

eHealth Proposal Form

Medical Malpractice Insurance



eHealth



Insurance application form

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

7.7			whom this insurance is required. Cover of these subsidiaries in your answers to	·			
	Legal entity name:						
	Company name:						
	Primary address (address, count	ty, postcode, country):					
	Website:						
1.2	Date the business was establis	hed (DD/MM/YYYY):					
1.3	Number of employees:		Employee Reference No. (ERN):				
1.4	Please confirm your current wa	ease confirm your current wage roll: £					
1.5	Please state your gross revenue in respect of the following years:						
		Last complete financial year	Estimate for current financial year	Estimate for next financial year			
	Domestic revenue:	£	£	£			
	USA revenue:	£	£	£			
	Total gross revenue:	£	£	£			
	Profit (Loss):	£	£	£			
1.6	Date of company financial year end (DD/MM/YYYY):						
	Please provide details for the primary contact for this insurance policy:						
	Contact name:		Position:				
	Email address:		Telephone number:				

 $technology\ products\ developed,\ manufactured,\ licensed\ or\ sold:$



Section 2: Activities

P	Please state whether your technology services are used for diagnosis, treatment or prevention of diseases or other conditions? Yes	
P	Please provide an approximate breakdown of how your revenue is generated from your products and services:	

P	Please indicate the estimated number of patient encounters for the next 12 months:	
P	Please confirm the percentage of your consultations which are are peer-reviewed by a Chief Medical Officer or equivalent? %	
(1	f you have a quality assurance process, then please provide a copy)	
	Please state whether all professionals are subject to background checks (criminal, sexual offender registry etc.): Yes No f "no", please provide details:	
	Please state whether any doctor has had a board action brought against them in the last 5 years: Yes No	

Please describe in detail 1) the nature and types of professional and/or technology services you are engaged in and 2) the types of



Section 3: Contract & Risk Management Information

Please complete the follow	ving in respect of your 3 largest projects in the pas	st 3 years:			
Name of client:	Nature of your work undertaken:	Your annual income from this contract: Duration:			
Please state approximately	y how many customers you have:				
Please state whether you a	always carry out work under a written contract sig	gned by every client: Yes No			
Please describe how, if at a	all, you limit your liability for consequential loss or t	financial damages under a written contract:			
Please describe your legal	review process, if any, before entering into new co	ontracts or agreements:			
Diago describe the impac	t an your alignes if your products or sorvices failed	d or you were unable to deliver your products or services:			
Please describe the impac	t on your clients if your products of services failed	ror you were unable to deliver your products or services.			
Do you employ subcontrac	ctors? Yes No				
If "yes", please state:					
a) what approximate perce	entage of your revenue, in your current financial ye	ear, will be paid to subcontractors (%):			
b) whether you sign recipr	ocal hold harmless agreements: Yes No				
c) whether you ensure tha	t subcontractors have their own errors and omissi	ions and general liability insurance: Yes No			
d) if you answered "yes" to	c) above, what is the limit of liability that subcontra	actors must purchase:			



No

Section 4: Cyber Security Risk Management

Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy. Any defined terms will be bolded and highlighted in blue and can be found in the glossary at the end of this application form:

4.7 IT infrastructure and resourcing

Please confirm the name of your managed service provider (if applicable):

What is the approximate number of servers on your network?

What is the approximate number of desktops and laptops on your network?

What is your annual IT budget?

What approximate percentage of your IT budget is spent on IT security?

If you answered "yes" to the question above, please list your critical third party technology providers below (up to a maximum of 10), including a brief summary of the technology services they provide for you:

Is any part of your IT infrastructure outsourced to third party technology providers, including application service providers?

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0-50,000	50,001-100,000	100,001-250,000	250,001-500,000
500,000+	If in excess of 500,000 reco	rds, please confirm the exact amoun	Ē:
Please confirm full detai	ils on this data, including the type and	l nature.	
Please describe your app segmentation etc.):	oroach towards protecting sensitive ar	nd confidential information (e.g. acces	ss controls, encryption, network
Please describe details o	of how often you purge records that are	e no longer required:	
	u are compliant with the Data Protection regulation in the relevant cou		
Please confirm whether	multi-factor authentication is require	d for <u>all remote access to your netwo</u>	<u>rk</u> : Yes No
If you use an alternative provide details here:	method for securing remote access to	o your network, such as certificate ba	sed authentication for devices, p





Please freque	describe your patch manager		hat all critical patches are applied rulnerabilities after they have beer k-ups are stored (e.g. online, offline	n released by the vendor: e, cloud storage etc.), how	
time ——— O Please freque	frame of how quickly you wou describe your data back-up po ntly your back-ups are taken, h	d implement patches for zero day v	rulnerabilities after they have beer	n released by the vendor: e, cloud storage etc.), how	
freque	ntly your back-ups are taken, h				
freque	ntly your back-ups are taken, h				
	Please tick all the boxes below that relate to controls that you currently have implemented within your IT infrastructure (including where provided by a third party). If you're unsure of what any of these tools are, please refer to the explanations on the final page of this document.				
A	pplication whitelisting	Asset inventory	Custom threat intelligence	Database encryption	
Di	ata loss prevention	DDoS Mitigation	DMARC	DNS Filtering	
Er	nployee awareness training	Endpoint detection & response	Incident response plan	Intrusion detection system	
N	ext-generation firewalls	Penetration testing	Perimeter firewalls	Security operations centre (SOC	
	rtual private network (VPN)	Vulnerability scanning	Web application firewall	Web content filtering	



