

Technology Insurance Proposal Form

1. Applicant Details

Company Name (Include names of all subsidiaries or affiliated companies to be insured)

Name	ABN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. Address of Firm

Address	Postcode
<input type="text"/>	<input type="text"/>
City	Date Established
<input type="text"/>	<input type="text" value="/ /"/>
Email	
<input type="text"/>	
Website	
<input type="text"/>	

3. Please Provide a Description of Your Business Activities

4. Period of Insurance Required

Insurance required from to

5. Percentage Breakdown of Revenue By Activity

Hardware

Sales of Own Products	<input type="text" value=""/>	%
Sales of Third Party Products	<input type="text" value=""/>	%

Software

Sales of own standard software	<input type="text" value=""/>	%
Sales of third party standard software	<input type="text" value=""/>	%
Sales of own custom software	<input type="text" value=""/>	%
Sales of third party custom software	<input type="text" value=""/>	%

IT – services

Sales of consulting services	<input type="text" value=""/>	%
Sales of programming services	<input type="text" value=""/>	%
Sales of IT – administration and hosting	<input type="text" value=""/>	%
Sales of system integration services	<input type="text" value=""/>	%
Sales of IT – Training	<input type="text" value=""/>	%
Sales of implementation services	<input type="text" value=""/>	%
Sales of maintenance services	<input type="text" value=""/>	%

Telecom

Sales of phone services	<input type="text" value=""/>	%
Sales of internet services	<input type="text" value=""/>	%
Sales of network access (wholesale)	<input type="text" value=""/>	%
Other, please provide details	<input type="text" value=""/>	

Total 100%

6. End Use of Your Products

Is the end use of the products or service You provide involved in any of the following?

Banking/Financial	<input type="text" value=""/>	%	Utilities	<input type="text" value=""/>	%
Internet	<input type="text" value=""/>	%	IT – Security	<input type="text" value=""/>	%
Logistics	<input type="text" value=""/>	%	Aerospace	<input type="text" value=""/>	%
Medical/Healthcare	<input type="text" value=""/>	%	Military/Defence	<input type="text" value=""/>	%
Government/Local/State/Federal	<input type="text" value=""/>	%	Manufacturing process control systems	<input type="text" value=""/>	%

Please provide details

7. Limits of Insurance Requested

Professional indemnity cover

\$1,000,000
 \$2,000,000
 \$5,000,000
 \$10,000,000
 \$20,000,000
 Other \$

Cyber liability (please complete addendum)

\$250,000
 \$500,000
 \$1,000,000
 \$2,000,000
 \$5,000,000
 \$10,000,000
 Other \$

General liability

\$5,000,000
 \$10,000,000
 \$20,000,000
 Other \$

8. Excesses Requested

Professional indemnity and cyber cover – requested excess

\$1,000
 \$2,000
 \$5,000
 \$10,000
 Other \$

Public liability – requested excess

\$500
 Other \$

9. Geographical Area in Which You Operate

Is the Business represented outside Australia?

Yes No

If "Yes" please give details

10. Financial Information

What is Your Annual Turnover broken down by Territory?

	Last Year	Current Year	Next Year
Australia & New Zealand	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
USA/Canada	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Rest of the World	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Please provide a percentage breakdown of turnover by location

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

1. Have You reported a net profit in the past financial year?

2. Approx how many customers do You have?

3. Approx what % of turnover is derived from online sales?

4. Total number of employees

5. Approx % of revenue paid to subcontractors?

11. Current Insurance

Are You currently insured for Technology insurance?

