



Proposal Form

CyberEdge Liability Insurance

IMPORTANT NOTES:

- (i) You are advised to take particular care when answering the questions in the Proposal and it is recommended that enquires are made of all staff, and other qualified staff. *FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHT TO INDEMNITY* if a claim should arise.
- (ii) Please check that all questions have been fully answered.
- (iii) Please ensure all material changes during the period of the policy are fully and immediately reported to Brokers.

A. Company Information

1. Name of Proposer: _____
2. Date Established: _____
3. Name of any other entity to be Insured: _____
4. Web Site: _____
5. Principal address of Proposer: _____
6. Business Description: _____
7. Gross Income Details:

	Prior Financial Year	Current Financial Year Estimate
Total Gross Income		

Geographical Split of Income:

	Prior Financial Year	Current Financial Year Estimate
New Zealand		
United States		
Rest of World		

8. Requested Coverage:

	Limits of Liability (Please circle one)		
CyberEdge Liability	\$1,000,000	\$2,000,000	\$5,000,000
Media Content Liability	\$1,000,000	\$2,000,000	\$5,000,000
Cyber Extortion Liability	\$100,000	\$250,000	\$500,000
Network Interruption Insurance	\$1,000,000	\$2,000,000	\$5,000,000



B. Business Activities

1. Does the Company allow online purchases, bill payments, banking or trading? Yes ☐ No ☐

If "Yes", what portion of the applicant's revenue is received through the online distribution channel?

- ☐ None ☐ 0-5% ☐ 6-15%
☐ 16-25% ☐ 26- 50% ☐ 50-100%

2. What types of personal information does the Company collect, process and store?

- ☐ Business & Customer Information ☐ Healthcare Information ☐ Tax Numbers
☐ Credit Card Information ☐ Financial Account Information ☐ Intellectual Property/
Trade Secrets

If "Credit Card" is selected above, does the Company comply with
Payment Card Industry Data Security Standards?

Yes ☐ No ☐

If either is selected, is the access to such sensitive data restricted?

Yes ☐ No ☐

Who has access?

3. Does the Company transfer sensitive information with personal identifiers
across international borders?

Yes ☐ No ☐

C. Data Protection Procedures

1. Is there a written data protection policy and privacy policy that applies to the Company?

Yes ☐ No ☐

If "No", please provide details regarding data protection procedures for the Company

2. Are all employees provided with a copy and updated with the Company's data protection policy, which they
are required to confirm compliance with?

Yes ☐ No ☐

3. When was the Company's data protection policy last reviewed and by whom?
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4. Does the Company's data protection policy comply with the data protection and privacy legislation
applicable to all jurisdiction and industry standards and requirements, in which the Company operates?

Yes ☐ No ☐



If "No" please provide an explanation regarding non-compliance in applicable jurisdictions.

5. If the Company has a U.S Subsidiary(ies) are they compliant with, the Safe Harbour Program between the United States of America and the European Union? Yes ☐ No ☐

If "No" please provide an explanation regarding non-compliance with the Safe Harbour Program.

6. Does the Company have a Senior Executive responsible for compliance and data protection related matters?

Yes ☐ No ☐

D. Data Access & Recovery

1. Does the Company use firewalls to prevent unauthorised access connections from external networks and computer systems to internal networks? Yes ☐ No ☐

If "Yes" are all computer systems, mobile devices and websites Firewalled or have intrusion prevention systems on them?

2. Does the Company use anti-virus protections and procedures on all desktops, e-mail systems and mission critical servers to protect against viruses, worms, spyware and other malware?

Yes ☐ No ☐

If "Yes," how often are such protections and procedures updated:

☐ Daily ☐ Weekly ☐ Monthly ☐ Other (Please Specify)

3. Does the Company have in place procedures to identify and detect network security weaknesses?

Yes ☐ No ☐

4. Does the Company monitor its network and computer systems for Breaches of Data Security?

Yes ☐ No ☐

5. Does the company have physical security controls in place to prohibit and detect unauthorized access to their computer system and data centre?

Yes ☐ No ☐



6. Does the Company have encryption requirements for data-in-transit data-at-rest to protect the integrity of Sensitive Data including data on portable media (e.g., laptops, DVD backup tapes, disk drives, USB devices, etc.)?

Yes ☐ No ☐

If "Yes", please describe where such encryption is used:

7. Does the Company have and maintain backup and recovery procedures for all:

i) mission critical systems? Yes ☐ No ☐

ii) data and information assets? Yes ☐ No ☐

If "Yes" is it encrypted? Yes ☐ No ☐

8. Does the Company perform background checks on all employees and independent consultants?

Yes ☐ No ☐

9. Does the Company require remote users to be authenticated before being allowed to connect to internal networks and computer systems?

