DUAL Cyber

Security and privacy protection

Ransomware questionnaire





Security and privacy protection ransomware questionnaire

01.	Please confirm which of the following email filtering systems are used and that the system is activated for all email accounts:				
	MailChimp	MimeCast	Other not listed (please specify):		
02.	Do you use Office 365 in your organisation? If yes , please also answer below:				
	Do you use the Offic	e 365 Advanced 1	Threat Protection add-on?	Yes	No
	Do you enforce mult	ti-factor authentic	ation for all users of Office 365?	Yes	No
03.	Do you use endpoint detection and response (EDR) tools for malware protection?			Yes	No
04.	Please confirm you secure all remote access to your network and any cloud-based application where sensitive data may reside (including, but not limited to; webmail, Citrix desktop, or Remote Desktop Protocol "RDP") by requiring access				
	using multi-factor a	•		Yes	No
05.	Do you use multi-factor authentication to protect privileged user accounts?			Yes	No
06.	Are access controls based upon the principle of least privilege?			Yes	No
07.	•		ine configuration which is regularly th the security expertise and/or in line		
	with industry standa	•	the security expense and/or infine	Yes	No
08.	Are your back-ups d	lisconnected from	and inaccessible through the organisation's network?	Yes	No
09.	Do you test the successful restoration and recovery of key server configurations and data from back-ups?			Yes	No
10.	Confirmation that processes are in place to identify and apply patches within 30 days of release:			Yes	No

11. Please describe any additional steps your organisation takes to detect and prevent ransomware attacks (network segmentation, software tools, external security services etc.):

Declaration

I/We declare that the statements made and particulars given in the proposal are true and I/we have not mis-stated 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.

Signature of partner/director:

Name of partner/director:

Date:

DD MM YYYY

Helping you do more

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