Yes No

If Yes, please confirm

Name of Insurers	<input type="text"/>	Renewal Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Limit of Indemnity	\$ <input type="text"/>	Retroactive Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Premium	\$ <input type="text"/>		
Excess	\$ <input type="text"/>		

12. Details of Your Three Largest Contracts (Only Applicable For Contracts Over \$250k)

Name of customer	Value of contract	Development costs	License fees	Maintenance costs	Type of product/services	Duration
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>	<input type="text"/> Months
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>	<input type="text"/> Months
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>	<input type="text"/> Months

13. Contract Terms

- What is the value of Your largest contract?
- What is the maximum contract length?
- Do You always have a written contract in place with Your customers?
- How often do You use Your own standard terms and conditions of trade? %
- Do the standard customer contract terms and conditions:
 - Exclude Consequential / indirect losses? Yes No
 - Limit the Insureds liability to the contract value? Yes No
 - Limit the Insureds liability to a fixed amount? Yes No

6. What % of all customer contracts include a limitation of liability?

Who approves any deviation from Your standard terms and conditions of trade with Your customers?

Are You able to confirm that:

- 1. Contracts are always drafted by legal professionals or vetted by legal advisors? Yes No
- 2. Written procedures or checklists are used for the professional services provided? Yes No
- 3. Contracts or terms of acceptance are evidenced in writing, specify the work to be undertaken and the extent of the insureds responsibility? Yes No
- 4. Records are kept of all contracts, letters of engagement, client meetings and telephone calls? Yes No
- 5. All variations from the initial scope of works are documented in writing, with client acceptance? Yes No
- 6. Diary systems or other procedures are in operation to ensure that deadlines are met? Yes No
- 7. Working papers are retained for at least 3 years? Yes No

14. Quality Controls and Systems Development Procedures

- 1. Do You have written quality management systems or procedures in place? Yes No
- 2. Do You employ the following quality control procedures?
 - a. Provide at least two forms of product support Yes No
 - b. Maintain a list of customers for follow up contact Yes No
 - c. Maintain logs on problems and downtime Yes No

If You manufacture or You have a third party manufacture on your behalf, please complete the following question:

- 3. Do You or a third party manufacturing on Your behalf, have quality control procedures in place such as:
 - a. Formalised, written quality control plans Yes No
 - b. Production design sign off acceptance and sign off procedures for statements of work or contracts Yes No
 - c. Prototype development protocols Yes No
 - d. Batch testing Yes No

15. Risk Management

- 1. Is there is Disaster Recovery Plan in Place? Yes No
- 2. Do You maintain a backup copy of the current data or program away from the premises? Yes No
- 3. Do You maintain weekly full system back up of Data away from the premises? Yes No

16. Intellectual Property

Do You always consult with intellectual property lawyers before You release new products? Yes No

Do You hold any patent or any patent application pending? Yes No

What percentage of Your revenue is derived from products that are:

1 year old or less % 1-3 years old % 3 years old or more %

17. Claims

Are You aware of any of the following?

- 1. During the last 5 years, any claim, complaint or incident, whether insured or not, in respect of any risks to which this application for insurance relates? Yes No
- 2. Any situation where any application for similar insurance made by You or on Your behalf was declined, refused renewal or cancelled at the choice for the insurer? Yes No

If yes, to either of the above, please provide full details below

Important Information

General Advice Warning

Any advice about this insurance that We or SURA give You is of a general nature. We do not consider Your individual objectives, financial situation or needs. It is up to You to choose the cover You need, and You should carefully read this document and any other documents that form part of the Policy before deciding whether this insurance is right for Your individual objectives, financial situation and/or needs.

Duty of Disclosure

Before the contracting insured enters into an insurance contract (referred to as "You" and "Your" in this notice), You have a duty to tell Us of 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:

- reduces the risk We insure You for;
- is of common knowledge;
- We know or should know as an insurer; or
- We waive Your duty to tell us about.

If You do not tell Us something

If You fail to comply with Your Duty of Disclosure, and We would not have entered into the contract, for the same premium and on the same terms and conditions, had the failure not occurred, We may, subject to applicable law:

- be entitled to cancel Your contract or reduce the amount We will pay You if You make a claim, or both; or
- If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Subject to applicable law or unless We state otherwise, a breach of the duty by one Insured affects all insureds in these ways.

Not a Renewable Contract

The Technology Package Policy is not a renewable contract so the Policy will terminate on the expiry date indicated. If You therefore require a subsequent Policy, You will need to complete and submit a new proposal form for assessment prior to the termination of the current Policy.

Privacy

Your personal information will be collected and handled in accordance with our Privacy Policy. A copy of Our [Privacy Policy](#) is located on Our website at www.sura.com.au.

Declaration

By signing this document You represent that You are authorised to sign on behalf of all persons/entities identified as the intending insured(s). A misstatement or misrepresentation by one applicant of any material facts relevant to the Insurer’s decision whether to accept or reject this risk is treated as a misstatement or misrepresentation by all applicants.

I/we have read and understood the information herein, including the Important Information and the SURA Privacy Policy.

I/we agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected.

I/we declare that the statements and particulars contained in this Proposal Form are true, correct, and complete and that I/we have not omitted, misstated or suppressed any material facts.

I/we undertake to inform the Insurer of any material alteration to this information occurring before the proposed insurance commences.

Name of firm

Signature

(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

Title of signatory

Full name

Date

Cyber Addendum

1. Please Identify the Nature of any Sensitive Information That is Stored in Respect of Your Consumer Clients

- 1. Personal Data Yes No
- 2. Sensitive Personal Data e.g. racial or ethnic origin, political opinions, religious beliefs, trade union membership, sex life, details of any criminal offence, medical records Yes No
- 3. Financial Information Yes No
- 4. Driver Licence Numbers Yes No
- 5. Tax File Number Yes No

2. Please Estimate the Number of Unique Consumer Records that You Store

3. Management Control

- 1. Do You have a Data Protection Officer or someone with overall responsibility for data security and compliance with privacy regulations? Yes No
 - a. If yes, are they independent of senior management Yes No
- 2. Do You train employees in privacy and security related matters? Yes No
- 3. Do You restrict user access to sensitive data based upon job function? Yes No
- 4. Do You terminate user access rights as part of your employee exit process? Yes No
- 5. Do You require passwords to be at least 8 characters long with a mixture of alpha, numeric and other characters? Yes No
- 6. Do You enforce password changes on users on at least a quarterly basis? Yes No
 - a. If no, please provide details of password management practices

4 System Security

- 1. Do You have firewalls in place at all external connection points? Yes No
- 2. Do You run anti-virus on your network? Yes No
- 3. Do You enforce a frequent software update / patching process? Yes No
- 4. Do You have Intrusion Detection Software in place? Yes No
 - a. If yes, is there a process to review intrusion logs and escalate critical alerts? Yes No
- 5. Do You permit remote access to Your network? Yes No
 - a. If yes, is this protected by multi-factor authentication? Yes No
- 6. Do You allow Bring Your Own Device (BYOD)? Yes No
 - a. If yes, do You have a policy to govern BYOD usage and controls? Yes No
- 7. Do You conduct vulnerability assessments / penetration tests? Yes No
 - a. If yes, do You remediate identified critical deficiencies? Yes No
- 8. When was the last vulnerability assessment / penetration test performed?

5. Handling Sensitive Data

- 1. Do You classify or categorise data relative to its sensitivity? Yes No
- 2. Do You encrypt personal data whilst it is at rest? Yes No
- 3. Do You encrypt personal data when it is sent outside of Your network (in transit)? Yes No
- 4. Do You store personal data on any mobile device, including back-up media? Yes No
- 5. If yes, is such personal data encrypted? Yes No

6. Incident Response and Management

- 1. Do You maintain a list of all critical systems? Yes No
- 2. Do You regularly back-up all sensitive / critical data? Yes No
- 3. Do such back-ups include histories of logged security events? Yes No
- 4. Are such back-ups stored on media which is disconnected from your network once the back-up process is complete and stored off-site or in a fire resistant safe? Yes No

- 5. Do You have a Cyber Incident Response Plan? Yes No
- 6. Do You have a Business Continuity Plan? Yes No
- 7. Do You have a Disaster Recovery Plan Yes No
- 8. How long does it take to restore Your critical revenue generating systems following a network outage?
 - Less than 8 hours
 - Between 8 and 12 hours
 - Between 12 and 24 hours
 - More than 24 hours

