



Optima Management  
Liability Package  
**Proposal form**



**NOTICE**

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment. You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

**APPLICANT DETAILS**

- 1 Name of applicant including subsidiaries:
- 2 Postal address:
- 3 Please advise the number of locations: NZ: \_\_\_\_\_ Overseas: \_\_\_\_\_  
If overseas, please provide details (country and region):
- 4 Website address:
- 5 Advise the number of years that the business has been operating:
- 6 Outline the nature of the business including a full description of your description of your activities or attach full details:

**FINANCIAL INFORMATION**

7 Please provide total gross income split as follows:

Region	Last financial year	Current financial year (estimate)	Number of staff members	Approx number of third party/client records stored (applicable to cyber liability)
New Zealand	\$	\$		
Australia	\$	\$		
Europe	\$	\$		
UK	\$	\$		
USA/Canada	\$	\$		
Rest of world (specify):	\$	\$		
<b>Total</b>	<b>\$</b>	<b>\$</b>		

- 8 Current Assets: \$ \_\_\_\_\_ Current Liabilities: \$ \_\_\_\_\_
- 9 Non Current Assets: \$ \_\_\_\_\_ Non current Liabilities: \$ \_\_\_\_\_

**CRIME**

- 10 Does payment to any new payee or new bank account, where the payment to be made is in excess of \$5,000, require two factor verification (ie email + phone call or txt etc) with the party you intend to pay and with the authoriser?  Yes  No
- 11 Are there segregation operations so that one person cannot control any function from start to finish without referral to another person (ie signing of cheques, authorising of payments, issuing fund transfer instructions)?  Yes  No

- 12 Do changes to existing payees bank account numbers require verification by another means of communication?  Yes  No

**HUMAN RESOURCE**

- 13 Are all employees covered by a written employment contract?  Yes  No
- 14 Do you screen potential employees by use of credit checks, police checks or by obtaining references from former employees?  Yes  No

**GENERAL LIABILITY**

- 15 Do you have any property of others in your physical or legal control?  Yes  No
- 16 Do you service or repair motor vehicles or watercraft?  Yes  No
- 17 Do you provide any professional advice, design, specification or consultancy services to others?  Yes  No
- 18 Do you use, store, handle, manufacture or transport any acids, chemicals, gases, inflammables, explosives, toxic or hazardous substances or materials?  Yes  No

If Yes to any of the above, please provide full details:

- 19 Does any of your work involve the use of naked flames or open heat sources, including cutting or welding?  Yes  No
- If Yes, please provide full details:

- 20 Do you export any products?  Yes  No
- If Yes, please provide full details of the products, where they are exported to and their \$ value:

Product Details	Export Destination	Annual Value
		\$
		\$
		\$

**STATUTORY AND EMPLOYERS LIABILITY**

- 21 Does the business have written procedures and/or systems to ensure compliance with any legislation that affects your business?  Yes  No
- 22 Does the business regularly review Health & Safety procedures to ensure compliance with legislation?  Yes  No
- 23 Are any of your products or services subject to any legislation governed by the Financial Markets Authority?  Yes  No

**LEGAL EXPENSES**

- 24 I confirm that my business:
- (a) has not had any dispute or legal proceedings to which this insurance would apply during the last five years;  Yes  No
  - (b) is not aware of any cause, event or circumstance which may give rise to a claim being made under this insurance;  Yes  No
  - (c) owns or occupies fewer than 10 properties and/or leases to which this insurance would apply;  Yes  No
  - (d) has fewer than five statutory licences to which this insurance would apply.  Yes  No

**CYBER LIABILITY**

- 25 Are all security and critical patches deployed on your system/applications within a month of release?  Yes  No
- 26 Do you use multi-factor authentication (ie not just username and password) on all systems used for payment, payment processing or systems which contain customer/third party information including:
- (a) Office365?  Yes  No

- (b) Employee Remote access / work from home?  Yes  No
- (c) Customer / Trade account login?  Yes  No
- (d) Systems containing customer/third party information?  Yes  No
- 27 Are all passwords a minimum of eight characters long including letters, numbers and symbols?  Yes  No
- 28 Are all passwords changed within a minimum period of every 6 months?  Yes  No
- 29 Are default passwords on all internet connected devices changed from their factory settings (eg routers, printers, IOT)?  Yes  No
- 30 Do you automatically lock user accounts after a number of failed login attempts?  Yes  No
- 31 Is all important data backed up daily?  Yes  No
- 32 Are back-ups checked at least monthly for corruption or failure?  Yes  No
- 33 Are all internet access points to your network secured by firewall(s)?  Yes  No
- 34 Do you have a disaster recovery plan/business continuity plan?  Yes  No
- 35 Do you have an educational program for all employees that teach awareness and avoidance of phishing and social media based threats?  Yes  No
- 36 Do you immediately remove access rights of all terminated staff?  Yes  No
- 37 Have you sustained any single loss or losses of a type covered by a data protection, cyber or network security insurance policy for which this proposal form has been completed?  Yes  No

#### INSURANCE HISTORY

- 38 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected?  Yes  No
- 39 Have any claims for the types of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force?  Yes  No
- 40 Are there any claims currently pending against you, or are you aware, after enquiry, of any circumstances that could give rise to a claim under the proposed insurance?  Yes  No

If Yes to any of the above questions, please advise full details in a separate attachment.

#### DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Ltd in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

In providing this information, I agree to Delta sharing this information with our third party vendors to the extent necessary for them to provide us with the risk management services associated with this insurance package.

I/We undertake to inform Delta Insurance New Zealand Ltd of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Ltd of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date:



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.