

# CYBER INSURANCE

*Application Form*

# IMPORTANT NOTICES

## *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, may be relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have this duty until such time as the insurer agrees to insure you.

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 any matter:

- that diminishes or reduces the risk to be undertaken by the insurer;
- that is of common knowledge;
- that the insurer knows or, in the ordinary course of their 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 and/or may cancel the contract.

## *Utmost Good Faith*

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim and/or the continuation of the insurance contract.

## *Claims Made and Losses Discovered*

Parts of this policy are on a "claims made" or "losses discovered" basis. This means that, subject to the terms and conditions of the policy, the policy will insure you for claims made against you or losses discovered and notified to the insurer during the period of insurance or the discovery period (if applicable).

The policy may also respond to the written notification of facts that might give rise to a claim pursuant to Section 40(3) of the Insurance Contracts Act 1984 (Cth) which prevents the insurer from refusing to pay a claim made against you by reason only that the claim was made after expiry of the period of insurance where you gave notice in writing to the insurer of facts that might give rise to the claim or loss as soon as was reasonably practicable after you became aware of those facts but before expiry of the period of insurance or the discovery period (if applicable).

## *Not an Automatic Renewal Contract*

The policy offered by the insurer will terminate at expiry of the specified period of insurance. There is no right to automatic extension or renewal of the policy. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the expiring policy so that the insurer may consider whether or not to offer another policy, and if so, on what terms.

## *Financial Claims Scheme*

This Policy may be a protected Policy under Federal Government's Financial Claims Scheme (FCS), which is administered by APRA. The FCS may apply in the event that a general insurance company becomes insolvent. If the FCS applies a person who is entitled to make a claim under this Policy may be entitled to a payment under the FCS. Access to the FCS is subject to eligibility criteria. You may obtain further information about the FCS from [www.fcs.gov.au](http://www.fcs.gov.au) and the APRA hotline on 1300 55 88 49.

# INSTRUCTIONS

- All questions must be answered in full. Failure to do so may result in delays in providing a quotation or effecting the insurance.
- Where a Yes/ No response is indicated please tick or cross the applicable box.
- This form must be signed by at least one director of the principal entity seeking insurance who has the authority to sign the proposal form on behalf of all parties to be insured and after all necessary enquiries have been made of the applicable directors and officers.
- Where there is insufficient space to answer any question, or additional documentation or information is required, please provide same by way of a clearly labelled attachment to this proposal form and specify the applicable attachments in the space provided for each question.
- If you require any assistance in completing this proposal form please contact your insurance adviser.

# 1. APPLICANT DETAILS

1. Please provide the full legal entity name of the applicant (referred to as “You/Your” in this form):

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ABN: \_\_\_\_\_

2. Trading Name:

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3. Are you controlled, owned, affiliated, or associated with any other firm, corporation or company?

Yes

No

*If “Yes”, please provide further details below:*

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4. Principal address:

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

Post Code: \_\_\_\_\_

5. Website address:

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6. Please provide details of your staff locations for the purpose of calculating stamp duty:

NSW	VIC	QLD	ACT	SA	TAS	NT	WA	Overseas

## 2. BUSINESS DETAILS AND DEMOGRAPHICS

1. What is your primary business or activities?

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2. Please state your revenue in the following categories:

Territory	Prior Year (Actual)	Current Year (Forecast)
Australia and New Zealand		
USA		
Europe		
Rest of World		
Total		

3. Please specify the number of personal information data records you have that are subject to the following legal jurisdictions:

	Australia	USA	Europe	Rest of World
Number of records				

### 3. COMPUTER SYSTEM SECURITY

- |  |     |    |
|--|-----|----|
| 1. Are you and / or your employees working from home during the Covid-19 pandemic?   | Yes | No |
| 2. Have you (or will you prior to inception of this insurance) make your employees aware of the risk of phishing emails, particularly phishing using emails using Covid-19 themes? | Yes | No |
| 3. Do you currently (or will you prior to inception of this insurance) access your company networking using complex passwords AND some form of multi-factor authentication?        | Yes | No |
| 4. Do you practice the following mitigation strategies to prevent malware delivery and execution:  |     |    |
| a) Security patching of applications and operating systems   | Yes | No |
| b) Email content filtering   | Yes | No |
| c) Web content filtering   | Yes | No |
| d) Deny corporate computers direct Internet connectivity. (i.e. Use a gateway firewall)  | Yes | No |
| e) Antivirus software with up-to-date signatures   | Yes | No |
| 5. Do you practice the following mitigation strategies to limit the extent of cyber security incidents?  |     |    |
| a) Restrict administrative privileges  | Yes | No |
| b) Multi-factor authentication for all users when they access your computer system remotely  | Yes | No |
| c) Encryption of data in transit   | Yes | No |
| e) Encryption of data at rest  | Yes | No |
| f) Encryption of data stored on laptop hard drives or portable media   | Yes | No |

