

IMPORTANT NOTICE

This Proposal forms the basis of any insurance contract subsequently entered into by you and DUAL New Zealand. This Proposal Form must be completed by an authorised officer of the applicant.

Please complete it fully and carefully, remembering to sign the Binding Agreement/Statement.

Your Duty of Disclosure

You must disclose to DUAL New Zealand all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and premium. This includes, but is not limited to, any circumstance or conduct which might lead to a claim being made against you. This may also include information additional to the questions DUAL New Zealand has asked in this Proposal Form. This is known as your duty of disclosure.

Your duty of disclosure is a continuing one and extends to the renewal and variation of any policy of insurance entered into with DUAL New Zealand.

Failing to disclose material information may result in any subsequent claim being declined or your policy being avoided. This means your policy would be deemed to have never existed.

Privacy Collection Statement

At DUAL New Zealand, we are committed to protecting your privacy and complying with the *Privacy Act 2020* (NZ) (Privacy Act).

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurers we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurers is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g., claims management companies and AI cyber risk quantification platforms). We are part of Howden Group Holdings Limited and may provide your information to UK based Group entities who provide us with business support services. If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

Ask us for a copy of our Privacy Policy via email at privacy@dualnewzealand.co.nz or access it via our website using the following [link](#).

Please note DUAL New Zealand only require answers to the questions contained in this Proposal Form for those insurance products which you are seeking insurance for. However, please note Section 1, 2 and 5 of this Proposal Form are compulsory and must be completed.

The below list of coverage and policy options are indicative of the type and extent of cover available. Selection of one of these options does not bind DUAL New Zealand and DUAL New Zealand may not agree to the level and extent of cover selected. Should DUAL New Zealand decide to accept the risk, cover will be subject to the full terms and conditions contained in the applicable policy working and policy schedule.

DUAL New Zealand issues insurance products as an agent of Lloyd's of London, the product underwriter. Copies of the full policy wordings are available at www.dualnewzealand.co.nz.

Section 1 Details of Applicant

Insured Entity: _____

(Sole Trader, Partnership, Unlisted Limited Company)

Insured Name: _____

Insured Address: _____

City: _____ Postcode: _____

Occupation: _____

Staff Size: _____

Include all principals, partners, directors, and employees (full time, part-time and casual staff, interns, and volunteers)

Insured's Website Address: _____

N/A – Insured does not have a website

Section 2 General Questions

1. After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Managers:

- | | | |
|--|------------------------------|-----------------------------|
| a. Have there been any claim(s) made against you or any loss or expense incurred which might fall within the terms of this insurance cover? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Have any circumstances occurred which may give rise to a claim against you or result in any loss or expenses which might fall within the terms of this insurance cover? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If YES, which insurance products(s) does this relate to: _____

Please provide full details: _____

- | | | |
|---|------------------------------|-----------------------------|
| 2. Has your business, practice or any partner, principal or director ever been declined this type of insurance, or had similar insurance cancelled, or had an application for renewal declined (other than insurer exiting that area of insurance), or had special terms or restrictions imposed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

If YES, which insurance product(s) does this relate to: _____

Please provide full details: _____

- | | | |
|---|------------------------------|-----------------------------|
| 3. Have any judgments or findings or disciplinary action in respect of fraud, misrepresentation, improper behavior, or dishonesty ever been taken against you through any industry association or body? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

If YES, please provide details: _____

4. Do you currently have insurance in place for the following insurance product(s)?

- | | | | |
|---------------------------|---------|--------|--------------------|
| a. Professional Indemnity | Yes [] | No [] | Expiry Date: _____ |
| b. Management Liability | Yes [] | No [] | Expiry Date: _____ |
| c. General Liability | Yes [] | No [] | Expiry Date: _____ |
| d. Statutory Liability | Yes [] | No [] | Expiry Date: _____ |
| e. Employers liability | Yes [] | No [] | Expiry Date: _____ |
| f. Cyber | Yes [] | No [] | Expiry Date: _____ |
| g. Information Technology | Yes [] | No [] | Expiry Date: _____ |
| h. Association Liability | Yes [] | No [] | Expiry Date: _____ |

5. Do you earn any income for work outside of New Zealand and/or have any overseas subsidiaries? Yes [] No []

(If NO, proceed to Section 3)

a. Please specify in which country and percentage of total revenue derived:

Country	Revenue %

Section 3 | General Liability, Statutory Liability, Employers Liability and Management Liability

1. Do you hold any property of others in your care, custody, or control? Yes [] No []

If yes, please provide full details: _____

2. Are you a Reporting Entity under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009? Yes [] No []

If YES, do you ensure that where required you are compliant with Anti-Money Laundering legislation and / or the Know Your Customer requirements? Yes [] No []

3. Does your Company anticipate any retrenchments or redundancies within the next 12 months? Yes [] No []

Section 4 Professional Indemnity

1. Gross Professional Fee Income for the last 12 months: _____

If new or trading less than 12 months, please estimate annual revenue / turnover for the next 12 months.

2. Please provide a breakdown of your gross fees/income for the past 12 months derived from the following fields of work, either by stating the whole amounts in New Zealand Dollars (\$) or the percentage.

