Cyber Insurance Proposal Form

1. Full name and address of firm to be insured

Name

ABN

Address

Postcode

City

Date Established

/ /

Email

Website

Type of Business

Number of Employees

2. Please tick the respective box(es) to confirm which limits of liability you require quotes for:

☐ $250,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000

3. Income

	Last Year	Current Year	Next Year
Australia and New Zealand	$	$	$
USA/Canada	$	$	$
Rest of the world	$	$	$
Total	$	$	$

Please provide a percentage breakdown of turnover by location

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Overseas
%	%	%	%	%	%	%	%	%

4. Data

How many unique Personally Identifiable Information (PII) / Payment Card Industry (PCI) data, or Protected Health Information (PHI) records do you store on your system?

5. Internal security controls and backups

a) Do you encrypt all sensitive and confidential information stored on your organisation's systems and networks? ☐ Yes ☐ No

b) Do you encrypt sensitive data that is physically removed from your premises by mobile device (e.g. laptop / USB / mobile phones)? ☐ Yes ☐ No

c) Do you require MFA (multi-factor authentication) for (select **all** that apply): ☐ Yes ☐ No

i. Remote access to network ☐ Yes ☐ No

ii. Privileged accounts ☐ Yes ☐ No

iii. Back-ups (internal and external) ☐ Yes ☐ No

iv. Web application email access ☐ Yes ☐ No

d) Do you use a next generation antivirus (NGAV) product or Endpoint Detection Response (EDR) tool to protect all endpoints across your enterprise? ☐ Yes ☐ No

e) Please confirm how quickly critical patches are carried out:

☐ 24 Hours ☐ 48 Hours ☐ 72 Hours ☐ Automatically upon release

Other (please describe)

f) Please confirm how frequently you back up systems?

☐ Daily ☐ Weekly ☐ Monthly

Other (please describe)

g) Do you have an incident response plan or business continuity plan in place? ☐ Yes ☐ No

If yes, is it tested at least annually? ☐ Yes ☐ No

h) Do you have a privacy policy available which includes details of data retention and destruction? ☐ Yes ☐ No

6. Crime controls

a) Do all employees receive social engineering training? ☐ Yes ☐ No

If yes, does this include phishing simulations? ☐ Yes ☐ No

b) Do you have controls in place ensuring timely removal of system access when an employee leaves the organisation, or when access is no longer required for business purposes? ☐ Yes ☐ No

c) Does your organisation send and / or receive wire / electronic transfers? ☐ Yes ☐ No

If yes, does your verification / authorisation process include the following:

i. Approval by more than one employee required to initiate the transfer of funds? ☐ Yes ☐ No

ii. Do you have a call back procedure to initiate payment to a new bank account or to change banking details for an existing bank account (in respect of internal staff and external vendor / supplier / client requests)? ☐ Yes ☐ No

iii. Do you have an approval threshold with your bank requiring a phone call from your bank to release funds on transfers over $25,000? ☐ Yes ☐ No

7. Claims history

a) Are you aware of a matter that is reasonably likely to give rise to any loss or claim, or have you suffered any loss or any claim in the last 5 years? ☐ Yes ☐ No

If yes, please provide details:

b) Have you been subject to any government action, investigation or subpoena regarding any alleged violation of any privacy / data security law or regulation. ☐ Yes ☐ No

If yes, please provide details:

8. Additional information

Please provide any additional information regarding any "No" responses in Sections 5 and 6 above, or details of any additional controls, training or other steps that your organisation takes to identify, prevent or mitigate cyber incidents

SURA CYBER

Level 14 / 141 Walker St
North Sydney NSW 2060
PO Box 1813
North Sydney NSW 2059

Cyber Insurance
Proposal Form

Telephone: 02 9930 9500
Facsimile: 02 9930 9501
Web: sura.com.au

SURA CYBER

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 Cyber Insurance 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.

SURA CYBER

Level 14 / 141 Walker St
North Sydney NSW 2060
PO Box 1813
North Sydney NSW 2059

Cyber Insurance
Proposal Form

Telephone: 02 9930 9500
Facsimile: 02 9930 9501
Web: sura.com.au

SURA CYBER

Declaration

By signing this document, You represent that You are authorised to sign on behalf of all persons/entities identified as the intending inured(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

/ /