

Management Liability Package Quote

Proposer: Kirkbymoorside Town Council
Proposer Address: 7 High Market Place, Kirkbymoorside, York, YO62 6AT
Quotation Reference: RN-WRP-314642
Quotation Validity: Until 01/11/2022
Period of Insurance: 01/11/2022 to 31/10/2023 (both dates inclusive)



Travelers Insurance Designated Activity Company
One Creechchurch Place
Creechchurch Lane
London
EC3A 5AF
travelers.co.uk

Your Travelers Management Liability Package Quote
Your Quote Options Summary

Cover Quoted		Limit Basis	Limit Options	Excess	Gross Premium	Insurance Premium Tax (12%)	Total (including IPT)
Cyber	Yes						
		In The Aggregate	£100,000	£2,500	£546.00	£65.52	£611.52
Total					£546.00	£65.52	£611.52

IMPORTANT INFORMATION

* Corporate Legal Liability and Employment Practices Liability covers can only be purchased together with the Directors and Officers cover and may not be purchased in isolation

This Quote Summary is provided subject to confirmation of the following:

NONE

and should be read in conjunction with the policy wordings which contain full details of the policy cover, conditions, and exclusions. A copy of the policy wording is provided with this Quote Summary.

Please note: cover cannot be bound until these subjectivities have been answered to the satisfaction of Travelers Insurance Designated Activity Company.

By confirming cover you are confirming agreement to the following statements:

Policy level:

- a. The insured's latest financial report and accounts showing a positive net worth.
- b. The insured's latest financial report and accounts showing a profit for the last financial year.
- c. The Insured's business does not include activities of: regulated or unregulated financial institution or financial advisor, casino operator, adult entertainment, religious group, political party or association, animal experimentation, medical trials, professional sports club.

Please contact the Management Liability Package team on MLP@travelers.com or call us on 0203 207 6185 to discuss the subjectivities or any of the above statements to which you cannot agree.

Policy

Cyber (Policy Wording TRV 2870 01/20)

A limit left blank for a coverage means that such coverage is not included. An entry for any other provision left blank means that such provision does not apply

Betterment Coinsurance	50%
Business Interruption Waiting Period	12 hours
Business Interruption Maximum Indemnity Period	120 days
Liability:	
Privacy and Security Liability	Policy aggregate Limit of Indemnity applies
Media Liability	Policy aggregate Limit of Indemnity applies
Regulatory Proceedings	Policy aggregate Limit of Indemnity applies
Breach Response:	
Privacy Breach Notification	Policy aggregate Limit of Indemnity applies
Computer and Legal Experts	Policy aggregate Limit of Indemnity applies
Public Relations	Policy aggregate Limit of Indemnity applies
Data Restoration	Policy aggregate Limit of Indemnity applies
Cyber Extortion	Policy aggregate Limit of Indemnity applies
Betterment	£50,000
Rewards	£10,000
Cyber Crime:	
Computer Fraud	£100,000

Funds Transfer Fraud	£100,000 or 10% of the Limit of Indemnity whichever is the lesser amount
Telecom Fraud	£100,000
Business Loss:	
Business Interruption	Policy aggregate Limit of Indemnity applies
Accounting Costs	£50,000
Reputation Harm	£100,000
Dependent Business Interruption - IT Provider	£100,000 or 10% of the Limit of Indemnity whichever is the lesser amount
Dependent Business Interruption - Outsource Provider	£100,000 or 10% of the Limit of Indemnity whichever is the lesser amount
The following endorsements apply:	
A. NV0714 Waiver Of Excess (Notification)	
B. NV0716 UNA Alliance Member Endorsement	

The following endorsements apply to the policy:

A. NONE

PLEASE NOTE THAT NO COVER IS IN FORCE UNTIL CONFIRMED BY THE COMPANY.
PLEASE RETAIN A COPY OF THE COMPLETED PROPOSAL FORM FOR YOUR RECORDS.

The following Endorsement(s) will apply to the policy and should be read in conjunction with the policy wordings. For the effective date, please see the relevant endorsement wording (set out below).

ENDORSEMENT - NV0714

WAIVER OF EXCESS (NOTIFICATION)

Attaching to and forming part of

Policy Number UC WRP 5610292

Effective Date 01/11/2022

The following changes are made to the Policy

The following is added to Section 4 Excess:

Excess Waiver

Notwithstanding the provisions of clause 4.1, above, with respect to the Breach Response Insuring Clauses, no excess shall apply to any **Loss** arising from a **First Party Event** notified to **Insurers** within 72 hours of **Discovery** of such **First Party Event**.

Subject otherwise to the terms conditions and exclusions of the Policy

ENDORSEMENT - NV0716

UNA ALLIANCE MEMBER ENDORSEMENT

Attaching to and forming part of

Policy Number UC WRP 5610292

Effective Date 01/11/2022

The following changes are made to the Policy and Schedule.

1. The Schedule is amended as follows:

- Business Interruption Waiting Period: 8 hours
- Business Interruption Maximum Indemnity Period: 180 days

2. Exclusion 2.15 United States of America is deleted.

3. The following replaces section 7.52(c):

(c) a violation of the General Data Protection Regulation (Regulation (EU) 2016/679), the Data Protection Act of 2018, and all other equivalent laws and regulations relating to the regulation and enforcement of data protection;

Subject otherwise to the terms conditions and exclusions of the Policy

CLAIMS PROCEDURE

If you wish to make a claim, please contact us on 0800 587 8388, or at newprofessionalriskclaims@travelers.com, or at the following address quoting your policy number:

The Claims Department
Travelers Insurance Designated Activity Company
One Creechurch Place
Creechurch Lane
London
EC3A 5AF

Please also refer to our on-line guidance on how to make a claim which can be found at www.travelers.co.uk.