6. Do you practice the following mitigation strategies to recover data and ensure system availability?
- |   |     |    |
|---|-----|----|
| a) Daily backups                                      | Yes | No |
| b) Have and regularly test a business continuity plan | Yes | No |
7. Do you practice the following mitigation strategies to prevent malicious insiders from being employed or causing harm?
- |  |     |    |
|--|-----|----|
| a) Background checks when recruiting or promoting personnel to become users with privileged access             | Yes | No |
| b) Immediately disable all accounts of departing users   | Yes | No |
| c) Regularly provide security awareness training and remind users of their security obligations and penalties? | Yes | No |

## 4. OPTIONAL EXTENSIONS

1. Do you require optional cover for claims against you arising from your Payment Card Industry Data Security Standard Liability? Yes  No

a) Do you outsource all credit card processing to an entity that is fully compliant with Payment Card Industry (PCI) data security standard? Yes  No

*If "No", please indicate your level of compliance with the Payment Card Industry (PCI) data security standards:*

PCI Data Security Standard Level	Last verified compliance date	Independently Verified?		Compliance %*
		Yes	No	
1. (> 6,000,000 transactions)		<input type="checkbox"/>	<input type="checkbox"/>	
2. (> 1,000,000 transactions)		<input type="checkbox"/>	<input type="checkbox"/>	
3. (> 20,000 transactions)		<input type="checkbox"/>	<input type="checkbox"/>	
4. All others		<input type="checkbox"/>	<input type="checkbox"/>	

*\*If you have answered less than 100% compliance for the level of transactions you process, please advise what steps you are taking to ensure future compliance and the expected timeframe to achieve this.*

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2. Do you require optional cover for contingent business interruption? Yes  No   
*(i.e. a total or partial interruption or deterioration in your business operations caused by the outsourced service providers information technology)*

3. Do you require optional cover for Social Engineering Financial Fraud? Yes  No   
*(i.e. the transfer of money or securities to an account outside your control pursuant to fraudulent instructions made by a person purporting to be an authorized employee, outsourced provider or customer of yours).*

a) Do you always verify the instruction to transfer money or securities by following a pre-arranged call back or other established procedural method to authenticate the validity of the request prior to acting upon any transfer instruction? Yes  No

b) Please choose the applicable limit that you would like Social Engineering Financial Fraud cover for:

<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$250,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$500,000



## 5. MULTIMEDIA ACTIVITIES

*This section only needs to be completed by publishing and advertising industry applicants*

1. Do you currently conduct any of the following activities or plan to conduct any of the following activities within the next 12 months?

- |   |     |    |
|---|-----|----|
| a) Film, television or radio broadcasting.              | Yes | No |
| b) Newspaper or magazine publishing.                    | Yes | No |
| c) Blogging.  | Yes | No |
| d) Social media posts, inviting audience participation. | Yes | No |

*If "Yes" to the above, is content moderated before publication?*

- |  |     |    |
|--|-----|----|
| e) Advertising of your products and services.  | Yes | No |
| f) Production of content for film, television, radio, social media, advertising, brochures, or other material to be published on behalf of others. | Yes | No |

*If "Yes", to any of the above questions, please provide more specific details of the content involved and your risk management procedures (including internal or external legal review etc.)*

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2. Do you have policies and procedures in place to ensure that personal information collected for marketing or other purposes is always collected legally and with the express permission of the persons involved? Yes  No

*If "No", please advise what controls you have in place to ensure compliance with the relevant SPAM legislation in the jurisdictions concerned*

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## 6. OTHER INSURANCE

Please provide details of whether you have the following insurance in place:

Line of business	Insured?		Insurer	Policy Number
	Yes	No		
Professional indemnity	<input type="checkbox"/>	<input type="checkbox"/>		

## 7. CLAIMS INFORMATION

1. After enquiry, has there been or is there now pending a claim against you for actual or alleged:
- |   |     |    |
|---|-----|----|
|   | Yes | No |
| a) loss or theft of personally identifiable information or other confidential data? |     |    |
| b) breach of security or unauthorised access to the Company's computer system?      |     |    |
| c) unavailability of data or services provided via your computer or on your behalf? |     |    |
2. After enquiry, have you in the previous 3 years ever had:
- |  |     |    |
|--|-----|----|
|  | Yes | No |
| a) a cyber-attack specifically targeted against you?               |     |    |
| b) a cyber extortion attempt?                                      |     |    |
| c) an unscheduled computer system interruption exceeding 12 hours? |     |    |

*If you replied "Yes" to any of the above please provide further details below, including the date(s) of any events and an estimate of the costs incurred by you:*

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## 8. DECLARATION

The signatory acknowledges and confirms that:

- They are appropriately authorised by the board of directors to complete this form on behalf of you.
- They have made due inquiry of the directors and officers in respect of the questions in this proposal form.
- They have read and understood the Important Notices.
- All statements and responses herein are true and accurate and no fact or matter has been misstated, misrepresented or omitted.
- Until a contract of insurance is entered into, any material change to the answers disclosed will be notified to the insurer.
- They consent to the disclosure and use of personal information in accordance with the insurer's privacy policy.
- The completion of this form does not oblige the applicant or any insurer to enter into a contract of insurance

<b>Name:</b>	
<b>Position:</b>	
<b>Signature:</b>	
<b>Date:</b>	/      /



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**BROOKLYN**   
**UNDERWRITING**