

Risk Management Questionnaire

Risk Management Questionnaire

Professional Indemnity

This form has been designed to be completed and signed electronically.

Once completed please save it and send it back to: enquiries@heraindemnity.co.uk

Or if you prefer to print and send the form, please post to:

Hera Indemnity
First Floor Offices, 1 Mulgrave Chambers
26-28 Mulgrave Road
Sutton
Surrey
SM2 6LE



Hera Indemnity Insurance Risk Management Questionnaire

Your Firm									
Practice Name:									
(Questions								
1.	Has the firm provided any advice in relation to tax planning schemes (company or personal) that could be considered as tax avoidance, even if only as an introducer? If 'Yes' please provide details.	Yes		No					
2.	Is the business able to ensure that its usual risk management practices remain in place and are adhered to e.g. file audits, peer reviews, management of critical dates etc? If 'Yes' please provide details.	Yes		No					
3.	Is the business able to ensure that adequate 'know your customer' procedures and other fraud prevention measures are adhered to, especially where face-to-face meetings are not possible? If 'Yes' please provide details.	Yes		No					
4.	How does the business ensure that it maintains adequate cyber and data security when employees workaway from	n compa	iny prem	ises?					
5.	a) Who is responsible in the Practice for information security and provide her/his IT background?								
	b) If you outsource the responsibility for information security, please provide the name and address of the third-	party ser	vice pro	vider					

6.	a)	What firewall and malware protection systems do you have in place and how often are they reviewed and up	dated?		
	b)	Do you always apply updates to critical IT systems and applications within 30 days of their release?	Yes	No	
7.	a)	Do staff undergo information security and scam training?	Yes	No	
		If 'Yes' please advise the type of training undertaken e.g. social engineering including phishing, masquerading, other scams etc.			
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	L \	Have after done this take where?			
	b)	How often does this take place?			
	c)	Are all staff included?	Yes	No	
8.	If aı	nestions 7a) and/or 7c) are answered 'No' please explain why.			
·	9				
9.	a)	Do you restrict employees' and external users' privileges on a business need to know basis (particularlyadministrative permissions and access to sensitive data or personal data)?	Yes	No	
	b)	Have you implemented a password policy enforcing the use of long and complex passwords across your organisation?	Yes	No	
		Long and complex passwords are defined as: eight characters or more; free of consecutive			
		identical,all-numeric or all-alphabetic characters.			
	c)	Is dual verification used to access the Company's system(s)?	Yes	No	
	If 'N	o' please describe your password policy, and confirm if you are able to introduce dual verification.			ш
		o please describe your password policy, and commit if you are able to introduce dual verification.			
	d)	Do you revoke all system access, accounts and associated rights after termination of users (incl. partners, employees, temporary employees, contractors or vendors)?	Yes	No	
10.	Wha	at preparation has the business made in respect of unexpected staff absences, particularly in relation to senior	staff?		
11.	Hov	does the business manage any activities that normally require direct contact with clients?			

12.	How is the business managing its cashflow and what is its ability to	o continue trading with potential delays to and/or reductions in income?				
13.	What is the practice's business continuity plan to navigate any futu	re pandemics and any similar scenarios?				
14. In the event that the practice's caseload decreases, would it look to branch-out into any other areas of practice? Yes No No						
15.	Are the business's supervisory controls able to be managed effecti	ively despite changes to working practices?				
Sign	ned:	Date:				
Prin	t Name:					
	Specialist.					
	Professional.					
	Just like you.					



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