



**WHITEHALL COURT  
INSURANCE**

**CYBER INSURANCE  
PROPOSAL FORM**

To request a **cyber insurance quotation**, please complete this proposal form and return it to [insurance@whcib.com](mailto:insurance@whcib.com). Please note that completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

1. Proposer's Name:  2. Company Name:

3. Company Registered Address:

4. Email Address:

5. Gross Annual Revenue for the Previous Financial Year: £  6.  100% of Revenue from Applicant Country

7. Please Tick the Number of Records\* that Your Company Holds:  
*\*Records means the number of natural persons whose personal data your company collects, uses, processes, stores, and/or keeps in the course of its business. Personal data means any information which can identify a natural person, directly or indirectly, such as a name, an identification number, location data, an online identifier or one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.*

<input type="checkbox"/> 10,000 – 25,000	<input type="checkbox"/> 250,000 – 500,000	<input type="checkbox"/> 2,500,000 – 5,000,000
<input type="checkbox"/> 25,000 – 50,000	<input type="checkbox"/> 500,000 – 1,000,000	<input type="checkbox"/> 5,000,000 – 10,000,000
<input type="checkbox"/> 100,000 – 250,000	<input type="checkbox"/> 1,000,000 – 2,500,000	<input type="checkbox"/> 10,000,000 – 25,000,000

8. Website:

9. Please State any Other Relevant Information and / or Specific Coverage Requests:

**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 Whitehall Court Insurance Brokers Limited.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

Please email your Proposal Form to [insurance@whcib.com](mailto:insurance@whcib.com).

