

NZI LIABILITY CYBER ULTRA & BASE



APPLICATION FORM

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.

YOUR DETAILS

New client Existing client

1. Name

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

a. Date established

_____	_____
_____	_____
_____	_____

b. Are you registered for GST purposes?

No Yes

2. Address

Principal Address: _____ Post code _____

Telephone No. _____ Mobile: _____

Email address: _____

Website address: _____

YOUR BUSINESS ACTIVITIES

3. State fully your business activities:

REVENUE

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

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

b. 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)

5. Have you ever undertaken, or are you likely to undertake, work overseas? No Yes
 Please provide the following details of such work.

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

RISK MANAGEMENT

6. a. 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?) No Yes
N.B. If "No", unencrypted portable media exclusion will be applied.
- b. Do you regularly update (at least monthly) firewalls and virus protection software in place within your networks? No Yes
N.B. If "No", we are unable to provide cover.
- c. Do you have a Business Continuity Plan (BCP) which includes back-ups stored off-site, in place that is tested at least annually? No Yes
N.B. If "No", we are unable to provide data recovery or business interruption cover.

VENDOR MANAGEMENT

7. Please identify your critical vendors:

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

COVER REQUIRED

8. Please indicate which policy limit(s) you would like a quote for:
- Cyber Ultra \$250,000 \$500,000 \$1 million \$2 million Other \$ _____
- Cyber Base \$250,000

INSURANCE HISTORY

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

Name of insurer	Period insured	Sum insured	Excess
		\$	\$
		\$	\$
		\$	\$

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

Please provide details: _____

CLAIMS AND CIRCUMSTANCES

11. Please answer the following questions after enquiry within your organisation.

a. 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? No Yes

Please give details

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

b. 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? No Yes

Please give details

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

c. Has any principal or staff member ever been subject to disciplinary proceedings, regulatory action, or investigation by any Government, regulatory or administrative agency? No Yes

Please give details

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

DECLARATION

I/We hereby declare that:

The above statements are true, and I/we have disclosed all material facts and should any information given by me/us alter between the date of this Application form and the inception date of the insurance to which this Application relates I/we shall give immediate notice thereof.

I/We authorise NZI, a business division of IAG New Zealand Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or the Insurance Claims Register.

I/We also confirm that the undersigned is authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Application form and I/we complete this Application form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature: _____ Date: _____

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recover under the policy or lead it to being voided.