

# Technology Insurance Digital Marketing New Business 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"/>
Address	Postcode
<input type="text"/>	<input type="text"/>
City	Date established
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	
Website	
<input type="text"/>	
Is the business represented in USA/Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please give details	
<input type="text"/>	

## 2. Please Provide a Description of Your Business Activities

### 3. 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"/>	%	Utilities	<input type="text"/>	%
Adult Entertainment, including gambling	<input type="text"/>	%	IT – Security	<input type="text"/>	%
Logistics	<input type="text"/>	%	Aerospace	<input type="text"/>	%
Medical/Healthcare	<input type="text"/>	%	Military/Defence	<input type="text"/>	%
Government/Local/State/Federal	<input type="text"/>	%	Manufacturing process control systems	<input type="text"/>	%
Supervisory Control and Data Acquisition (SCADA)	<input type="text"/>	%	Programmable Logic Controllers (PLC)	<input type="text"/>	%

Please provide details of end use to the above, if applicable:

### 4. Limits of Insurance Requested

Professional indemnity

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> Other	\$ <input type="text"/>
--------------------------------------	--------------------------------------	--------------------------------------	---------------------------------------	--------------------------------	-------------------------

Cyber liability (please complete addendum at the end of this proposal)

<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"/> \$5,000,000	<input type="checkbox"/> Other	\$ <input type="text"/>
------------------------------------	------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------	-------------------------

General liability

<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> Other	\$ <input type="text"/>
--------------------------------------	---------------------------------------	---------------------------------------	--------------------------------	-------------------------

Excesses

Professional Indemnity

Cyber

General Liability

\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
-------------------------	-------------------------	-------------------------

## 5. Financial Information

What is your annual turnover broken down by territory?

	Last Financial Year	Current Financial Year	Next Financial Year
Australia & 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	O/S
%	%	%	%	%	%	%	%	%

Number of employees

## 6. Current Insurance

Are you currently insured for technology insurance?

☐ Yes ☐ No

If Yes, please confirm

Name of Insurer

Renewal date

/ /

Limit of indemnity

Retroactive date

/ /

## 7. Details of Your Largest Contracts

Name of customer	Value of contract	Development costs	License fees	Maintenance costs	Type of product/services	Duration
	\$	%	%	%		Months
	\$	%	%	%		Months
	\$	%	%	%		Months

**8. Contract Terms**

Do you always have a written contract in place with your customers? ☐ Yes ☐ No

How often do you use your own standard terms and conditions of trade?  %

What percentage of your customer contracts, purchase orders, or user agreements contain an exclusion of consequential damages?  %

What percentage of customer contracts limit your liability?  %

Below contract value  % At contract value  % Above contract value  % Have no limit on liability  %

Are contracts always drafted or vetted by legal professionals? ☐ Yes ☐ No

**9. Quality Controls, Systems Development Procedures and Risk Management**

Do you have written quality management systems or procedures in place? ☐ Yes ☐ No

Do you provide at least two forms of product support? ☐ Yes ☐ No

Do you maintain a list of customers for follow up contact? ☐ Yes ☐ No

Do you maintain logs on problems and downtime? ☐ Yes ☐ No

Is there is Disaster Recovery Plan (DRP) in place? ☐ Yes ☐ No

Do you maintain a backup copy of the business data or program away from the premises? ☐ Yes ☐ No

Do you maintain at least weekly full system back up of data away from the premises? ☐ Yes ☐ No

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  %

## 10. Ransomware Risk Management

Do you require Multi-Factor Authentication (MFA):

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) for remote access to the network?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) to protect privileged user accounts?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) for all cloud resources including Office365?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) for all Remote Desktop Protocol (RDP) and Virtual Desktop Instances (VDI)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you utilise any End-of-Life (EOL) operating systems or platforms (this includes systems using an extended service contract from the manufacturer)?

☐ Yes ☐ No

Do you use an advanced Endpoint Detection and Response (EDR) tool on all endpoints?

☐ Yes ☐ No

Do you perform regular back-ups of all business data and critical systems?

☐ Yes ☐ No

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) are such backups stored offsite/offline to safeguard from damage or infection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) are these backups tested for restorability?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## 11. Claims

Are you aware of any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) 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?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

## 12. Additional Information

Please provide any additional information that you believe may assist us in determining terms for this insurance:

# 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](http://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

(To be completed if cyber insurance is required)

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

Personal data

☐ Yes ☐ No

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

Financial information

☐ Yes ☐ No

Drivers licence numbers

☐ Yes ☐ No

Tax file numbers

☐ Yes ☐ No

Please provide an estimate of the number of unique customer records that you store

## 2. Handling Sensitive Data

Do you classify or categorise data relative to its sensitivity?

☐ Yes ☐ No

Do you encrypt personal data whilst it is at rest?

☐ Yes ☐ No

Do you encrypt personal data when it is sent outside of your network (in transit)?

☐ Yes ☐ No

Do you store personal data on any mobile device, including back-up media?

☐ Yes ☐ No

If Yes is such personal data encrypted?

☐ Yes ☐ No

## 3. Management Controls

Do you have a Data Protection Officer or someone with overall responsibility for data security and compliance with privacy regulations independent of senior management?

