



To find out more simply call 1300 650 254

## Cyber Liability & Privacy Protection

### SECTION 1: APPLICANT DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Website: \_\_\_\_\_

### SECTION 2: COVER REQUIRED

1. Please indicate cover required:

\$500,000 [ ]      \$1,000,000 [ ]      \$2,000,000 [ ]      \$3,000,000 [ ]  
\$4,000,000 [ ]      \$5,000,000 [ ]      Other [ ] \$ \_\_\_\_\_

Excess Required: \$ \_\_\_\_\_

### SECTION 3: BUSINESS ACTIVITIES

1. Please describe the nature of your business activities and include the activities of any subsidiaries that you want to be covered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 4: GROSS TURNOVER

|                | Past year ending / / | Current Year | Estimate for coming year |
|----------------|----------------------|--------------|--------------------------|
| Total Turnover | \$                   | \$           | \$                       |
| Arising in USA | \$                   | \$           | \$                       |

## SECTION 5: DATA SECURITY DETAILS

1. Do you secure remote access to your network and data (SSL, IPSec, SSH, etc.)? Yes [ ] No [ ]
2. Do you run commercially licensed firewalls and antivirus? Yes [ ] No [ ]
3. Do you enforce a policy of auditing and managing computer and user accounts? Yes [ ] No [ ]
4. Are all mobile devices (such as laptops, tablets, smartphones and memory sticks) password protected?  
Yes [ ] No [ ]
5. Are you PCI compliant, if applicable? If not applicable, leave blank Yes [ ] No [ ]
6. Do you wish to have cover for Social Engineering, Phishing and Cyber Fraud? Yes [ ] No [ ]
7. If YES to the above:
  - a. Are all requests to alter supplier and customer details including bank account details, independently verified with a known contact for authenticity? Yes [ ] No [ ]
  - b. Do you ensure that at least two members of staff authorise any transfer of funds, signing of cheques (above \$2,000) and the issuance of instructions for the disbursement of assets, funds or investments?  
Yes [ ] No [ ]

## SECTION 6: BUSINESS INTERRUPTION

1. Does the Disaster Recovery Plan or Business Continuity Plan take Cyber perils into consideration?  
Yes [ ] No [ ]
2. Network Dependency - after how long will your business be impacted by a loss to your site/systems?  
6 hours [ ] 12 hours [ ] 24 hours [ ] 48 hours [ ]
3. Do you outsource any critical systems/applications to third parties? Yes [ ] No [ ]  
If so, whom? \_\_\_\_\_
4. Do you back up critical data at least once a week? Yes [ ] No [ ]

## SECTION 7: REGULATORY ISSUES

1. Have you ever been investigated in respect of personally identifiable information, including but not limited to payment card information, or your privacy practices? Yes [ ] No [ ]
2. Have you been asked to supply any regulator or similar body with information relating to personally identifiable information or your privacy practices? Yes [ ] No [ ]

3. Have you ever been asked to sign a consent order or equivalent in respect of personally identifiable information or your privacy practices? Yes [ ] No [ ]

4. Have you ever received a complaint relating to the handling of someone's personally identifiable information? Yes [ ] No [ ]

### SECTION 8: CLAIMS DETAILS

1. Have you suffered any loss or has any claim whether successful or not ever been made against you? Yes [ ] No [ ]

2. Are you aware of any matter which is likely to lead to you suffering a loss or a claim being made against you? Yes [ ] No [ ]

If YES, please specify details (attach additional information if required):

#### Material Information

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details:

### SECTION 9: INCOME DETAILS

In respect of gross turnover for the last financial year, please provide a breakdown by State

| NSW | ACT | QLD | VIC | TAS | SA | WA | NT | O/S |
|-----|-----|-----|-----|-----|----|----|----|-----|
| %   | %   | %   | %   | %   | %  | %  | %  | %   |

### SECTION 10: DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

I, FULL NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY