

CYBER PROPOSAL - 03/17

NOTICE TO THE PROPOSED INSURED

[Including notices under the Insurance Contracts Act]

Nova Underwriting Pty Ltd ABN 42 127 786 123 / AFSL 324767

IMPORTANT – PLEASE READ THE FOLLOWING ADVICE BEFORE COMPLETING THIS PROPOSAL

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 [ICA], to disclose to the insurer every matter which 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 us before you renew, extend, vary or reinstate a contract of insurance. Your duty however does not require disclosure of a matter:

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

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer maybe entitled to reduce its 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.

COMMENT

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover [EG: claims, whether founded or unfounded, or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. CLAIMS MADE POLICY

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

- · Acts, errors or omissions actually or allegedly committed prior to the retroactive date of the policy [specified].
- Claims made after the expiry of the period of cover even though the act, error or omission giving rise to the claim may have been committed during the period of cover.

- Claims notified or arising out of facts or circumstances notified [or which ought reasonably to have been notified] under any previous policy.
- · Claims made, threatened or intimated against you prior to the commencement of the period of cover.
- Facts or circumstances of which you first became aware of those facts but before the expiry of the period of cover, you may have rights under Section 40[3] of the ICA to be covered for claims arising from those facts, even though the claim is made against you after the period of cover has expired. Any such rights arise under the ICA only, and not by medium of the policy.

AVERAGE PROVISION

If the policy provides that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount the indemnity available under this policy bears to the amount paid to dispose of the claim.

4. SUBROGATION WAIVER

Our policy contains a provision that has the effect of excluding or limiting cover for a liability incurred as a result of you entering an agreement that impairs your legal rights against another party.

PRIVACY

We comply with the Privacy Act when dealing with your personal information. We need to collect personal information to deliver our services and products, and we may also need to pass that information to third parties such as our security, their reinsurers, agents, lawyers and other service providers. You can have access to, and if necessary, correct your personal information, by contacting our privacy officer. When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

NOT A RENEWABLE POLICY

Any policy issued by us will terminate at a time and date specified in the policy. There is no right to automatic extension or renewal of the policy. If you wish to effect similar insurance for a subsequent period, it is necessary to complete a new proposal prior to the termination of the expiring policy so that we may consider whether or not to offer a replacement policy, and if so, on what terms.

7. GENERAL INSURANCE CODE OF PRACTICE

We have adopted the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry, including the manner in which complaints must be handled. For further information about the Code, visit our website **www.novaunderwriting.com.au** or visit the Code website **www.codeofpractice.com.au** or contact our Compliance Manager. As part of our Code compliance obligations, we advise that the key factors affecting premiums are the nature and size of the risk, and the claims experience.

IMPORTANT

- Please answer ALL questions fully. If there is insufficient space, please provide details on your own letterhead, and attach to this form.
- · Where provided, tick the appropriate box to indicate your answer.

APPLICANT'S DE	TAILS						
Name							
Address							
Date established							
Web address							
Business Activity							
OPERATIONAL IN	FORMA	ATION Last Finance	cial Y ear		This Finan	cial Year (est	imate)
Total revenue	\$			\$		(11	
Total number of employees							
For the purposes of determine	ning stamp	duty, please	confirm the nur	nber of empl	oyees in the r	elevant State	of Australia
ACT NSW Do you outsource a critical system or internet access/p If Yes, please provide detail	NT part of your resence to o	QLD	SA	TAS	Yes	WA No	Overseas

PERSONALLY IDENTIFIABLE INFORMATION

1.	Do you hold Personally Identifiable Information?	Yes	No
	If "Yes", approximately how many individual clients/customers/employees records are held?		
2.	If credit card details are stored, are you PCI compliant?	Yes	No
3.	Please indicate level 2 3 4		
4.	Do you comply with privacy and data protection legislation applicable to all jurisdictions and industry standards in which you operate (e.g Australian Privacy Principals)?	Yes	No
5.	Is the above data shared with third parties for business purposes?	Yes	No
6.	Do you require said third parties to indemnify you for legal liability arising out of the release of such information due to the fault or negligence of the third party?	Yes	No
M	ULTIMEDIA		
1.	Do you have a review process in place to screen material, including but not limited to digitise	d content,	
	for Copyright Infringement, Trademark Infringement, Domain Name Infringement, Libel or Slander or Privacy Violations?	Yes	No
0			
2.	Are these reviews conducted by or supervised by a qualified attorney/solicitor?	Yes	No
3.	Does/will your website include chatrooms, bulletins or message boards or otherwise allowing users to post or upload content?	Yes	No
	If "Yes":		
	Is such content reviewed prior to its publication?	Yes	No
	Do you have a procedure to remove infringing libellous material?	Yes	No
NIF	TWODY CECUDITY		
	ETWORK SECURITY		
1.	Do you have a virus protection in place?	Yes	No
	If "Yes", please identify the software used:		
2.	Do you have a firewall with an Intrusion Detection System (IDS) in place?	Yes	No
3.	Do you enforce a software update process, including software patches and anti-virus definition updates?	Yes	No
4.	Do you have a process for managing computer accounts, including the removal of outdated access accounts in a timely fashion?	Yes	No

