

Cyber Insurance Proposal Form



Business Entity Name:

ABN:

Occupation/Business Description:

Business Address:

Association/Aggregator (if applicable):

Annual Turnover:

Turnover split by state / territory:

NSW:

VIC:

QLD:

WA:

SA:

ACT:

TAS:

NT:

Overseas:

Business Website Domain:

Email Address:

Number of Employees:

Do you implement encryption on laptop computers, desktop computers, and other portable media devices? Yes No

Do you collect, process, store, transmit, or have access to any Payment Card Information (PCI), Personally Identifiable Information (PII) other than your employees? Yes No

If Yes,

a) How many PII records does your business collect, process, store, transmit, or have access to?

None >100K 100K to 500K

b) What is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?

None >100K 100K to 500K

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Within the last 3 years have you been subject to any complaints concerning the content of your website, advertising materials, social media, or other publications?

Yes No

Do you enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right?

Yes No

For which of the following services do you enforce Multi-Factor Authentication (MFA)?

a) Email Yes No

b) Virtual Private Network (VPN), Remote Desktop Protocol (RDP), RDWeb, RD Gateway, or other remote access Yes No

c) Network / cloud administration or other privileged user accounts Yes No

Does your business require a secondary means of communication to validate the authenticity of:

a) Funds transfer requests (ACH, wire, etc.) before processing a request in excess of \$2,000 Yes No

b) Any request to change banking details (ACH, wire, payroll distribution, etc.)? Yes No

During the past three years, did your business experience a cyber incident, claim or loss, whether insured or not, which could have been covered under a policy similar to the proposed insurance, this includes but is not limited to any:

a) Actual or reasonably suspected data breach or security failure, including notifying consumers or third parties of a data breach or security failure Yes No

b) Claims or complaints with respect to privacy injury, breach of information or network security, unauthorised disclosure of information, defamation, or content infringement Yes No

c) Government action, investigation, or subpoena regarding any alleged violation of a privacy law or regulation; or Yes No

d) Actual or attempted extortion demand with respect to its data or computer systems Yes No

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Are you aware of any circumstance that could give rise to a claim under this insurance policy?

Yes No

Do you have knowledge or information regarding any fact, circumstance, situation, or event that could reasonably give rise to a claim or loss under the proposed insurance?

Yes No

If yes, please explain the incidents / or claims.

Where possible details should include the date of the event, date of notice to your insurer, name of insurer, if you involved law enforcement, description of the circumstances or potential claim and current status.

[Text input area for explaining incidents or claims]

What date would you like the policy to start from?

[Text input area for policy start date]

Once completed, please send this form to:
support@insurance.com.au