

Cyber Insurance Proposal Form

1. Full name and address of firm to be insured

Name	<input type="text"/>		ABN	<input type="text"/>
Address	<input type="text"/>		Postcode	<input type="text"/>
City	<input type="text"/>	Date Established	<input type="text" value="/ /"/>	
Email	<input type="text"/>		Website <input type="text"/>	
Type of Business	<input type="text"/>		Number of Employees <input type="text"/>	

2. Please tick the respective box(es) to confirm which limits of liability you require quotes for

\$250,000
 \$500,000
 \$1,000,000
 \$2,000,000
 \$5,000,000

3. Income

	Last Year	Current Year	Next Year
Australia and New Zealand	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
USA/Canada	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Rest of the world	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Please provide a percentage breakdown of turnover by location

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	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"/> %

4. Data

How much PII/PHI/PCI do you store on your system?

5. Internal security controls and backups

- a) Do you encrypt all sensitive and confidential information stored on your organisation's systems and networks? Yes No
- b) Do you encrypt sensitive data that is physically removed from your premises by mobile device (e.g. laptop/USB/mobile phones)? Yes No
- c) Do you require MFA (multi-factor authentication) for (select **all** that apply):
- i. Remote access to network Yes No
- ii. Privileged accounts Yes No
- iii. Back-ups (internal and external) Yes No
- iv. Web application email access Yes No
- d) Do you use a next generation antivirus (NGAV) product or EDR tool to protect all endpoints across your enterprise? Yes No
- e) Please confirm how quickly critical patches are carried out:
- 24 Hours 48 Hours 72 Hours Other (please describe)
- f) Please confirm how frequently you back up systems?
- Daily Weekly Monthly Other (please describe)
- g) Do you have an incident response plan or business continuity plan in place? Yes No
If yes, is it tested annually? Yes No
- h) Do you have a privacy policy available which includes details of data retention and destruction? Yes No

6. Crime controls

- a) Do all employees receive social engineering training including phishing simulations? Yes No
- b) Do you have controls in place ensuring timely removal of system access when an employee leaves the organisation, or when access is no longer required for business purposes? Yes No
- c) Does your organisation send and/or receive wire/electronic transfers? Yes No
If yes, does your verification/authorization process include the following:
- i. Approval by more than one employee required to initiate the transfer of funds? Yes No
- ii. Do you have a call back procedure to initiate payment to a new bank account or to change banking details for an existing bank account? Yes No
- iii. Do you have an approval threshold with your bank requiring a phone call from your bank to release funds on transfers over \$25,000? Yes No

7. Claims history

a) Are you aware of a matter that is reasonably likely to give rise to any loss or claim, or have you suffered any loss or any claim in the last 5 years?

Yes No

If yes, please provide details:

b) Have you been subject to any government action, investigation or subpoena regarding any alleged violation of any privacy/data security law or regulation.

Yes No

If yes, please provide details:

Important Notices

General Advice Warning

Any advice about this insurance that We or SURA give You is of a general nature. We do not consider Your individual objectives, financial situation or needs. It is up to You to choose the cover You need, and You should carefully read this document and any other documents that form part of the Policy before deciding whether this insurance is right for Your individual objectives, financial situation and/or needs.

Duty of Disclosure

Before the contracting insured enters into an insurance contract (referred to as "You" and "Your" in this notice), You have a duty to tell Us of anything that You know, or could reasonably be expected to know, that 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;
- is of common knowledge;
- 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 fail to comply with Your Duty of Disclosure, and We would not have entered into the contract, for the same premium and on the same terms and conditions, had the failure not occurred, We may, subject to applicable law:

- be entitled to cancel Your contract or reduce the amount We will pay You if You make a claim, or both; or
- if Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Subject to applicable law or unless We state otherwise, a breach of the duty by one Insured affects all insureds in these ways.

Not a Renewable Contract

The Cyber Insurance Policy is not a renewable contract so the Policy will terminate on the expiry date indicated. If You therefore require a subsequent Policy, You will need to complete and submit a new proposal form for assessment prior to the termination of the current Policy.

Privacy

Your personal information will be collected and handled in accordance with our Privacy Policy. A copy of Our Privacy Policy is located on Our website at www.sura.com.au.

Declaration

By signing this document, You represent that You are authorised to sign on behalf of all persons/entities identified as the intending insured(s). A misstatement or misrepresentation by one applicant of any material facts relevant to the Insurer's decision whether to accept or reject this risk is treated as a misstatement or misrepresentation by all applicants.

I/we have read and understood the information herein, including the Important Information, and the SURA Privacy Policy.

I/we agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected.

I/we declare that the statements and particulars contained in this Proposal Form are true, correct, and complete and that I/we have not omitted, misstated or suppressed any material facts.

I/we undertake to inform the Insurer of any material alteration to this information occurring before the proposed insurance commences.

Name of firm

Signature

(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

Title of signatory

Full name

Date