5.	Do your access control procedures address access to critical and sensitive computer systems? Yes					
6.	Do you have physical security controls in place to control access to your computer systems? Yes					
7.	Do you have a document destruction and retention policy?					
8.	Do you have an information security incident response plan in place?					
9.	. Do you have a written business continuity/disaster recovery plan that includes procedures to be followed in the event of a disruptive computer incident? Yes					
10.	Do you monitor your network in real time to detect possible intrusions or abnormalities in the performance of the system? Yes					
11.	. Do you outsource a critical part of your internal network/computer system or internet access/presence to others? Yes					
	If "Yes", please check all that apply and name the service	provider for each category:				
	Hosting facility					
	Co-location facility					
	Managed security service provider (MSSP)					
	Application service provider (ASP)					
	Data storage facility					
	Other (Please specify)					
12.	Do you perform due diligence checks on your vendors an your privacy sensitive data and require them to have ade	•	Yes	No		
13.	Do you allow employees to download the personal identity confidential information in your care belonging to third part or other storage media?		Yes	No		
	If "Yes", is the information required to be encrypted when the laptop or the storage media?	it is stored onto	Yes	No		

HISTORICAL/CLAIM INFORMATION

1.			ss, whether reimbursed or not, including unauthorised access				
unauthorised use, virus, denial of service attack, breach, data theft, fraud, electronic vandalism, sabotage or other security events?					No		
2.		have you experienced an interrup hours and affected third party use		ıter system fo	r any		
	(not including downtime	Yes	No				
3.	During the past 3 years to their systems arising	Yes	No				
4.		have you received a complaint or ingement, content or advertising?		Yes	No		
5.		has anyone made a demand, clair of rights of privacy or the inappro	·	ainst you alle	ging		
	disclosure of personal i		priate	Yes	No		
6. During the past 3 years have you been the subject of an investigation or action by any regulatory or administrative agency for privacy related violations?							
7.		rcumstance or event that could rean ade against the coverage being a		Yes	No		
If "\	es" to any of the above	please provide further details:					
-							
C	OVERAGE						
Pre	vious Cover						
Insi	urer						
Lim	it						
Dec	ductible						
Exp	piry Date						

Coverage Required

	•	Security	and Privacy L	iability					Yes	No
		Privacy Regulatory Defence and Penalties						Yes	No	
	•	Crisis Management Costs and Notification & Breach Response Expenses							Yes	No
		Cyber Extortion							Yes	No
		Cyber Bu	ısiness Interru	uption and Data Res	storation	ı			Yes	No
		Multimed	lia Liability						Yes	No
		Cyber Te	rrorism						Yes	No
		Accident	al Damage						Yes	No
								Yes	No	
		Social Engineering Fraud							No	
		If 'Yes' to Social Engineering Fraud, are duties of employees segregated so that no individual can control the following transactions from conception to completion:								
		a)	Signing ched	ques in excess of \$	1,000				Yes	No
		b)	Issuing fund	s transfer instruction	าร				Yes	No
		c)	Issuing ame	ndments to funds tr	ansfer p	protocols			Yes	No
		d)	Authorising 6	expenditure or refur	nds				Yes	No
		e)	Making payn	nents					Yes	No
		f)	Reconciling	bank statements					Yes	No
Limit	Requ	uired		_	_					
		\$250,00	00	\$500,000		\$1,000,000		\$2,000,00	00	
		\$5,000,	000	\$10,000,000		\$20,000,000		Other		

DECLARATION

The signatory declares:

- · that the signatory is authorised to make this proposal on behalf of all persons and entities seeking insurance.
- · that the signatory has read and understood the "Notice to the Proposed Insured" at the front of this proposal.
- · that the information supplied in this proposal [and any attachments relating to it] is true and correct.
- that the signatory understands and acknowledges that Nova Underwriting Pty Ltd relies on the information contained in the proposal [and any attachments relating to it].
- the signatory understands and acknowledges that the proposal [and any attachments to it] and any other information supplied to Nova Underwriting Pty Ltd in support of this application for insurance shall form the basis of any contract of insurance subsequently effected.

Name of Signatory	
Position	
Signature	
Date	