



Cyber Liability (short form) Proposal form



NOTICE

This is a proposal form for a claims made policy. The policy will only respond to claims and/or circumstances which are first made against you and notified to Delta Insurance New Zealand Limited during the policy period.

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.

COMPANY INFORMATION

1 Name of Insured:

2 Primary address

3 Number of office locations in New Zealand:

Please note any subsidiaries including any international locations:

Please provide details on the interconnectivity of IT systems between office locations:

4 Web site:

BUSINESS ACTIVITIES

5 Business description:

6 Company details:

Country	Gross revenue last financial year	Estimated gross revenue this financial year	Number of staff	Number of staff with access to IT systems	Approximate number of third party/client records stored
NZ	\$	\$			
Australia	\$	\$			
USA	\$	\$			
UK	\$	\$			
Europe	\$	\$			
Asia and Pacific Islands	\$	\$			
Other*	\$	\$			

* Please specify other countries:

7 What proportion of the company's gross revenue is derived from e-commerce? %

8 Does the company use endpoint protection and monitoring solutions on its network, on all end-points? ☐ Yes ☐ No

If Yes, please specify which product:

9 Does the company use Multi-factor Authentication on all internet facing parts of the business, including:

(a) Office 365? ☐ N/A ☐ Yes ☐ No

(b) Employees working from home/Remote Access? ☐ Yes ☐ No

(c) Systems containing customer/third party information? ☐ Yes ☐ No

(d) Customer/Trade Account Login ? ☐ Yes ☐ No

(e) Industrial Control Systems eg SCADA/ PLC? ☐ N/A ☐ Yes ☐ No

- 10 Does the company perform regular system/ file backups? ☐ Yes ☐ No
- 11 Do they cover the company's critical data? ☐ Yes ☐ No
- 12 Are backups stored: ☐ Offsite? ☐ On premise?
- (a) If On Premise, are they:
- (i) Connected to your network (e.g. NAS)? ☐ Yes ☐ No
- (ii) Or physically separated (e.g. USB, CD)? ☐ Yes ☐ No
- (iii) Are credentials stored locally? ☐ Yes ☐ No
- (b) If stored in Cloud:
- (i) Is Multi-Factor Authentication enforced? ☐ Yes ☐ No
- (ii) Are credentials stored locally? ☐ Yes ☐ No
- 13 Has your organisation tested system/file backups in the last six months? ☐ Yes ☐ No
- If Yes, were systems/files restored successfully? ☐ Yes ☐ No
- 14 Do accounts with the ability to create, modify or delete backups follow password complexity and rotation requirements? ☐ Yes ☐ No
- If yes, is MFA also enforced? ☐ Yes ☐ No
- 15 Has the Company conducted any of the following in the last 12 months:
- (a) Cyber Security Assessment? ☐ Yes ☐ No
- (b) Penetration Test? ☐ Yes ☐ No
- (c) Internet Perimeter Scan? ☐ Yes ☐ No
- If Yes, was it conducted by an external vendor? ☐ Yes ☐ No
- If Yes, please attach the summary of the findings, recommendations, and status of the implementation of the action plan to address the recommendations made in the assessment or scan.
- 16 Are all security and critical patches deployed on your system/applications within a month of release? ☐ Yes ☐ No
- 17 Do you have a disaster recovery plan / business continuity plan? ☐ Yes ☐ No
- 18 Do you have an educational program for all employees that teach awareness and avoidance of phishing and social media based threats? ☐ Yes ☐ No
- 19 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

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.

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.