WHAT TO DO IF YOU HAVE A COMPLAINT

If you have a complaint please contact us on 0203 207 6000, email us at CustomerRelations@travelers.com or write to us at the address below quoting your policy number or claim reference:

The Compliance Team
Travelers Insurance Designated Activity Company
One Creechurch Place
Creechurch Lane
London
EC3A 5AF

If your complaint cannot be resolved to your satisfaction, you may be eligible to refer the matter to the Financial Ombudsman Service (FOS) at the following address:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Email:complaint.info@financial-ombudsman.org.uk
Website:www.financial-ombudsman.org.uk

Please note, your complaint needs to be referred to the FOS within six months of receiving our final response.

Management Liability Package Proposal Form (all products)

General Information	
Company registration number	UNKNOWN
Company legal name (the Insured)	Kirkbymoorside Town Council
Company registered office address	7 High Market Place Kirkbymoorside York YO62 6AT
Does the insured require Directors & Officers cover?	NO
Does the insured require Corporate Legal Liability cover?	NO
Does the insured require Employment Practices Liability cover?	NO
Does the insured require Crime cover?	NO
Does the insured require Pension Trustees Liability Cover?	NO
Does the insured require Cyber Cover?	YES

Insured Details	
What is the insured's main business activity?	General public administration activities
What is the insured's turnover?	£100,000
Year of incorporation?	1911
Company Structure	Other

Cyber Cover	
Number of employees	11-50
Number of locations	2-5
The Insured requires Multi-Factor Authentication for all employees when accessing e-mail through a website or cloud based service.	Agree
The Insured requires Multi-Factor Authentication for all remote access to the network provided to employees, contractors, and 3rd party service providers.	Agree
The Insured requires Multi-Factor Authentication for the following, including such access provided to 3rd party service providers:	
i. All internal & remote admin access to directory services (active directory, LDAP, etc.).	Agree
ii. All internal & remote admin access to network backup environments	Agree
iii. All internal & remote admin access to network infrastructure (firewalls, routers, switches, etc.).	Agree
iv. All internal & remote admin access to the organisation's endpoints/servers.	Agree
The controls described above are the minimum controls that must be in place in order to be eligible for a CyberRisk policy. Because of the importance of the controls in preventing ransomware attacks the following should be completed with the assistance of the person(s) in charge of network security. If network security is outsourced to a managed security provider or other 3rd party please complete the attestation below with their assistance. I confirm the above-listed controls are in place as of the inception date of the policy being requested.	Agree
The Insured has active antivirus protection and firewalls on all IT systems, computers, networks and portable devices (including any personal employee devices where these are used to access the Insured's network).	Agree
The Insured has backup and recovery procedures in place for all important business and customer data.	Agree
All mobile computing devices (including tablets, mobile phones, laptops and any personal employee devices where these are used to access the Insured's network) and portable data storage (including USB sticks, portable hard drives and flash drives) have encryption enabled.	Agree
The Insured has an up to date disaster recovery plan, business continuity plan or equivalent to respond to a computer system disruption.	Agree
The Insured has media and website content controls in place which address infringement of intellectual property rights, defamation and personally sensitive information.	Agree
The Insured has a patch management procedure in place for all software, IT systems, computers, networks and portable devices (including any personal employee devices where these are used to access the Insured's network).	Agree
The Insured is either compliant with, or not subject to, the Payment Card Industry Data Security Standards (PCI-DSS).	Agree
In the past 3 years the Insured has not experienced i. a network or computer system disruption due to a cyber attack or system failure, or ii. an actual or suspected data breach, or iii. a cyber extortion demand.	Agree

In the past 3 years the Insured has not received any complaints or claims involving data protection laws, intellectual property rights, defamation, rights of privacy, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or access to the Insured's network.	Agree
The Insured's business does not include activities of: casino operator, creator of computer software or hardware, adult entertainment, religious group, political party or association, animal experimentation, medical trials or professional sports club.	Agree
If the insured disagrees with one or more of the above, please provide us with any additional information about that particular statement(s) that may help us provide a quote.	

Applicable to all Covers	
In the past five years, no claim (whether successful or not) has been made against the insured or any principal, partner, director, employee in respect of any selected cover.	Agree
If disagreeing to the above, please tell us which cover or covers the claim or claims relate to:	
That after enquiry, the insured is not aware of any circumstance which might give rise to a claim in respect of any selected cover.	Agree
If disagreeing to the above, please tell us which cover or covers the circumstance or circumstances relate to:	
That the insured does not have any trading subsidiary located outside the UK or Republic of Ireland for which cover is sought.	Agree
If disagreeing to the above, please state the name and country location for each subsidiary:	
That the insured is not planning an Offering (debt or equity), Merger, Acquisition or TUPE arrangement (including similar arrangements in other EU countries) in the next 18 months.	Agree
That no director or officer with the insured has ever been disqualified, the subject of any application for a disqualification order or disqualification proceedings, irrespective of the outcome.	Agree
If the insured disagrees with one or more of the above, please provide us with any additional information about that particular statement(s) that may help us provide a quote.	
Please tell us when the insured would like the policy to start.	01 Nov 2022
Please tell us the policy term.	12 Months