Fees Earned From:	Percentage Breakdown %	Last Financial Year's Gross Fees \$	Current Financial Year's Gross Fees \$
1. Advisory Body / Service			
2. Barrister			
3. Commercial Law			
4. Common Law			
5. Criminal Law			
6. Conveyances			
7. Directors Fees			
8. Estates & Trusts			
9. Matrimonial			
10. Mediators			
11. Other			
12. Other Litigation			
13. Patent Attorney			
14. Probate			
15. Representation of Juveniles - Family Court			
17. Solicitors			
18. Title / Legal Searchers			
Total	100%		

Section 5

Declaration

Binding Agreement / Statement**On behalf of all proposed Insureds, I/We declare and agree that:**

1. The information and answers given in this proposal are complete, true, and correct and that no material facts remain undisclosed.
2. Should any of the information contained in this proposal materially change, DUAL New Zealand will be notified of the changes as soon as practicable.
3. If this risk is accepted by DUAL New Zealand the information provided in this proposal will be incorporated into the contract of insurance.
4. DUAL New Zealand is authorised to disclose information received in this proposal to its advisers, reinsurers and to other insurers and obtain any information which, in DUAL New Zealand's opinion, may be relevant to the acceptance of this risk. DUAL New Zealand may use and disclose our personal information in accordance with the Privacy Statement at the beginning of this Proposal.
5. No contract of insurance will commence until such time as DUAL New Zealand has accepted this proposal and confirmed cover is in place.
6. They have read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

Insured Name: _____

Insured (Principal): _____

Signature: _____ Date: / /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY

DUAL New Zealand recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this proposal form and correspondence).

Addendum

Cyber & Privacy Protection Insurance

Section 1 | Cyber Liability

- | | | | |
|------------------------|--|---------|--------|
| 1. | Do you use operating systems with embedded firewalls and anti-virus protection software (such as Windows or Mac OS X) or run commercially licensed separate firewall or anti-virus protection software? | Yes [] | No [] |
| 2. | Are all mobile devices (such as laptops, tablets, smartphones, and memory sticks) password protected? | Yes [] | No [] |
| 3. | Are you compliant with the Payment Card Industry (PCI) Standards, or if not compliant, do you process, transmit or store LESS than 1,000,000 financial transactions and/or records containing an individual's personal information per year? | Yes [] | No [] |
| 4. | Do you outsource any part of your network, including storage? | Yes [] | No [] |
| If YES, to whom? _____ | | | |
| 5. | Do you wish to have cover for Social Engineering, Phishing & Cyber Fraud? | Yes [] | No [] |
| a. | If YES, are all requests to alter supplier and customer details including bank account details, independently verified with a known contact for authenticity? | Yes [] | No [] |
| b. | If YES, do you ensure that at least two members of staff authorise any transfer of funds, signing of cheques (above \$2,000) and the issuance of instructions for the disbursement of assets, to or on behalf of third parties? | Yes [] | No [] |
| c. | If YES, do you maintain procedures for the provision of written training materials to all Employees regarding the dangers of Social Engineering Fraud, Phishing, Phreaking and Cyber Fraud which incorporate regular review? | Yes [] | No [] |
| d. | If YES, do you maintain procedures for changing passwords for all online accounts and banking platforms maintained by you at least every 45 days and that the password protocols accord with industry best practice, or adopt two factor authentication? | Yes [] | No [] |
| 6. | Do you (directly or by re-selling such service) provide, operate, administer, or maintain any cloud hosting services, website hosting services or Internet Service Provider (ISP) services, to or on behalf of third parties? | Yes [] | No [] |
| 7. | Is multi factor authentication required for any and all remote access to your systems (including webmail, Citrix desktop, Cloud based applications, or Remote Desktop Protocol "RDP")? | Yes [] | No [] |
| 8. | Do you have an e-mail filtering system (e.g. MimeCast or equivalent) in place that is activated for all email accounts? | Yes [] | No [] |
| 9. | Is more than 25% of your revenue derived from the USA and Canada? | Yes [] | No [] |

10. Do you wish to include cover for Contingent Business Interruption? Yes [] No []

- a. If YES, Please confirm details of those external suppliers you wishes this cover to apply to (aside from any outsourced network providers previously declared)

Section 2

General Questions

1. How many personal identifiable information (PII) records do you hold and what does it consist of (e.g., financial information, contact information or medical information etc.)?

2. Do you ensure that all PI and any sensitive corporate and personal information is encrypted at rest, in transit and in back-up? Yes [] No []

If NO, please explain when and why not: _____

3. a. Do you have a Business Continuity Plan, Data Breach Response Plan and / or IT Security Framework in place? Yes [] No []

If NO, please explain why not: _____

b. Have these plans been tested: Yes [] No []

If NO, please explain why not: _____

4. Do you have cyber security training in place? Yes [] No []

If NO, please explain why not: _____

5. Have you undertaken any penetration testing / vulnerability scanning? Yes [] No []

If YES, please provide a copy of the report.

6. What External IT Service Providers do you use? _____

7. Do you have written contracts with all IT service providers? Yes [] No []

If NO, please explain why not: _____

Section 3 | Financial Loss Details

1. Has the business experienced a cyber incident in the last 3 years? Yes [] No []

2. What types of sensitive customer records do you store?

a. Medical data records: [] If YES, please confirm the no. _____

b. Personal data records: [] If YES, please confirm the no. _____

c. Credit Card data records: [] If YES, please confirm the no. _____

3. Please confirm your:

a. Annual total revenue: _____

b. Percentage of annual total revenue from online businesses: _____ %

4. Which of the following security measures has the business implemented?

a. Firewall []

b. Antivirus []

c. Using Backup []

d. Other: _____

5. How many of the following employee types does your business employ?

a. Full Time Employees: _____

b. IT Employees: _____

c. Cyber/Information Security: _____

Section 4 | Declaration

The undersigned declares that the statement and particulars in this Addendum are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information given by us alter between the date of this Addendum and the inception date of the insurance to which this Addendum relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the Privacy Collection Statement in the Proposal Form. The undersigned acknowledges that they have read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

The undersigned agrees that this Addendum and the Proposal Form, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

Full Name: _____

Position: _____

Signature: _____ Date: / /

DUAL recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Addendum, the Proposal Form and correspondence)