



Cyber Insurance PROPOSAL FORM

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Liberty
Specialty Markets



Claims Made Insurance

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Privacy Notice

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**). It is a member of Boston-based Liberty Mutual Group. Liberty Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225, Australia
Phone: +61 2 8298 5800

Liberty is bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when it collects and handles your personal information.

Liberty collects personal information, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal information Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at the address above or by emailing: privacy.officer.ap@libertyglobalgroup.com. To obtain a copy of Liberty's Privacy Policy go to Liberty's website (www.libertyspecialtymarkets.com.au) or request a copy from Liberty's Privacy Officer.

When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.

Cyber Insurance

Important: Please answer all questions fully. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

Details of the Proposer

1. Name of the **Proposer**

2. Address of the principal office (please provide a street address only.)

Street		City
State	Country	Postcode

3. Contact details

Name	Telephone
Email	

4. When was the Proposer's business established?

5. List all subsidiaries (please attach a separate sheet and ensure that all the information supplied on this proposal applies to these subsidiaries as well).

6. Please provide a brief overview of business operations of parent/subsidiaries.

7. Corporate web site addresses

8. Current Annual Gross Revenue/Turnover \$

9. Please indicate the percentage of the current calendar year's revenues attributable to:

Aus/NZ	USA/Canada
Europe	Rest of the World

10. Indicate which months of year if a peak season.

Cyber Insurance

11. Past calendar year Annual Gross Revenue/Turnover \$

12. Please indicate the percentage of the past calendar year's revenues attributable to:

Aus/NZ	USA/Canada
Europe	Rest of the World

13. Estimate for next calendar year Annual Gross Revenue/Turnover \$

14. Please indicate the percentage of the next calendar year's revenues attributable to:

Aus/NZ	USA/Canada
Europe	Rest of the World

Please be aware: With effect from 1 January 2018, unless Liberty or its agents receive a Small Business Declaration from you, in accordance with CH 8, Pt 5A of the *Duties Act 1997* (NSW) at the time of entering into the contract of insurance, Liberty will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property.

15. Please provide a breakdown of the Proposer's income generated in the last financial year as follows:

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

16. Number of employees

17. Has the applicant completed a Liberty Cyber Survey? A completed survey might assist the review of best practice and is likely to reduce your premium.

Yes No

If 'No', has the applicant any other supporting reports or surveys conducted by third parties on its IT systems or privacy controls which it is willing to share?

Please attach where possible.

Yes No

First Party

Please Note: Completion only required where Section 1 of policy is requested.

18. Has the Proposer designated a Chief Security Officer?

Yes No

If 'No', please indicate what position (if any) is responsible for computer security.

Cyber Insurance

19. Does the Proposer publish and distribute written computer and information systems policies and procedures to its employees? Yes No
20. Does the Proposer have:
- a) a disaster recovery plan? Yes No
 - b) a business continuity plan? Yes No
 - c) an incident response plan for network intrusions and virus incidents? Yes No
- How often are such plans tested?
21. Is all valuable/sensitive data backed-up by the Proposer on a daily basis? Yes No
If 'Yes', where to?
- If 'No', please describe exceptions.
22. How often are virus signatures updated?
- Automatic
 - Weekly
 - Monthly
 - Other
23. Does the Proposer enforce software update process with the installation of software patches? Yes No
24. Are critical patches installed within 30 days of release? Yes No
25. Please describe your network infrastructure vendors.
- a) Firewall
 - b) Anti-virus
 - c) ISP
 - d) Intrusion Detection
26. Does the Proposer require any IT service providers to demonstrate adequate security policies and procedures? Yes No
27. Are IT service providers required by contract to indemnify the Proposer for harm arising from a breach of the provider's security? Yes No

Cyber Insurance

28. How dependent is your business on the continuous operation of your computer network?

Please include financial impact where possible.

High Dependency

(an outage of 1-4 hours would significantly impact operations)

Yes

No

Moderate Dependency

(an outage of 4-24 hours would significantly impact operations)

Yes

No

Low Dependency

(an outage of 24 hours or more would significantly impact operations)

Yes

No

If 'High Dependency', estimated financial impact for a 4-hour outage
(or indicate unknown)

If 'Moderate Dependency', estimated financial impact for a 12 hour outage
(or indicate unknown)

If 'Low Dependency', estimated financial impact for a 24 hour outage
(or indicate unknown)

29. Please indicate the percentage of your revenues obtained from your customer facing websites

%

30. If you outsource IT or business process to others, (such as hosting, EDP, call centres/customer service, etc.) please identify the major independent contractors:

Vendor Name/Country

Service Performed

31. Has the Proposer suffered any incidents or losses in the last three years that would potentially be covered by this (first party) insurance? (including computer intrusion, network interruption or suspension extortion threat, or damage to electronic data or programmes)

Yes

No

If 'Yes', please attach details on a separate sheet including the date of such claim or loss, the amount of the loss, the length of time the network was interrupted or suspended, whether any insurance policy was noticed and the status of any outstanding reserve and/or payment, and any remedial action taken

32. Is the Proposer aware of any systems related problem, extortion threat, or network outage, which is likely to lead to suffering a loss or claim that would be covered by this insurance?

Yes

No

If 'Yes', please attach details of each problem or network outage on a separate sheet.

Third Party

Please Note: Completion only required where Section 2, 3 or 4 of policy is requested (Privacy, Confidentiality & Security, Privacy Regulation Defence or Customer Care & Reputational Expenses)

33. Has the Proposer designated a Chief Privacy Officer? Yes No
 If 'No', please indicate what position (if any) is responsible for data protection and privacy issues.
34. Does the Proposer have a written corporate-wide privacy policy? Yes No
35. Is the Proposer in compliance with its privacy policy? Yes No
 If 'No', please provide details regarding such non-compliance
36. a) Does the Proposer have and enforce policies concerning when internal and external communication should be encrypted? Yes No
- b) Does the Proposer encrypt all sensitive and confidential data stored on laptop computers and portable media? Yes No
- c) Does the Proposer encrypt all sensitive and confidential data stored on back-up tapes? Yes No
- d) Does the Proposer encrypt all sensitive and confidential data when at rest on the network? Yes No
- e) Does the Proposer encrypt all sensitive and confidential data when in transit from the network? Yes No
37. Does the Proposer disable write access to USB drives for employees? Yes No
38. Has the Proposer implemented an identity theft prevention programme, i.e. FTC "Red Flags" programme? Yes No
39. Has the Proposer ever used flash cookies on its website to track visitors? Yes No
40. Is the Proposer in compliance with (check all that apply):
- | | | | |
|---------------------|------------------------------|-----------------------------|---|
| PCI DSS: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does not apply <input type="checkbox"/> |
| Gramm Leach Bliley: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does not apply <input type="checkbox"/> |
| HIPAA: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does not apply <input type="checkbox"/> |
| HITECH ACT | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does not apply <input type="checkbox"/> |
- If not in compliance with any of the above that apply to the Proposer's business, please describe the status of any compliance work and estimate time of completion

Cyber Insurance

41. Does the Proposer hold personally identifiable information in one or more databases? Yes No

Approximately how many individual clients/customers are contained in such databases?

42. What type of personally identifiable information does the Proposer hold?

- Social Security Number
- Credit Card Number
- Debit Card Number
- Bank Account Number
- Healthcare information
- Email address
- Phone/address
- Other (please describe below)

43. Does the Proposer share personally identifiable information with third parties for business purposes? Yes No

Please identify all such parties.

44. Does the Proposer require third parties with which it shares personally identifiable information or confidential information to indemnify the Proposer for legal liability arising out of the release of such information due to the fault or negligence of the third party? Yes No

45. Is the Proposer aware of any release, loss or disclosure of personally identifiable information in its care, custody or control, or anyone holding such information on behalf of the Proposer in the last three years? Yes No

If 'Yes', please describe.

Cyber Insurance

46. Has the Proposer ever received any claims or complaints with respect to allegations of invasion of or injury to privacy, identity theft, theft of information, breach of information security or been required to provide notification to individuals (by law or own volition) due to an actual or suspected disclosure of personal information in the last five years? Yes No

If 'Yes', please provide details of each such claim, allegation or incident, including costs, losses or damages incurred or paid, and any amounts paid as a loss under any insurance policy.

47. Has the Proposer been subject to any government action, investigation or subpoena regarding any alleged violation of any law or regulation? Yes No

If 'Yes', please provide details.

Multimedia

48. Does the Proposer publish any blogs, newsletters, videos, podcasts or other similar publications? Yes No

If 'Yes', what processes and controls are in place for editing and/or reviewing such communications prior to publication?

49. Are legal reviews always sought prior to the publication of new content? Yes No

50. Does the Proposer publish materials which include intellectual property owned by third parties? Yes No

If 'Yes', is consent in writing or a license always obtained from the owner of such material? Yes No

51. Does the Proposer's website allow third parties to publish content on chat rooms, comment boxes or any other publically viewable space? Yes No

If 'No', go to question 49.

52. Is such content moderated prior to its publication? Yes No

Cyber Insurance

53. Does the Proposer have a formal procedure in place for dealing with complaints and removing content when appropriate? Yes No
54. Does the Proposer's website acquire the following information from third parties? Please check all applicable fields.
- Social Security Number
 - Credit Card Number
 - Debit Card Number
 - Bank Account Number
 - Healthcare information
 - Email address
 - Phone/address
 - Other (please describe below)

Claims Declaration and Prior Insurance

55. Has any property, crime or cyber insurance ever been declined or cancelled? Yes No
 If 'Yes', please explain.
56. Has the Proposer any insurance currently in place that covers any element of risk also covered by Liberty Cyber Insurance? Cyber cover might be found in an extended property, commercial crime or E&O/PI policy. Yes No
 If 'Yes', please provide details.
57. Does the Proposer, or any director or officer, have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed Liberty Cyber Insurance? Yes No
 If 'Yes', please provide details.

Declaration

(To be signed by a partner or director of the Main Proposer.)

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all persons and entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, I am obliged to inform Liberty Specialty Markets of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty Specialty Markets relies on the accuracy of the information and documentation supplied in proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers' acceptance of an offer by Liberty Specialty Markets, if any;
- that I am a small business owner with a turnover of less than \$2 million in the last financial year, and I have provided a small business declaration in accordance with the *Duties Act 1997 (NSW)* (strike out if not applicable).

Signed

Print Name

Title

Dated

Have you Remembered to Attach the Following?

- | | |
|-------------|--|
| Question 5 | List of subsidiaries |
| Question 17 | Supporting reports or surveys from third parties |
| Question 31 | Details of Loss |
| Question 32 | Details of Loss |