

Cyber Insurance Proposal Form (SME)



IMPORTANT NOTICE

Claims Made Insurance

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Privacy Policy

We are bound by the Privacy Act 1988 (Cth) and the Privacy Amendment (Enhancing Protection) Act 2012 (Cth) or as amended, and its associated National Privacy Principles when we collect and handle your personal information. We collect personal information in order to provide our services. We also pass it to third parties involved in this process such as insurers and other service providers. If you do not provide the information we need we may not be able to offer you insurance or deal with claims under your insurance.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

Important: Please answer all questions fully. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead

Section 1: General Information

(a) Name of Insured (s) (Include all entities to be Insured including Subsidiaries)

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(b) Address of principal office (please provide a street address only)

Street	City
State	Postcode

(c) Contact Details

Name	Telephone
Website	Email

(d) Business Activity

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(e) Revenue Breakdown

Location	Last Financial Year	Current Financial Year	Next Financial Year
Australia & New Zealand			
USA & Canada			
Other			
Total			

(f) Stamp Duty Split (Revenue Split per State)

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas

Section 2: Corporate Governance & Security Questions

(a) Do you process, transmit or store less than 250,000 thousand records containing an individuals' personal information? *Please note multiple pieces of personal information on the same individual is considered one record for the purpose of this question.*

Yes No

If no, please confirm how many records are held.

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(b) Do you outsource any of your IT functions to a third party? If 'Yes', please list the name of the provider below.

Managed Service Provider: (Manages your IT network and services)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Network Security Provider: (Manages your IT network security)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cloud/Back up Provider: (Cloud Providers such as AWS, Azure etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Internet Service Provider: (Provides access to the internet for your business)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other: <i>(as an example, this may be a firm who conducts vulnerability or penetration testing services for your business)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

(c) Do you have any anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and is it updated on a regular basis (at least weekly)?

Yes No

(d) Do you have firewall technology used at all internet points of presence and do formal firewall configuration standards exist?

Yes No

(e) Do you take at least weekly backups of all critical data and store the same off-site or in a fireproof safe or do you have an outsourced provider that meets these minimum requirements?

Yes No

(f) Do you process or store credit card information where this is not outsourced to a third party that accepts full responsibility for PCI compliance?

Yes No

(g) If 'yes' to question (f) have you been certified as being PCI compliant within the last 12 months or have you successfully completed a self-assessment audit.

Yes No

(h) Is Personal Information stored on portable media devices?

Yes No

(i) If 'yes' to question (h) are such portable media devices carrying Personal Information encrypted?

Yes No

Section 3: Social Engineering (Crime) Questions

*If these questions are answered in the negative, the Social Engineering Extension under the policy will **not** be provided.*

(a) Do you verify new customer or supplier bank account information (including name, address and bank account number) prior to initiating any financial transaction with such supplier or customer?

Yes No

(b) Do you upon receipt of any email requests to change supplier or customer bank account details (including account number, email address, contact information, bank routing number):

i) Have direct call back procedures in place (i.e. other than responding via email) to the contact phone number in place prior to receipt of the change request?

Yes No

ii) Require internal dual signoff from a supervisor or authorised person prior to initiating the change request?

Yes No

Section 4: Claims Questions

a) Have you suffered any claim, loss or had any penalties/fines levied against you in the past five years in relation to the risks that this questionnaire relates to?

Yes No (If 'Yes' please provide further information)

b) Are you aware of any circumstances or complaints against you in relation to data protection or security, or any actual security violations or security breaches either currently or in the past five years?

Yes No (If 'Yes' please provide further information)

Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice on page 1 of this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediately notice thereof.

I/We authorise INSURERS to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client).

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons and/or entities who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and I/we complete this Proposal form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature

Date

/ /

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered.

If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recovery under the policy or lead to it being avoided.