

WebRater Proposal Form

NZ 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 insurer 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. Occupation/Business Description:

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

6. Annual Revenue / Turnover for the last 12 months: (NZD) \$ _____
If new or trading less than 12 months, please estimate annual revenue / turnover for next 12 months.

7. Staff Size: _____

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

8. Insured's Website Address: _____

N/A - Insured does not have a website

Section 2 | General Questions

9. Do you currently have Cyber insurance in place? Yes No

a. If NO, would you like to change your retroactive date from policy inception to unlimited for an additional premium? Yes No

10. 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? OR

b. Have any circumstances occurred which may give rise to a claim against you or resulted in any loss or expense incurred* which might fall within the terms of this insurance cover? Yes No

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

If YES, please provide further information: _____

11. Are you 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 full details: _____

12. 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 [] No []

13. Is the Insured domiciled in New Zealand with no subsidiaries outside New Zealand or Australia? Yes [] No []

If NO, please confirm:

- a. Is the Insured domiciled in New Zealand? Yes [] No []

- b. Please confirm how many 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 %
		%
		%
		%

14. What percentage of income is derived from outside New Zealand for all insureds covered under this policy? _____%

- a. How many Personally Identifiable Information (PII) records are held Overseas? _____%

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

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

Section 3 | Cyber Liability & Privacy Protection Specific Questions

16. 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 []

17. Are all mobile devices (such as laptops, tablets, smartphones and memory sticks) password protected? Yes [] No []

18. 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.

19. Do you outsource any part of their network, including storage? Yes [] No []

If YES, to whom? _____

20. How many Personally Identifiable Information (PII) records does the insured 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.

Number of PII records

21. 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 []

22. 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 []

23. Do you have an e-mail filtering system (e.g. MimeCast or equivalent) in place that is activated for all email accounts? Yes [] No []

24. Is more than 25% of your revenue derived from the USA and Canada? Yes [] No []

25. Do you wish to include cover for Social Engineering, Phishing & Cyber Fraud for an additional premium? 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 the next Question.

If the answer is NO to any of the following questions, Optional Extension 4.2 Social Engineering and Cyber Fraud Cover will not be available.

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.

- c. 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. 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 []

26. Do you wish to include cover for Contingent Business Interruption for an additional premium? Yes [] No []

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

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

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.

Section 4

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 agree 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)

+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.