

Proposal Form

Cyber Liability & Privacy Protection Insurance



IMPORTANT NOTICES

Please read the following before proceeding to complete this Proposal Form.

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, 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:

- a. reduces the risk we insure you for;
- b. is common knowledge;
- c. we know or should know as an insurance company; or
- d. we waive your duty to tell us about.

If you do not tell us something

If you do not tell us something you are required to, we may cancel your policy or reduce the amount we shall indemnify 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 policy as if it never existed.

Completing this Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the Applicant to provide all information that is requested in the Proposal Form as well as to add additional relevant facts.
Note: A relevant fact is a known fact and/or circumstance that may influence in the evaluation of the risk by the Insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your Broker.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The Proposal Form must be completed, signed and dated by a person who must be of legal capacity and authorised for the purpose of requesting this insurance for the organisation who acts as the Applicant.

This Proposal Form DOES NOT BIND the Applicant or the Insurer to complete the insurance but will form part of any insurance.

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](#).

Section 1**Details of Applicant**

1. Insured Entity Type (please select):

- Sole Trader Unlisted Limited Company
- Partnership Incorporated Society / Cooperative
- Public Listed Company Other: _____

2. Insured Name: _____

3. Trading Name (if applicable): _____

4. Insured's Registered Address:
(Place where business is registered/place of incorporation.)

City: _____ Postcode: _____

5. Place of Incorporation: _____

6. Date Established: _____

7. Insured's Website Address: _____

N/A - Insured does not have a website

8. Occupation/Business Description:

Please provide a detailed description of all business activities including the activities of any related entities.

Section 2**Business and Employee Information****Subsidiaries**

1. Are you domiciled in New Zealand with no subsidiaries outside Australia or New Zealand? Yes No

If NO, please confirm:

a. Are you domiciled in New Zealand? Yes No

b. Where are the Insured's overseas subsidiaries?

Please specify below in which countries the Insured's subsidiaries are located and indicate the percentage of total revenue derived.

Subsidiary Name	Country	Revenue %
		%
		%
		%

Turnover

2. Please provide:

	Past Year	Current Year	Estimated Next Year
Total Turnover (NZD)			
% of Turnover Derived from Online Channels			

3. Is more than 25% of the Insured's revenue derived from the USA and Canada? Yes [] No []

4. If you have declared Overseas Turnover, please complete the below table to answer the following:

- From which country or countries is the Overseas Turnover derived?
- What activities are conducted overseas?
- How many Personally Identifiable Information (PII) records are held Overseas?

Country(ies)	Percentage of Total Turnover	Activities	Personally Identifiable Information (PII) Records
	%		
	%		
	%		
	%		

5. Is the Insured exempt from GST? Yes [] No []

Employees

6. Please confirm your staff size:

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

Principal / Partner / Directors		Information Technology	
Professional Staff		Cyber / Information Security	
Administration / Support		Other: (please specify)	
Total:			

7. Please confirm the number of employees that are full time: _____

Section 3 | Data Security Details

1. Do you secure remote access to your network and data (SSL, IPSec, SSH, etc.)? Yes No
2. Do you use operating systems with embedded firewalls and anti-virus protection software (such as Windows or Mac OS X), or run commercially licenced separate firewall or anti-virus protection software? Yes No
3. Do you enforce a policy of auditing and managing computer and user accounts? Yes No
4. Do you enforce a restricted access management policy for administrator rights and critical resources? Yes No
5. Are all mobile devices (such as laptops, tablets, smartphones and memory sticks) password protected? Yes No

If NO, please explain: _____

6. Do you encrypt all mobile devices and back up media? Yes No

If NO, please explain: _____

7. Are you compliant with Payment Card Industry Standards (if applicable), as set out by the PCI Security Standards Council (PCI SSC)? Yes No

Compliance with PCI Standards is required for all entities that store, process or transmit cardholder data. For more information on this please visit www.pcisecuritystandards.org. If the PCI Standards do not apply to the Insured, please answer "YES" to this question.

8. How often do you back up sensitive, confidential, critical or valuable data? _____

9. Do you regularly test re-establishing network functionality and data restoration from backups? Yes No

10. Is all sensitive, confidential, critical or valuable data encrypted? Yes No

If YES, which of the following?

