QUESTIONNAIRE · CYBER RISKS

Cyber insurance questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. No need to be an IT expert: answer what you know, we complete it together.

1. YOUR BUSINESS AND YOU

The business taking out the policy, and who to call back.

Company name : ..... **SIRET :** ..... **NAF code (business activity) :** .....

Legal form : ☐ Sole trader / micro-business ☐ Limited company (SARL / EURL) **Date established :** .....
☐ Simplified company (SAS / SASU) ☐ Other

First name : ..... **Last name :** ..... **Position :** .....

Place of birth : ..... **Nationality :** ..... **Country of residence :** .....

Phone : ..... **Email :** .....

2. YOUR BUSINESS AND YOUR DATA

What a hacker could block or steal.

Business activity : ..... **Annual turnover :** ..... € **Employees :** .....

Business postcode : ..... **Business in France :** ☐ Yes ☐ No ☐ Being set up **Computers :** .....

Data held : ☐ Customer database ☐ Bank data ☐ Third-party health data **Online sales :** ☐ No
☐ Sensitive HR data ☐ Yes

3. YOUR PROTECTIONS

What is already in place.

Measures in place : ☐ Offline backups ☐ Antivirus or EDR ☐ Two-factor authentication ☐ Automatic updates
☐ Firewall ☐ Staff awareness training ☐ IT provider

Backup frequency : ☐ Daily ☐ Weekly ☐ Less often ☐ I don't know

Cyber incident in the last 3 years : ☐ No ☐ Yes **If yes, what kind :** .....

Cyber insurance in place : ☐ No ☐ Yes **Current insurer :** .....

4. YOUR NEEDS

Cover wanted : ☐ Essential ☐ Comfort ☐ Comprehensive ☐ Advise me

Options : ☐ Cyber extortion ☐ Data restoration ☐ Crisis communication ☐ Cyber legal protection ☐ Prevention audit ☐ Payment fraud

Limit wanted : ..... €

Start date wanted : ☐ As soon as possible ☐ Within a month ☐ At my current renewal ☐ Later **Target budget :** ..... € / year

Details, constraints or questions :

.....

5. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Terms of the current policy ☐ Your IT provider's details ☐ Kbis extract (company registration)

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: ..... **Date:** .....

The policyholder	**For ASSUDIRE use**
Signature	Received on · adviser · study reference