore network after any cyber event?  
\_\_\_\_\_  
\_\_\_\_\_

4. Has your network been:
- |   |         |        |
|---|---------|--------|
| a. externally assessed / penetration tested in the last year? | Yes [ ] | No [ ] |
| b. internally assessed / penetration tested in the last year? | Yes [ ] | No [ ] |
- If Yes to any of the above, have all critical recommendations been implemented?      Yes [ ]      No [ ]

If all critical recommendations have not been implemented, please provide details of actions to be taken with proposed timeframes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 2: FURTHER DECLARATION TO THE PROPOSAL

SIGNING THIS ADDENDUM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE.

I the undersigned, after enquiry, declare the following:

1. I am authorised to complete the above information on behalf of the Insured named in the Proposal.
2. I have read this Addendum and the accompanying documents and acknowledge the contents is the same and to be true and complete.
3. I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance

4. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal.

Although the signing of this Addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this Addendum and in the accompanying documents shall be the basis of the contract if a policy is issued.

TO BE SIGNED BY PARTNER/DIRECTOR OR PRINCIPAL OR EQUIVALENT.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date (dd/mm/yy): \_\_\_\_\_

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER/AGENT, SINCE DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT TO RECOVERY UNDER THE POLICY.