At rest on the network In transit In back-up

11. Are staff trained on cyber security? Yes No

If YES, how often: _____

12. Do you distribute written cyber security training materials to your staff? Yes No
- If YES, how often: _____
13. Do you require staff to update passwords at least every 45 days? Yes No
- If YES, how often: _____
14. Have you performed penetration and/or social engineering testing? Yes No
- If YES, please provide a copy.
15. Are software patches installed within 30 days of release? Yes No
16. 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
17. Are you ISO 27001 (InfoSec Management) certified or to an equivalent framework? Yes No
18. Do you have an online platform? Yes No
- If YES, are you on HTTPS Protocol? Yes No
19. Does the Insured (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
20. Do you use any end-of-life or unsupported operating systems or software, including on an extended support basis? Yes No
21. Do you use a security information and event monitoring (SIEM) tool? Yes No
22. Do you have an e-mail filtering system (e.g. MimeCast or equivalent) in place that is activated for all email accounts? Yes No
23. Do you utilise a privilege access management tool (such as Microsoft Privileged Identity Management)? Yes No

Section 4 | Business Interruption

1. Do you have any of the following in place? Yes No
- If YES, please select:
- A data breach response plan
- A business continuity plan / disaster recovery plan which takes cyber perils into consideration
- An IT security policy / framework
- If selected, please provide a copy.

2. Is the Disaster Recovery Plan or Business Continuity Plan tested annually? N/A Yes No

If NO, how often?

Quarterly Half Yearly Other, please specify: _____

3. **Network Dependency.**

After how long will your business be impacted by a loss to your site/systems?

0 to 6 hours 6 to 12 hours 12 to 24 hours Above 24 hours

4. Please provide the following Gross Profits:

For the last financial year NZD: _____

Estimated for current financial year NZD: _____

5. Do you wish to have cover for Contingent Business Interruption? Yes No

For further information regarding this Optional Extension, please visit our website.

If YES, please confirm details of those external suppliers you wish this cover to apply to (aside from any outsourced network providers previously declared):

This must be a third-party business with which the Insured has an agreement for the provision of products or services, otherwise cover under Optional Extensions 4.1 may not apply.

Name of External Supplier	Product / Service Supplied

Section 5 Outsourcing

1. Do you outsource any critical business functions to third parties, including storage? Yes No

If YES, please describe:

Name of Service Provider	Type of Business Function

2. Do you outsource any IT function to third parties? Yes No

If YES, please describe:

Name of Service Provider	Type of Business Function

3. Do you periodically audit the functions of the outsourcers to ensure that they are align with your risk management and security policies? Yes No

If YES, how often?

Quarterly Half Yearly Yearly

Other, please specify: _____

4. Do you waive your rights of recourse against the services provided by the outsourcers? Yes No

5. How do you select and manage outsourcers? _____

6. Do you require the outsourcers to carry professional indemnity insurance? Yes No

7. Do you have written agreements in place between yourself and the outsourcers defining each party's responsibilities? Yes No

If NO, please explain: _____

Section 6

Personal Data

1. How many records of personally identifiable information (PII) do you hold? _____

An Insured may hold various pieces of personal information for one client (for example name, address, and age), and that information is counted as one record.

2. What type of personal data do you hold?

Bank Details, including Banking/Saving Accounts, Debit Card and/or Credit Card

Healthcare information

Tax records, including Tax File Numbers

Personal (Email Address, Physical address, Telephone/Mobile Number)

Date of birth

Identification Numbers, including Identification Card, Drivers Licence and/or Passport

Others, please describe: _____

3. Please provide the number of records in these categories:

Bank Details	Healthcare Information	Tax records	Personal	Date of birth	Identification Numbers	Others

4. Please provide % breakdown of records stored by:

a. Owned Network _____%

b. Third Party Network _____%

5. What is the estimated maximum number of records currently residing on:

a. One Server: _____

b. One Centralized Location: _____

Section 7 | Social Engineering, Phishing and Cyber Fraud

1. Do you wish to have cover for Social Engineering, Phishing and Cyber Fraud? Yes No

For further information regarding this Optional Extension, please visit our website.

If YES please confirm the following, or if NO please continue to Section 8.

a. Are all requests to establish/create or alter supplier and customer details including bank account details, independently verified with a known contact, either in person or via a telephone call, for authenticity? Yes No

- b. Does the Insured 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, funds or investments? Yes [] No []
- If the Insured is comprised of only two (2) staff (including all principals, partners, directors, and employees (full time, part time and casual staff, interns and volunteers)), and only Directors hold authority to approve any transfer of funds, signing of cheques (above \$2,000) and the issuance of instructions for the disbursements of assets, funds or investments, OR, if the Insured is comprised of only one (1) staff, answer YES to this Question b.
- c. Does the Insured 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. Does the Insured maintain procedures for changing passwords for all online accounts and banking platforms maintained by the Insured at least every 45 days and that the password protocols accord with industry best practice, or adopt two factor authentication? Yes [] No []

Section 8 | Regulatory Issues

1. Have you ever been investigated in respect of personally identifiable information, including but not limited to payment card information, or your privacy practices? Yes [] No []
2. Have you been asked to supply any regulator or similar body with information relating to personally identifiable information or your privacy practices? Yes [] No []
3. Have you ever been asked to sign a consent order or equivalent in respect of personally identifiable information or your privacy practices? Yes [] No []
4. Have you ever received a complaint relating to the handling of someone's personally identifiable information? Yes [] No []

If YES, please specify details (attach additional information if required): _____

Section 9 | Claim Details

1. After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Managers:
- a. Have there been any claim(s) made against the Insured or any loss or expense incurred* which might fall within the terms of this insurance cover?
- OR Yes [] No []
- b. Have any circumstances occurred which may give rise to a claim against the Insured or result in any loss or expense incurred* which might fall within the terms of this insurance cover?