Yes ☐ No ☐

E. Outsourcing Activities

1. Does the Company outsource any of its primary business functions to a third party? If so, please indicate:

<input type="checkbox"/> Human Resources	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Marketing
<input type="checkbox"/> Business Development	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Internal Audit
<input type="checkbox"/> Information Security	<input type="checkbox"/> Network	<input type="checkbox"/> Other

If "Information Security" applies, who is the security outsourced to? Does the Company periodically audit the functions of the outsourcer to insure that they follow the Company's security policies?

2. Does the Company outsource any data collection and/or data processing? Yes ☐ No ☐

If "Yes", please provide details of the data collection or data processing functions which are outsourced:



3. Does the Company required the entities providing data collection and/or data processing functions (Outsourcers) to maintain their own data protection liability insurance?
Yes ☐ No ☐
4. Does the Company require indemnification from Outsourcers for any liability attributable to them?
Yes ☐ No ☐
5. How does the Company manage and select Outsourcers?

6. Does the Company require all Outsourcers to comply with the terms of the Company's Data Protection Policy?
Yes ☐ No ☐

F. Incident Information

1. Has the Company been the subject of any investigation or audit in relation to data protection by a Data Protection Authority or other regulator? Yes ☐ No ☐
If "Yes", please provide full details:

2. Has the Company ever been subject to a Data Subject Access Request? Yes ☐ No ☐
If "Yes", please provide full details:

3. Has the Company ever been subject to an Enforcement Notice by a Data Protection Authority or any other regulator? Yes ☐ No ☐
If "Yes", please provide full details:

4. Is the Company after due inquiry aware of any actual or alleged fact or circumstance which may give rise to a claim under this policy? Yes ☐ No ☐
If "Yes", please provide full details:

5. Is there any other information in your possession material to an estimation of the risk to be insured and/or information of any nature which the underwriters should be made aware of? Yes ☐ No ☐



G. Insurance History

1. Please list any similar insurance carried during the past three years.
If none, tick here ☐ n/a

Policy Period	Insurer	Limit of Liability	Deductible	Premium
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2. In the past three years, has the proposer been declined any similar cyber insurance policy, or has the proposers insurer cancelled any previous cyber insurance policy? Yes ☐ No ☐
**If "yes", please attach a detailed description of the circumstance.*
3. Have any claims been made against the proposer or any of its former or current directors, officers, employees, subsidiaries or independent contractors with regard to the coverage sought in the past three years? Yes ☐ No ☐
**If "yes", please attach a detailed description of the circumstance.*
4. Is the proposer or any of its former or current directors, officers, employees, subsidiaries or independent contractors aware of any acts, errors, omissions or other circumstances, which may reasonably result in a claim relative to the insurance sought? Yes ☐ No ☐
**If "yes", please attach a detailed description of the circumstance.*



Declaration

I/WE hereby warrant that the above statements are true, that I/We have not suppressed mis-stated any facts and that should any of the information given by me/us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I/We will give immediate notice thereof. 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 if (amongst other things) any statement in this declaration is "substantially incorrect" and "material" as both those terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform AIG Insurance New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- * I/We am/are obliged to advise AIG Insurance New Zealand Limited 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 AIG Insurance New Zealand Limited whether or not to accept this application and (if it is accepted) on what terms, including cost and otherwise.
- * Failure to provide any of this information may result in AIG Insurance New Zealand Limited refusing to provide the insurance.
- * I/We have certain rights of access to and correction of this information.

I/We authorise AIG Insurance New Zealand Limited to disclose information received from me/us to its advisers, reinsurers and to other insurers.

I/We authorise AIG Insurance New Zealand Limited to obtain from any party, information which is relevant to this proposal.

Name of Firm: _____
Signed by: _____
Position: _____
Date: _____

SIGNATURE OF THIS FORM DOES NOT BIND THE APPLICANT OR AIG INSURANCE NEW ZEALAND LIMITED TO COMPLETE THE INSURANCE

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This form collects personal information about the employees and partners of your firm.
- (b) The information is collected to evaluate the submission to AIG Insurance New Zealand Limited.
- (c) The intended recipient of the information is AIG Insurance New Zealand Limited.
- (d) The information is being collected and held by AIG Insurance New Zealand Limited.
- (e) The collection of this information is required pursuant to providing terms of your insurance cover.
- (f) The Privacy Act 1993, entitles you to have access to and request the correction of this information.



Bring on tomorrow

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