



## CYBER APPLICATION

### I. General Information

Name and address of Applicant:

Full Name:			
Address:			
State:		Postcode:	
Website:			

Business Description:

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Annual Revenues:

- Healthcare applicants - please provide net patient revenues.
- Financial Institution applicants – please provide net interest income.
- All other applicants - please provide gross revenues.

	Last Complete Financial Year (\$)
Australia/New Zealand	
USA/Canada	
Other:	
Total:	

Stamp Duty Split (Revenue Split per State)

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S

Records:

Please estimate number of individuals personally identifiable records currently stored within your own or third party networks? (including tax file number, driver's licence number, healthcare information, credit/debit card information, financial information or personal information eg. religion)

Please approximate:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Less than 50,000   | <input type="checkbox"/> 50,001 to 100,000    | <input type="checkbox"/> 100,001 to 250,000  |
| <input type="checkbox"/> 250,001 to 500,000 | <input type="checkbox"/> 500,001 to 1,000,000 | <input type="checkbox"/> More than 1,000,000 |

If greater than 1m we will require a supplementary application form to be completed

## II. Risk Management Controls

	YES	NO
1) Do you or your cloud hoster, back-up your data at least once per week and store these back-ups in a location that is separate from your physical premises? <b>If the answer is no then we will not provide cover for Business Interruption</b>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have any anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and is it updated on a regular basis (at least weekly)? <b>If the answer is no then we will not provide cover</b>	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you have firewall technology under at all internet points of presence and do formal firewall configurations exist? <b>If the answer is no then we will not provide cover</b>	<input type="checkbox"/>	<input type="checkbox"/>
4) a) Is <b>'sensitive'</b> personal information stored on portable media devices?	<input type="checkbox"/>	<input type="checkbox"/>
b) If 'yes' to 4)b. are such portable media devices carrying sensitive personal information encrypted? <b>If the answer is no then we will apply an unencrypted portable media exclusion</b>	<input type="checkbox"/>	<input type="checkbox"/>
5) a) Do you process or store credit card information where this is not outsourced to a third party that accepts full responsibility for PCI compliance? <b>If the answer is no then we will not provide cover for Payment Card Industry Fines and Penalties</b>	<input type="checkbox"/>	<input type="checkbox"/>
b) If 'yes' to question 5)a. have you have been certified as being PCI compliant within the last 12 months or have you successfully completed a self-assessment audit. <b>If the answer is no then we will not provide cover for Payment Card Industry Fines and Penalties</b>	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you have a process in place that requires legal sign off prior to content being published on your website, social media pages or physical media? <b>If the answer is no please provide details as an appendix to this application</b>	<input type="checkbox"/>	<input type="checkbox"/>
7) Do you, or your IT outsourced service provider, have a patch management policy in place that enables you to implement critical patches within 30 days? <b>If the answer is no then we will not provide cover</b>	<input type="checkbox"/>	<input type="checkbox"/>
8) Do at least two members of staff review and authorise any transfers or funds, signing of cheques or for the issuance of instructions for the disbursement of assets, funds or investments, where the amount exceeds \$10,000? <b>If the answer is no we will not provide cover for Cyber Deception</b>	<input type="checkbox"/>	<input type="checkbox"/>
9) In the last 5 years have you (including any directors, officers or C Suite members) received, or are there currently pending, any claims, complaints or incidents which may be covered under the proposed insurance, and/or do you (including any directors, officers or C Suite members) have knowledge of any fact, circumstance, situation, event, or transaction which may give rise to a claim or loss under the proposed insurance? <b>If the answers is yes please provide details as an appendix to this application</b>	<input type="checkbox"/>	<input type="checkbox"/>



Please identify all critical vendors:	
Anti-Virus / Firewalls:	
Cloud Hosting:	
Critical Software:	

### III. Quotation Options

**Aggregate Policy Limit Local Currency** (check multiple boxes for options)

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 250,000   | <input type="checkbox"/> 500,000   | <input type="checkbox"/> 1,000,000 |
| <input type="checkbox"/> 2,000,000 | <input type="checkbox"/> 3,000,000 | <input type="checkbox"/> 5,000,000 |

### IV. Signatory

I/We represent as follows:

The application contents and associated representations, whether oral or written (the "Presentation") have been completed and provided to the Underwriters after proper inquiry and give a fair presentation of the risk.

I/We will immediately notify the Underwriters, before any policy is concluded, of any new or newly-discovered information that would have been included in the Presentation if known at the time.

I/We understand that if there is a failure to comply with the above, then the Underwriters will have legal remedies.

By signing this application I/We represent that the applicants for this coverage have duly authorized me/us to provide the Presentation, make these representations and execute insurance contracts on their behalf.

The above representation clauses shall prevail to the extent that they are permitted, or may otherwise be amended, by any similar provisions of any foreign, federal, state, or local statutory or common law and any rules or regulations promulgated under such laws.

Signed:

Name:

Position:

Date: