

Liability Cyber Ultra & Base Application form



Agent name: _____ Policy number

Privacy information

If you provide information about someone else, you must have their authority to disclose it to us.

All personal information will be collected, used, stored and disclosed in accordance with our privacy policy available on our website.

We will check details against, and may place information on, the Insurance Claims Register, an external database where insurers can access claims information.

Your duty of disclosure

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose include:

- ▶ anything that increases the risk of an insurance claim;
- ▶ any criminal convictions in the last 7 years or where imprisoned;
- ▶ if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- ▶ any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- ▶ anything that reduces the risk of an insurance claim;
- ▶ anything we say you do not need to tell us about;
- ▶ anything that is common knowledge;
- ▶ anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

When in doubt – disclose. All information will be treated confidentially

Details of applicant(s)

New client Existing client

Full legal name of each natural person, incorporated body (including any subsidiary) to be insured as well as any unincorporated business or trading names.

Date established: _____

Date established: _____

Date established: _____

Are you registered for GST purposes? Yes No

Principal address

Number/Street: _____ Suburb: _____

Town/City: _____ Post code: _____

Contacts

Business phone: _____ Mobile: _____

Email: _____

Website: _____

Your business activities

State fully your business activities: _____

Revenue

1. Please state your gross revenue/turnover (including fees and sales income) for the last 12 months.

New Zealand/Australia \$ _____ If Overseas, Specify \$ _____

2. Please state your estimated gross revenue/turnover (including fees and sales income) for the next 12 months.

New Zealand/Australia \$ _____ If Overseas, Specify \$ _____

Overseas work (outside New Zealand/Australia)

Have you ever undertaken, or are you likely to undertake, work overseas? Yes No

If 'Yes', please provide the following details of such work:

Country	Type of work	Dates of commencement	Annual revenue/turnover
			\$
			\$
			\$
			\$

Risk management

1. Is all personally identifiable and confidential information that is removed from your premises in any electronic format encrypted? (e.g. USB, flash memory, disk hard drive, tape or other means?) Yes No

Note: If "No", unencrypted portable media exclusion will be applied.

2. Do you regularly update (at least monthly) firewalls and virus protection software in place within your networks? Yes No

Note: If "No", we are unable to provide cover.

3. Do you have a Business Continuity Plan (BCP) which includes back-ups stored off-site, in place that is tested at least annually? Yes No

Note: If "No", we are unable to provide data recovery or business interruption cover.

4. When transferring money from an account maintained by the insured, does a second individual co-authorise such transactions? Yes No

Note: If "No", we are unable to provide the Social Engineering Fraud extension.



Vendor management

Please identify your critical vendors:

Type of vendor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of vendor
Cloud / Back-up / Web Hosting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Internet Service Provider (ISP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Business Critical Software Provider	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Data Processors (e.g. payment processing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
POS Hardware Provider	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Managed Security Services (e.g. firewall, intrusion detection, anti-virus)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

Cover required

Please indicate which policy limit(s) you would like a quote for:

Cyber Ultra: \$250,000 \$500,000 \$1 million \$2 million Other \$ _____

Optional Policy Extension: Social Engineering Fraud (Ultra Only) \$250,000

Cyber Base: \$250,000

Insurance history

- Do you currently have in place cyber insurance? Yes No
If 'Yes', please complete the table below for the last 3 years.
- If you don't, have you ever purchased cyber insurance? Yes No
If 'Yes', please complete the table below for the last 3 years you were insured.

Name of insurer	Period insured	Sum insured	Excess
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$

Have you ever had an insurer decline a proposal, decline to renew, cancel your insurance, or impose special terms? Yes No

If 'Yes', please provide details: _____



Claims and circumstances

Please answer the following questions after enquiry within your organisation.

1. During the past 5 years has any claim been made, or have any circumstances which may give rise to a claim, against any entity or individual to be insured by this insurance been notified to insurers? Yes No
 If 'Yes', please provide details.

Year notified	Insurer	Claimant	Nature of claim or circumstance	Amount paid and/or outstanding
				\$
				\$
				\$
				\$

2. Are there any circumstances not already notified to insurers which may give rise to a claim against any entity or individual to be insured by this insurance? Yes No
 If 'Yes', please provide details.

Name of entity or individual	Claimant	Nature of circumstance	Estimate
			\$
			\$
			\$
			\$

3. Has any principal or staff member ever been subject to disciplinary proceedings, regulatory action, or investigation by any Government, regulatory or administrative agency? Yes No
 If 'Yes', please provide details.

Name of entity and principal/staff member	Regulator/agency	Nature of circumstance



Declaration

I/We declare that

- a) All information provided in support of this application is true and complete in every respect and that no material facts remain undisclosed.
- b) I/we have read and understood the duty of disclosure (See 'Your Duty of Disclosure') and have disclosed all information I/we am/are required to disclose.

I/we understand that the signing of this application form does not bind either party to complete the contract and that no cover will be in force until confirmed by NZI.

It is important the applicant/s is/are fully aware of the scope of this insurance so that all questions can be answered.

I/We confirm that I/we have the authority to sign this application form on behalf of the applicant and any other parties to be insured, and that I/we am/are duly authorised to make disclosures in connection with this insurance.

Signature _____ Date _____