Section 5: Intellectual Property Rights Risk Management

5.1	Please describe below your procedures for: a) preventing infringing on third party intellectual property rights; and
	b) obtaining licenses to use and the monitoring of third party intellectual property rights:
5.2	Please state whether you have ever sent or received the following relating to intellectual property rights:
	a) a cease and desist letter: Yes No
	b) notification of an actual or potential claim letter: Yes No If "yes" to a) or b) above, please provide full details:
5.3	Please describe your procedures for managing intellectual property rights issues, including responding to an allegation of infringement and how the individual responsible for intellectual property rights issues is qualified for the role:
Sec	tion 6: Claims Experience
6.1	Please state whether you are aware of any incident:
	a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: Yes No
	b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: Yes No
	If you have answered "yes" to a) or b) above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.



Section 7: Additional Information

Please provide the following information when you send the application form to us. $\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2}$

- · Directors or principals resumes if the company has been trading for less than 3 years;
- The organisation chart or group structure if any subsidiaries are to be insured including names, dates of acquisition, countries of domicile, percentages of ownership; and
- $\cdot \text{The standard form of contract, end user license agreement or terms of use issued by the company.} \\$

Name:	Date of Acquisition:	Country of Domicile:	Percentage of ownership:
Please provide this space below t	o provide us with any other relev	/ant information:	
portant notice			
re this is the case by asking the ap	propriate people within your bus share your data with third partie.		nformation solely for the purposes of anonymised elements of your data for
iding insurance services and may s analysis of industry trends and to p	rovide benchmarking data. For f	uii aetaiis on our privacy policy piease	wisic www.creanderwinting.com,phva
	rovide benchmarking data. For f	uii aetaiis on our privacy policy please Position:	visit www.eledridel withing.com/priva

Glossary of terms



Application whitelisting

A security solution that allows organisations to specify what software is allowed to run on their systems, in order to prevent any nonwhitelisted processes or applications from running.

Asset inventory

A list of all IT hardware and devices an entity owns, operates or manages. Such lists are typically used to assess the data being held and security measures in place on all devices.

Custom threat intelligence

The collection and analysis of data from open source intelligence (OSINT) and dark web sources to provide organisations with intelligence on cyber threats and cyber threat actors pertinent to them.

Database encryption

Where sensitive data is encrypted while it is stored in databases. If implemented correctly, this can stop malicious actors from being able to read sensitive data if they gain access to a database.

Data loss preventions

Software that can identify if sensitive data is being exfiltrated from a network or computer system.

DDoS mitigation

Hardware or cloud based solutions used to filter out malicious traffic associated with a DDoS attack, while allowing legitimate users to continue to access an entity's website or web-based services.

DMARC

An internet protocol used to combat email spoofing – a technique used by hackers in phishing campaigns.

DNS filtering

A specific technique to block access to known bad IP addresses by users on your network.

Employee awareness

Training programmes designed to increase employees' security awareness. For example, programmes can focus on how to identify potential phishing emails.

Endpoint protection

Software installed on individual computers (endpoints) that uses behavioural and signature based analysis to identify and stop malware infections

Incident response plan

Action plans for dealing with cyber incidents to help guide an organisation's decision-making process and return it to a normal operating state as quickly as possible.

Intrusion detection system

A security solution that monitors activity on computer systems or networks and generates alerts when signs of compromise by malicious actors are detected.

Managed service provider

A third party organisation that provides a range of IT services, including networking, infrastructure and IT security, as well as technical support and IT administration.

Multi-factor authentication

Where a user authenticates themselves through two different means when remotely logging into a computer system or web based service. Typically a password and a passcode generated by a physical token device or software are used as the two factors.

Network monitoring

A system, utilising software, hardware or a combination of the two, that constantly monitors an organisation's network for performance and security issues.

Penetration tests

Authorized simulated attacks against an organisation to test its cyber security defences. May also be referred to as ethical hacking or red team exercises

Perimeter firewalls

Hardware solutions used to control and monitor network traffic between two points according to predefined parameters.

Vulnerability scans

Automated tests designed to probe computer systems or networks for the presence of known vulnerabilities that would allow malicious actors to gain access to a system.

Web application firewall

Protects web facing servers and the applications they run from intrusion or malicious use by inspecting and blocking harmful requests and malicious internet traffic.

Web content filtering

The filtering of certain web pages or web services that are deemed to pose a potential security threat to an organisation. For example, known malicious websites are typically blocked through some form of web content filtering.



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