



Technology
Liability Insurance
Renewal declaration



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.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

- 1 Policy no:
- 2 Expiry date:
- 3 Name of Insured:
- 4 Name of broker:
- 5 Outline the nature of the business including a full description of your activities:

- 6 Do you anticipate any changes to your business in the next twelve months? ☐ Yes ☐ No

If Yes, please give full details:

- 7 Number of staff including principals. Current financial year: Next financial year (estimate):
- 8 Please provide your turnover by region and indicate the percentage of that sum that relates solely to the supply of hardware or electronic goods:

Region	Last financial year	Current financial year (estimate)	Next financial year (estimate)	% solely hardware electronic goods
New Zealand	\$	\$	\$	%
Australia	\$	\$	\$	%
Asia and Pacific Islands	\$	\$	\$	%
UK & Europe	\$	\$	\$	%
USA/Canada	\$	\$	\$	%
Other (specify):	\$	\$	\$	%
Total	\$	\$	\$	%

- 9 Please provide details of your five largest projects/contracts undertaken in the last twelve months. Include the name of the client, the value of the project, details of the work preformed, systems or software developed and the function of the system/ software in the client's organisation.

Name of client	Value of project	Services/products provided by you	Country	Your revenue
1	\$			\$
2	\$			\$
3	\$			\$
4	\$			\$
5	\$			\$

- 10 After enquiry, have any claims been lodged within the last twelve months, or are there any claims currently pending against you, or are you aware of any circumstances which could give, rise to a claim under your liability policy with Delta? ☐ Yes ☐ No

If Yes, please give full details:

CYBER LIABILITY (if applicable)

- 11 Are all security and critical patches deployed on your system/applications within the month they are released? ☐ Yes ☐ No
- 12 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? ☐ Yes ☐ No
- 13 Is all important data backed up daily? ☐ Yes ☐ No
- 14 Are back-ups checked at least monthly for corruption or failure? ☐ Yes ☐ No
- 15 During the past three (3) years, has the Insured experienced any occurrences, claims or losses related to the Insured's network/security failure, system failure or failure of the Cloud or does the Insured have knowledge of a situation or circumstance which might otherwise result in a claim against the Insured with regard to issues related to the insurance sought? ☐ Yes ☐ No

If the answer to questions 11 to 15 is Yes, please give full details:

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.