*Incurred means any settlement made, legal fees, defence costs or reserved amounts.

If YES, please provide further information (attach additional information if required): _____

2. Is the Insured aware of any matter that is reasonably likely to give rise to any loss or claim under such insurance, or has the Insured suffered any loss or any claim including but not limited to a regulatory, governmental or administrative action brought against the Insured, or any investigation or information request concerning any handling of personally identifiable information? Yes No

If YES, please provide further information (attach additional information if required): _____

3. Has the Insured or any Partners, Principals, Directors, Officers, Trustees and Senior Managers 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 No

Section 10 | Indemnity Limit

1. Does the Insured currently have Cyber Liability and Data Protection insurance in place? Yes No
- a. If NO, would the Insured like to change their retroactive date from policy inception to unlimited for additional premium? Yes No
- b. If YES, please provide details:

Name of Insurer:	
Limit of Indemnity:	
Deductible:	
Expiry Date of Policy:	
Retroactive Date of the Policy:	

2. Please select the amount of Indemnity required:

NZD 500,000 NZD 1,000,000 NZD 2,000,000
 NZD 3,000,000 NZD 4,000,000 NZD 5,000,000

Other (please state): _____

Section 11 | 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?
 - Medical Data Records If YES, please confirm the no. _____
 - Personal Data Records If YES, please confirm the no. _____
 - Credit Card Data Records If YES, please confirm the no. _____
3. Please confirm your percentage of annual revenue from online business (%): _____
4. Which of the following security measures has the businesses implemented?
 - Firewall
 - Antivirus
 - Using Backup
 - Other: _____

Section 12 | MANUFACTURING ONLY

Please complete this section if this is applicable to your business.

1. Is the manufacturing process computerised? Yes No
2. Do you run your CNC machinery on a Direct Numerical Control basis? Yes No
3. Please describe how you segregate the manufacturing environment from all other networks and how the manufacturing environment is protected from disruption caused by a cyber event?

Section 13 | E-COMMERCE / ONLINE RETAIL ONLY

Please complete this section if this is applicable to your business.

1. Please state percentage of revenue derived from online sales channel: _____
2. Do you have specific mechanisms in place to mitigate web-skimming attacks (e.g. webpage monitoring, CSP and SRI)? Yes [] No []
3. Please describe in detail how the online sales environment is protected from disruption caused by a cyber event:

Section 14 | FUNDS MANAGEMENT ONLY

Please complete this section if this is applicable to your business.

1. What investment strategy(ies) do the fund(s) utilise? _____
2. Do any of the funds engage in high frequency trading or utilise algorithmic trading models? Yes [] No []
3. What is the current & 12 month forecast total funds under management (FUM)? _____

Section 15 | TRANSPORT AND LOGISTICS ONLY

Please complete this section if this is applicable to your business.

1. Please describe the exact nature of your operations, including rail, road, air and sea capabilities:

2. Please state percentage of revenue derived from online bookings: _____

3. Please describe how your clients could make bookings if the online booking channel is offline?

4. Please describe how your clients could make bookings if the online booking channel, emails and landlines were offline?

5. How would you manage your scheduling and operational activities without access to your network?

6. Do you segregate the critical operational networks from non-critical networks? Yes [] No []

Section 16 | Declaration

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this Proposal Form 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 proposal and the inception date of the insurance to which this proposal 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' above.

The undersigned acknowledges that they have read this Proposal Form, including all Important Notices, as well as 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 Proposal, 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: / /

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).

IMPORTANT NOTICES

Claims Made and Notified and Covered Events Discovered Policy

This is partly a claims made and notified policy and partly a discovery policy. We shall only cover you for:

- claims made against you during the insurance period and notified to us as soon as practicable during the insurance period; or
- covered events first discovered and notified to us as soon as practicable during the insurance period.

If your policy does not have a continuity of cover provision or provide retrospective cover then your policy may not provide insurance cover in relation to events that occurred before the policy was entered into.

Notification of Claims

In the event of a claim arising under this Insurance, immediate notice should be given to:

Cyber Incident Management Team (CIMT)

Telephone: +64 483 10243

or at cyber.incident@canopius.com

Please refer to the Claims Conditions section of this policy for further details regarding the notification of claims or loss subject to this Insurance.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

Surrender of Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the Policy, but you have agreed with that person either before or after the inception of the Policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the Policy for any such loss or damage.