7. Supplier Management

- 1. Do You have a list of all key suppliers? Yes No
- 2. Do You have contracts in place with all key suppliers? Yes No
 - a. If yes, do You always seek a contractual indemnity from these suppliers for breaches of security or privacy, whether You are successful or not? Yes No
- 3. Are all suppliers required to comply with Your security policy? Yes No
- 4. Do You audit suppliers to ensure their compliance with Your security policy? Yes No
- 5. Do You monitor supplier access to Your network? Yes No
- 6. Do You have a procedure in place to manage the termination of supplier contracts? Yes No

8. Payment Card Industry (PCI)

- 1. Do You accept credit or debit card payments? Yes No
- 2. What PCI merchant level are You?
- 3. Are You compliant with PCI Data Security Standards (PCI DSS) as of the date of this application form? Yes No
- 4. Do you utilise the services of an external payment processor? Yes No
 - a. If yes, have they provided you with evidence of their compliance with PCI DSS? Yes No

9. Social Engineering Fraud

- 1. Do employees receive anti-fraud training including but not limited to detection of impersonation fraud or phishing scams? Yes No
- 2. Do You verify any requests to transfer funds or change bank details, made by third party, by calling back the third party using contact details previously provided? Yes No
- 3. Do You verify any request to transfer funds made by an employee, officer or owners by calling back the employee, officer or owner at the telephone number listed in the company directory? Yes No
- 4. Have You had any previous losses in respect to impersonation fraud / social engineering in the past five years? Yes No

10. Multimedia Liability

- 1. Do you review content prior to publishing via any media (including website, social networking or printed literature)? Yes No
- 2. Do such reviews include:
 - Infringement of Copyright Yes No Libel or slander Yes No
 - Infringement of Trademark Yes No Invasion of privacy Yes No
- 3. Are these reviews conducted by a qualified lawyer? Yes No
- 4. Does your website include third party content? Yes No
- 5. Does this third party content include streaming video or music? Yes No
- 6. Do you have procedures in place to secure rights for using any third party content? Yes No
- 7. Do you monitor third party content for offensive, infringing or other undesirable material? Yes No
- 8. Do you retain the right to remove any such third party content that violates your acceptable terms of use? Yes No

11. Details of Existing Cover

Name of Insurer	<input type="text"/>	Excess	<input type="text"/>
Expiry Date of Policy	<input type="text"/> / <input type="text"/> / <input type="text"/>	Inception Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Limit of Liability	<input type="text"/>	Premium	<input type="text"/>

12. Cyber Claims History

First Party Cyber Loss History

In the past 5 years have You experienced any of the following involving Your network;

- A. Been a victim of an extortion attempt or demand? Yes No
- B. Sustained breach of security? Yes No
- C. Been unable to recover sensitive information entrusted to employees, directors, officers, contractors or consultants? Yes No
- D. Sustained a loss that resulted in 1) electronic theft of your money, securities, goods, services or intangible property 2) loss or damage to your network or data or 3) any interruption of your income? Yes No

If "yes" to any of the above, please provide a description of each event below, including: 1) how it occurred; 2) what was compromised; 3) any resulting harm you suffered; 4) how You responded; and 5) any measures You have undertaken to mitigate the risk of similar events in the future.

Have You filed any claims under any previous policy for first party coverage similar to the coverage you are requesting? Yes No

If Yes, please provide details

Cyber Liability Coverage Claims and Complaints

Have You received any complaints, claims or been subject to litigation involving matters of content injury, privacy injury, identity theft, denial of service attacks, computer virus infections, theft of others' information, damage to others networks or others' ability to rely on Your network or similar? Yes No

Have You filed any claims under any predecessor policy for liability coverage similar to the coverage You are requesting? Yes No

If Yes to either of the above, please provide details

Knowledge of Circumstance or Complaints

Are any individuals or organisations to be insured under this policy responsible for, or aware of, any prior incident, circumstance, event, complaint or litigation that could reasonably give rise to a claim under this Policy? Yes No

If Yes, please provide any details