

# PROPOSAL FORM

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## LAUW BBR CYBER LIABILITY INSURANCE

(For Insureds with revenue below AUD\$30million)



### Proposal Form

1. All questions must be answered giving full and complete answers.
2. Please ensure that this Proposal Form is Signed and Dated.
3. This document is designed to be completed electronically.

**LAUW**  
LONDON AUSTRALIA UNDERWRITING



**IMPORTANT NOTICES**

**Utmost Good Faith**

In accordance with Section 13 of the Insurance Contracts Act 1984, 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.

**Your Duty of Disclosure**

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

You have this duty until **Underwriters** 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 Underwriters anything that:

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

**If You Do Not Tell Underwriters 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.

**Claims Made**

This is a "claims made" policy of insurance, which means that it only covers **Claims** made against **Insured** and notified to **Underwriters** during the **Policy Period**.

The policy does not provide cover in relation to Known Facts (as set out in the relevant exclusion) nor in relation to any actual or alleged act, error, omission or other conduct which takes place before the Retroactive Date (if any) specified in the schedule.

Where you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the **Policy Period**, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the **Claim** is made after the expiry of the **Policy Period**. Those rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for Claims made against you after the expiry of the **Policy Period**.

**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. For further details please see: <http://lauw.com.au/privacy-policy.php>

The above notes are not exhaustive and in no way should be read in isolation of the full policy terms, conditions, limitations and exclusions.



1. Name of Insured(s) (please include all entities):

2. Australian Business Number (ABN):

3. Number of Employees

4. Business activities:

5. Website(s) or domain(s):

6. Principal address:

7. Revenue (AUD):

| Last financial year: \$ | Current financial year (forecast): \$ | Next financial year (forecast): \$ |
|-------------------------|---------------------------------------|------------------------------------|
| <input type="text"/>    | <input type="text"/>                  | <input type="text"/>               |

8. Please provide a breakdown of the revenue generated in the last financial year by the following jurisdictions:

| NSW                  | VIC                  | QLD                  | SA                   | WA                   | TAS                  | ACT                  | NT                   | Overseas             |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

9. Do you use SCADA or similar process control software?

☐ Yes ☐ No

10. Do you handle more than 100,000 PII's (Personal Identifiable Information)?

☐ Yes ☐ No

11. Do you have a Business Continuity Plan in place which has been successfully tested and you can confirm that following an unexpected interruption of your computer systems, all your revenue-earning operations can be fully resumed within 12 hours?

☐ Yes ☐ No

## Training

12. Do you provide regular, documented information security training to all your employees, including anti-phishing training at least annually?

☐ Yes ☐ No

## Backups

13. Do you keep backups of critical data separate from your network offline or in a cloud-based service designed for this purpose?

☐ Yes ☐ No

14. How frequently do you back up critical data?

15. Have the following been implemented to secure the backup environment?

☐ Segmentation ☐ Encryption ☐ MFA ☐ Vaulted Credential

## MFA

16. Do you enforce Multi-Factor Authentication (MFA) for cloud-based services (such as cloud-based email access) and for all remote access to your network?

☐ Yes ☐ No

## VPN

17. If you have any physical, in-house servers (as opposed to entirely cloud-based), do you use a Virtual Private Network (VPN) to access your servers when working remotely?

☐ Yes ☐ No

## Securities

18. Do you have security tool protecting computers and handheld devices (for example -Anti-Virus Software, Anti-malware, Endpoint Detection and Response)

☐ Yes ☐ No

19. Do you have an email security solution in place (for example - Password Management, Sandbox, Spam Filters, Encryption, Security Tools)

☐ Yes ☐ No

20. Do you enforce software update processes with the installation of software patches and those critical patches installed?

☐ Yes ☐ No

21. Does the Proposer allow Personal Information to be stored on portable media devices?

☐ Yes ☐ No

If "Yes", are they encrypted?

☐ Yes ☐ No

## Cyber eCrime – If you require cover for Cyber eCrime please answer the following:

22. Do you accept funds transfer instructions from clients over the telephone, email, text message or similar method of communication?

☐ Yes ☐ No

a. If Yes, prior to complying with the instruction do you authenticate such instruction by:

i. Calling the customer at a predetermined number?

☐ Yes ☐ No

ii. Sending a text message to a predetermined number?

☐ Yes ☐ No

iii. Request receipt of a code known only to the customer to confirm identity?

☐ Yes ☐ No

iv. Some other method or combination of the above?

☐ Yes ☐ No

If Yes please describe:

23. Do you have custody or control over any funds or accounts of any of your clients?

☐ Yes ☐ No

If Yes please describe

24. Do you confirm all changes to vendor/supplier details (including routing numbers, account numbers, telephone numbers and contact information) by a direct call using only the contact number previously provided by the vendor/supplier before the request was received?

☐ Yes ☐ No

25. Do you currently (or have you previously) process/store debit or credit card information?

☐ Yes ☐ No

26. Are you PCI compliant?

☐ Yes ☐ No

## Group of Companies

27. Are you a subsidiary of another company?

☐ Yes ☐ No

28. Do you have subsidiaries?

☐ Yes ☐ No

29. (a) Is cover required for you only?

☐ Yes ☐ No

(b) Is cover required for you and your subsidiaries?

☐ Yes ☐ No

(c) Are the revenues declared in the proposal form includes all subsidiaries?

☐ Yes ☐ No

(d) Are IT systems for each company segregated (you don't share IT infrastructure with your subsidiaries) one from the other?

☐ Yes ☐ No

(e) Are answers provided in the proposal form applicable to all companies to be covered?

☐ Yes ☐ No

Additional Details

## Prior Claims and Circumstances

30. In the past five years, have you been made aware of any matter that is reasonably likely to give rise to a loss or claim under a cyber insurance policy or have you suffered any loss or had a claim made against you?

☐ Yes ☐ No If Yes please provide the following:

a. Date of loss

b. Type and cause of the loss

c. Subsequent remediation steps implemented post-loss to prevent a repeat



**Declaration**

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 Notices contained in this proposal.

Signature of Authorized Person:

SIGN

Full Name of Signatory:

Position:

Date:

It is important the signatory(s) to the declaration is/are fully aware of the scope of this insurance and that all questions are answered.

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

**LIMIT(S) REQUIRED:**

☐ \$250,000    
 ☐ \$500,000    
 ☐ \$1,000,000    
 ☐ \$2,000,000

**CURRENT CYBER INSURANCE** (if applicable):

Limit

Insurer

Premium