



LAUW
LONDON AUSTRALIA UNDERWRITING



Cyber eRisks SME Questionnaire

- Please only complete this questionnaire if the Proposer's annual gross revenue is less than \$10m.
- If the Proposer's revenue is greater than \$10m, please complete the Cyber eRisk Proposal Form.

IMPORTANT NOTICES

Pursuant to the provisions of the Insurance Contracts Act 1984 (Cth), Underwriters are required to notify you of the following relevant information.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

It should be noted that this duty continues until the Policy is entered into with Underwriters, and extends to any renewal, reinstatement, variation or extension to the Policy.

Non-Disclosure

Underwriters may be entitled to either reduce their liability under the contract in respect of a Claim, cancel the contract or avoid the contract from its beginning in accordance with the provisions of the Insurance Contract Act 1984 (Cth) if you fail to comply with your duty of disclosure.

Claims Made

This is a "claims made" policy of insurance, which means that it only covers claims made against an insured and notified to Underwriters during the period of insurance. By operation of Section 40(3) of the Insurance Contracts Act 1984 (Cth), where the insured gives notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by the contract.

Retroactive Liability

The policy may be limited by a retroactive date stated in the schedule. The policy does not provide cover in relation to any claim arising from any actual or alleged act, error, omission or conduct that occurs before the commencement of the policy, unless retroactive liability cover is extended by Underwriters.

Liability Assumed Under Agreement

Cover provided by this form of liability insurance does not cover liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

Utmost Good Faith

In accordance with Section 13 of the Insurance Contracts Act 1984 (Cth), the policy of insurance is based on utmost good faith requiring Underwriter(s) and the proposer / insured(s) to act towards each other with the utmost good faith in respect of any matter relating to the insurance contract.

Privacy Notice

LAUW and **Underwriters** are committed to compliance with the provisions of the Australian Privacy Principles and the Privacy Act 1988 (Commonwealth). In order for **Underwriters** to assess the risk of and provide you with insurance products and assess and manage any claims under those products, it is necessary to obtain personal information from you. If you do not provide us with this information, this may prevent **Underwriters** from providing you with the products or services sought.

If you provide us with information about someone else, you must obtain their consent to do so. LAUW and **Underwriters** may disclose your information to other insurers, their reinsurers, and insurance reference service or other advisers used by **Underwriters** or LAUW on behalf of **Underwriters** such as loss adjusters, lawyers or others who may be engaged to assist in claims handling, underwriting or for the purpose of fulfilling compliance and/or regulatory requirements. These third parties will all be contractually required to adhere to **Underwriters'** privacy obligations.

Our privacy policy contains information about how you can access the information we hold about you, ask us to correct and how you may make a privacy related complaint. You can obtain a copy of our privacy policy [here](#).

Should you require access to your personal information, LAUW may be contacted on (02) 8912 6400.

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

(1) Name of Insured(s) (include all entities to be insured):

(2) Address:

(3) Business Activity:

(4) Please confirm the total revenue of the company:

Last Financial Year	Current Financial Year (forecast)	Next Financial Year

Please provide a breakdown of your revenue generated in the last financial year by the relevant state:

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas

(5) Does the Proposer use a third-party vendor for the following services? If 'Yes', please provide the name of the third party(s) and list N/A where third party services are not used:

Network Security	Cloud/Back Up Provider	Internet Service Provider	Business Critical Software Provider	Payment Processor	POS Hardware Provider

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

☐ Yes ☐ No

(7) Does the Proposer have antivirus software installed on its network and PC's and are firewalls in place and are these regularly updated (at least weekly)?

☐ Yes ☐ No

(8) Does the Proposer allow Personal Information to be stored on portable media devices?

☐ Yes ☐ No

(9) If "Yes" to 8. above, please confirm the Proposer ensures that portable media devices carrying Personal Information are encrypted.

☐ Yes ☐ No

(10) Does Proposer store credit card details on their Network, even momentarily?

☐ Yes ☐ No

(11) Approximately how many Individual's records have you collected or stored on your network?

(12) Do you enforce software update processes with the installation of software patches and that critical patches installed within 30 days of release?