☐ Yes ☐ No

Do you train employees in privacy and security related matters?

☐ Yes ☐ No

Do you restrict user access to sensitive data based upon job function?

☐ Yes ☐ No

Do you terminate user access rights as part of your employee exit process?

☐ Yes ☐ No

Do you require passwords to be at least 8 characters long with a mixture of alpha, numeric and other characters?

☐ Yes ☐ No

Please describe your password changes policy:



Do you conduct regular security awareness training and phishing campaigns?

☐ Yes ☐ No

If Yes, how frequently?

Do you have a process to decommission unused systems?

☐ Yes ☐ No

Do you tag external emails to alert employees that the message originated from outside the organisation?

☐ Yes ☐ No

#### 4. System Security

Do you have firewalls in place at all external connection points?

☐ Yes ☐ No

Do you run anti-virus on your network?

☐ Yes ☐ No

Do you enforce a software update/patching process within 30 days of patch release?

☐ Yes ☐ No

Do you allow Bring Your Own Device (BYOD)?

☐ Yes ☐ No

a) for remote access to the network?

☐ Yes ☐ No

Do you conduct vulnerability assessments/penetration tests and remediate identified critical deficiencies?

☐ Yes ☐ No

When was the last vulnerability assessment/penetration test performed?

/  /

Do you utilise a Security Information and Event Management (SIEM) tool monitored 24x7 by a Security Operation Centre (SOC)?

☐ Yes ☐ No

#### 5. Incident Response and Management

Do you maintain a list of all critical systems?

☐ Yes ☐ No

Do you perform regular back-ups of all business data and critical systems?

☐ Yes ☐ No

a) are these backups tested for restorability?

☐ Yes ☐ No

Are such back-ups stored physically offsite and offline to safeguard from damage or infection?

☐ Yes ☐ No

Do you have an annually tested Cyber Incident Response Plan?

☐ Yes ☐ No

Do you have a Business Continuity Plan?

☐ Yes ☐ No

Do you have a Disaster Recovery Plan?

☐ Yes ☐ No

How long does it take to restore your critical revenue generating systems following a network outage?

## 6. Payment Card Industry (PCI)

Do you accept credit or debit card payments?

☐ Yes ☐ No

What PCI merchant level are you?

☐ ☐

Are you compliant with PCI Data Security Standards (PCI DSS) as of the date of this application form?

☐ Yes ☐ No

Do you utilise the services of an external payment processor?

☐ Yes ☐ No

If Yes, have they provided you with evidence of their compliance with PCI DSS?

☐ Yes ☐ No

## 7. Social Engineering/Impersonation Fraud (SEF/IF)

Do employees receive anti-fraud training including but not limited to detection of impersonation?

☐ Yes ☐ No

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

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

Have you had any previous losses in respect to impersonation fraud/social engineering in the past five years?

☐ Yes ☐ No

## 8. Cyber Claims History

### First Party Cyber Loss History

In the past 5 years have you experienced any of the following:

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 tangible 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 matter of content injury, privacy injury, identify theft, denial or 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 claim 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 Circumstances 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 details.

# Advertiser Supplemental Questionnaire

1. Is there any formal procedure/manual for media/promotional compliance/clearance?

☐ Yes ☐ No

Please provide a copy.

2. Please describe the review process for responsible advertising content

3. Please describe clearance procedures for Trademark and IP clearances

4. a) What is the fact checking process for approval of advertising/promotion and packaging? E.g. Ingredients/% or any statements made about/description etc.

b) Please list any advertising agencies used

c) Do the ad agencies provide indemnities to you?

☐ Yes ☐ No

5. Are your legal department involved in all ad campaigns, all descriptions of products and all packaging content?

☐ Yes ☐ No

6. Do you use external media legal counsel?

☐ Yes ☐ No

7. a) Please confirm who carries out advertising copy/materials review and their qualifications/experience

b) Do you carry out any comparative advertising?

☐ Yes ☐ No

8. Please provide annual advertising expenditure – US/Non US split/including TV, Radio, Print, Digital, Other

9. Please provide a brief description of any prior False Advertising or IP related complaints

10. Do you have a formal procedure for handling such complaints?

☐

Yes

☐

No

11. a) Please describe the products to be the subject of insurance

b) How many trademarks do you develop annually?

12. Please list your 3 biggest competitors.

13. Please list any regulatory bodies under which your business falls

14. Please describe any regulatory investigations of you over the past 5 years arising out of your advertising/promotions/packaging or any statements which you have made about your business or products

---

## 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.

### Claims Made and Notified

This addendum is for a Policy that includes Sections that are issued on a claims made and notified basis. This means that the Policy covers "Claims" that are first made against You by another person (as defined) during the Period of Insurance and notified to Us also during that Period of Insurance, after any retroactive date on the Policy. The Policy doesn't cover facts or circumstances which You first became aware of prior to the Period of Insurance, and which You knew or ought reasonably to have known had the potential to give rise to a claim against You.

### 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](http://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 addendum 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 addendum 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 addendum is to be signed by a Principal, Partner or Director of the Proposed Insured)

Title of signatory

Full name

Date