

## Statement of Facts Financial Institutions

Insured/Company Name:	
Address:	

Gross revenue/turnover last completed financial year end (Maximum €10m):	€
Number of employees including Partners, Directors and consultants (Minimum 3/Maximum 100):	

### About your Business

	Confirm	Deny
Please confirm the Insured is a private company and not listed on any stock exchange?	Yes	No
Please confirm the Insured is or will be regulated by the Central Bank of Ireland or local equivalent regulator in the Insured's territory	Yes	No
Please confirm the Insured has a principal address and domicile in one of the following territories: Republic of Ireland, United Kingdom, Jersey, Isle of Man, Guernsey, Cayman Islands, British Virgin Islands, Luxembourg	Yes	No
Please confirm the Insured's Gross Revenue derived from USA domiciled clients/investors is 50% or less	Yes	No
Total percentage of revenues derived from the USA	%	
Please confirm the Insured is in a financial position of positive net worth at the end of the last full financial year	Yes	No

### Business Activities

	Confirm	Deny
Please confirm the Insured does not fall into any of the business activities listed below:	Yes	No

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>○ Retail investment managers with a minimum investment size of less than €100K</li> <li>○ Any other form of Regulated Retail advice</li> <li>○ CSP/Trust administration</li> <li>○ Challenger Bank (PRA Regulated)</li> <li>○ Life Settlement Funds</li> <li>○ Litigation Funding</li> <li>○ Cryptocurrency</li> <li>○ Initial Coin Offerings</li> <li>○ Film Finance</li> <li>○ The Cannabis industry</li> </ul> | <ul style="list-style-type: none"> <li>○ Self-Invested Personal Pensions (SIPP)</li> <li>○ Independent Financial Advisers (IFAs)</li> <li>○ FCA umbrella firm (Provision of AR platform as a business)</li> <li>○ Investment Banking</li> <li>○ Fund administration.</li> <li>○ Bureaux De Change services</li> <li>○ Issuance of pre-paid credit and debit cards</li> <li>○ Retail peer to peer lending platforms</li> <li>○ Insurance broking/Insurance Company</li> <li>○ Clearing bank</li> <li>○ Factoring or Invoice Discounting</li> </ul> |
|--|---|

<b>For Investment Managers</b>	Current AUM: €	<b>Confirm</b>	<b>Deny</b>
Please confirm the Insured's net leverage is 200% or less and gross leverage is 500% or less		Yes	No
Please confirm the Insured's total AUM derived from USA domiciled investors is 50% or less		Yes	No
Please confirm the Insured's minimum investment threshold is not below €100,000.00		Yes	No
If No, then state minimum investment threshold		€	
Please confirm you do not operate a Quantitative investment strategy		Yes	No
Please confirm that the Insured is not a Private Equity Manager / Firm with greater than 25% of the portfolio (by AUM) invested in Sports, Leisure and Travel		Yes	No

<b>Business Continuity</b>	<b>Confirm</b>	<b>Deny</b>
Please confirm the Insured is financially able to sustain business for the next 12 months in light of COVID 19	Yes	No
Please confirm the Insured has a Business Continuity Plan (BCP) in place	Yes	No
Please confirm the BCP has been tested in the last 6 months	Yes	No
You have tested BCP in place which successfully tested your recovery from a business interruption, caused by a cyber event, and you recovered both your data and applications to fully resume all your revenue earning operations within 6 hours	Yes	No
In relation to the Insured's BCP, please confirm they have not discovered any negative issues relating to supply chain provisions, staffing requirements, remote working capability and increased cyber resilience requirements resulting therefrom	Yes	No
As part of the Insured's BCP, they have reviewed their reliance on key suppliers (critical supply of services) for any potential negative impact	Yes	No
Please confirm the Insured is able to sustain their alternative operating approach under their BCP indefinitely	Yes	No
Please confirm the Insured is able maintain standard risk/operational controls and procedures under the BCP operating environment	Yes	No

**Cyber – Critical Questions/Requirements – must be confirmed prior to binding.**

	Confirm	Deny
BACKUPS: You have a regularly tested, disconnected back-up for all critical data	Yes	No
MULTI-FACTOR: You use MFA (multi-factor authentication) for email account access and for all remote access to your network	Yes	No
PERIMETER SECURITY: You do not allow remote access into your environment without a VPN (virtual private network)	Yes	No
STAFF TRAINING: You mandate staff cyber training for all staff which includes anti-phishing training and testing	Yes	No

**Cyber – Supplementary Questions/Requirements – (Breach Response Services Retention [£1k] waived if all 'Confirm'.**

	Confirm	Deny
PATCHING: You implement critical patches and update systems as soon as practicable, and do not use any unsupported/EOL (end of life) software	Yes	No
EMAIL SECURITY: You scan incoming emails for malicious attachments and/or links	Yes	No
ENDPOINT SECURITY: You protect all of your devices with anti-virus, anti-malware, and/or endpoint protection software	Yes	No
PAYMENT CARDS: You do not handle credit card transactions	Yes	No

**Claims and Circumstances**

	Confirm	Deny
Please confirm the employees, directors and officers of the Insured have never been subject to a criminal conviction nor have any pending criminal convictions awaiting a court hearing, resulting from their professional activities	Yes	No
Please confirm the employees, directors and officers of the Insured have never been declined insurance cover relating to their professional activities	Yes	No
Please confirm the Insured and the employees, directors and officers of the Insured have not been subject to a claim, or circumstance that could give rise to a claim, of a type that could be insured under this policy in the past 5 years	Yes	No
Please confirm the Insured and the employees, directors and officers of the Insured are not subject to any ongoing review, action or investigation of any regulator	Yes	No
There are no acts, errors, omissions, facts, situations events, incidents and/or transactions which the insured is aware of or ought reasonably to have been aware of, that may give rise to a claim or loss under the proposed insurance	Yes	No

**Declaration**

I/We declare that the statements made and particulars given in the Proposal are true and I/We have not misstated or suppressed any material fact.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

Dated



Signature of Partner/Director	
Name of Partner/Director	