☐ Yes ☐ No

(13) Is multi factor authentication utilized for all remote access (e.g. VPN) to the internal network?

☐ Yes ☐ No

(14) Do you encrypt all sensitive and confidential data when in transit from the network?

☐ Yes ☐ No

(15) In the past 5 years has:

a) The Proposer been made aware of any matter that is reasonably likely to give rise to a loss or claim under such insurance policy, or have they suffered any loss, or a claim been made against them?

☐ Yes ☐ No

b) The Proposer or any Director been subject to any regulatory, government or administrative action brought against them or any investigation or information request concerning the handling of personal information?

☐ Yes ☐ No

If "Yes" to any of the (a) and (b) above, please provide more information below or via annexure

Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice on page 2 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

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 Proposal's right of recovery under the policy or lead to it being avoided.

OPTIONAL COVER(S)

Reputational Harm (Contingent Business Interruption)

☐ Yes ☐ No

Limits: \$250,000 ☐ \$500,000 ☐ \$1,000,000 ☐

Tangible Property (Bricking) - \$25,000

☐ Yes ☐ No

Cyber Crime

☐ Yes ☐ No

If "yes" to Cyber Crime, please complete the following questions.

1. Limits: \$25,000 ☐ \$50,000 ☐ \$75,000 ☐ \$100,000 ☐ \$150,000 ☐

2. Can the Proposer confirm that the following operations are always segregated so that no individual person can control any operation from start to finish without referral to another person?

- | | | |
|--|------------------------------|-----------------------------|
| a) Cheques being signed or payments being authorised above AUD\$10,000 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Issuing funds transfer instructions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Amending funds transfer procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Opening new bank or supplier accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Refund of monies or return of goods above AUD\$10,000 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Can the Proposer confirm that bank statements are always independently reconciled by persons who are not authorised to deposit and/or withdraw funds or issue funds transfer instructions?

☐ Yes ☐ No

4. Can the Proposer confirm whether an independent physical count of stock, raw materials, work in progress and finished goods is undertaken and whether the count is then reconciled against recorded stock levels?

☐ N/A ☐ Yes ☐ No

a) How frequently is a count undertaken?

b) Were there any discrepancies discovered during the most recent count?

☐ Yes ☐ No

If "Yes" to question 4b), please provide full details or attach an addendum:

5. Does the Firm have an approved suppliers list that is regularly updated and checked by the Directors or Officers?

☐ Yes ☐ No

6. Can the Proposer confirm that all suppliers, service providers and outsourcing companies are

a) vetted for competency, financial stability and honesty before being approved?

☐ Yes

☐ No

b) appointed under a written contract?

☐ Yes

☐ No

If "No" to any part of question 7, please provide full details:

7. Does the proposer accept funds transfer instructions over the telephone, fax, email or some other electronic communications method?

☐ Yes

☐ No

8. Do employees receive anti-fraud training including but not limited to detection of impersonation fraud or phishing scams?

☐ Yes

☐ No

☐ N/A

9. Does the proposer verify any request to transfer funds made by an employee, officer or owners by calling back the employee, officer or owner at the telephone number listed in the company directory?

☐ Yes

☐ No

☐ N/A

10. Does the proposer have procedures in place to verify the authenticity of any payment or funds transfer request received by an employee from an internal company source (e.g. another employee, subsidiary, location or department)?

☐ Yes

☐ No

☐ N/A

11. Within the last three years, has the Firm discovered any employee dishonesty, burglary, robbery, disappearances, destruction or forgery losses?

☐ Yes

☐ No

If "Yes," please provide full details or attach an addendum:

12. Has the Firm ever been declined, had cancelled or non-renewed any insurance policy for Cyber Crime coverage?

☐ Yes

☐ No

If "Yes," please provide full details or attach an addendum:

I/We declare that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the Proposer. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter the Underwriters' view of the risk, or affect their assessment of the exposures they are covering under the policy. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the policy.

I/We acknowledge that we have read and understood the content of the Important Notice contained in this proposal.

Signed:

Name in capital letters (printed):

Date:

Position:

For and/on behalf of the **Proposer**: