

Question	Answer
Occupation	
Employees (Total number of full-time equivalent workers, Business owner included)	
Estimated Annual Revenue (Australian Dollars)	
Postcode	
Email Address	
Legal Entity / Insured Name	
Phone Number	
Street Address	
Inception Date	
What level of Cyber Liability cover do you require?	
What is the insured's website? (If you do not have a website, please answer as N/A)	

Does the Insured wish to include cover for Social Engineering, Phishing & Cyber Fraud?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
When creating or amending supplier and customer payment details, does the Insured independantly verify the details with a known contact by phone or in person?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Does the Insured ensure that at least two members of staff authorise any transfer of funds, assets, investments or signing of cheques above \$2,000?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Does the Insured educate themselves and provide training materials to their employees (if applicable) on the dangers of cyber risks including cyber fraud and phishing?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Is the Insureds business domiciled in Australia?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Is more than 25% of Insureds revenue derived from the USA or Canada?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Are the Insureds operating systems protected by embedded or seperate commercially licensed firewall and antivirus protection?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Is multi-factor authentication (two or more proofs of identity) required for any remote access to the Insureds systems?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Does the Insured have an e-mail filtering system activated for all email accounts?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Does the Insured have a minimum of weekly backups, and recovery procedures for all systems and data that are critical to operating the business?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Does the Insured process, transmit or store MORE than 1,000,000 financial transactions or records containing an individual's personal information per year?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Does the Insured (directly or by re-selling) provide, operate, administer or maintain any cloud hosting services, website hosting services or Internet Service Provider (ISP) services?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Is the insured aware of any matter that is reasonably likely to give rise to any loss or claim under such insurance, or has the Insured suffered any loss or any claim including but not limited to a regulatory, governmental or administrative action brought against the insured, or any investigation or information request concerning any handling of personally identifiable information?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No

<b>During the last 5 years, have you suffered from any of the following?</b>	
A. The unauthorized disclosure or transmission of any confidential information for which you are responsible	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
B. Any intrusion of, unauthorized access to, or unauthorized use of your computer system	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
C. Any accidental, negligence or unintentional act or failure to act by and employee or an employee of any third-party service provider whilst operating, maintain or upgrading your computer system	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
D. The suspension or degradation of your computer system	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
E. Your inability to access data due to such data being deleted, damaged, corrupted, altered or lost	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
F. Receipt of an extortion demand or security threat	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
G. Receipt of a claim in respect of any of the above.	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
H. Any formal or official action, investigation, inquiry or audit by a regulator arising out of your use, control, collection, storing, processing or suspected misuse of personal information	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
As at today's date does the insured have Cyber Liability Insurance currently in force that has been paid for?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No

The signatory acknowledges and confirms that:

- I am authorised by the board of Directors to complete this form on behalf of the applicant.
- I have made reasonable inquiries into the applicant(s)' requirements and objectives, and completed a preliminary assessment in respect of the questions in this form.
- I have read and understood the Important Notices.
- All statements, responses and particulars contained herein are true and correct and no material facts have been omitted or misrepresented.
- I undertake to inform BizCover of any change to any material fact which occurs before the inception date of any insurance based on this Declaration. Until a contract of insurance is entered into, any material change to the answers disclosed will be notified to the insurer.
- We authorise BizCover for Brokers and the Insurer to:
  - a. Verify the information contained in this application (where applicable);
  - b. Collect and disclose personal information in accordance with the insurer and BizCover for Broker's Privacy Policy.
- The completion of this form does not oblige the applicant or any insurer to enter into a contract of insurance.
- By completing and signing this Declaration I acknowledge, accept and agree that in underwriting and issuing a policy BizCover does and will rely on all disclosures, proposals, declarations and representations made by you to us.

Name:

Position:

Signature:

Date: