



19 Howard Street Perth WA 6000

AUS (08) 9420 7900
INT +61 8 9420 7900
WWW edgeunderwriting.com.au

Coverholder at **LLOYD'S**

Cyber & Privacy

Insurance Application From

IMPORTANT NOTICIES

PRIVACY

Edge is committed to the protection of your privacy and is bound by the National Privacy Principles for the handling of your information. Edge's Privacy Policy can be viewed online by visiting our website (edgeunderwriting.com.au).

YOUR DUTY OF DISCLOSURE

Before You enter into an insurance contract, You have a duty to tell Us anything that you know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If You do not tell Us something

If You do not tell Us anything you are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

PLEASE ANSWER ALL QUESTIONS

Please answer all questions fully and ensure all information requested is provided.

1. BROKER

1.1 Broking House

1.2 Broker

1.3 Contact Details

Ph

email

1.4 Date Quote Require by

Holding or Attacking

2. THE INSURED

2.1 Name of the Insured

2.2 Head Office Address

Street

City

State

Post Code

2.4 Company Website

2.5 Business Description (please provide full details)

2.6 Is the Insured any of the following?

Yes, go to 2.6.1

No, skip to 3

1. Healthcare provider or hold, store or process healthcare records for individuals (except own employees)
2. An entity which has exposure to nuclear power
3. Call centre, telemarketing/direct marketing firm, data processing/outsourcing firm
4. Internet service provider or telecommunications service provider
5. Government entity, public body, council, local authority, political party or lobbying group
6. Firm regulated by ASIC/APRA (other than insurance brokers)
7. Payment processor or involved in cryptocurrency
8. An entity which holds, stores or processes personal data on minors or is an educational establishment
9. Social networking, pornography, blogging/vlogging, dating website
10. Mobile application or video game developer
11. Franchisee or franchisor

2.6.1 If you answered "Yes" to 2.6 above - Please advise full details

3. RATING FACTORS

3.1 Turnover, Employees & Records

Estimated Turnover
Band

No. of PIIs
(personal records)

No. of Credit Card
records (kept)

No. of Employees

3.2 Please provide the approximate split of your turnover (in %) by the following locations

ACT

NSW

NT

SA

TAS

VIC

WA

QLD

OVER SEAS

4. RISK MANAGEMENT DETAILS

4.1 Network Security Standards

Does the Insured meet ALL of the following minimum Network Security standards?

Yes, skip to 4.2
No, go to 4.1.1

1. The Insured (or their outsourced IT service provider):
 - a. has commercial grade antivirus protection and firewalls on all IT systems;
 - b. Implements software updates when recommended;
 - c. has upgraded or replaced any unsupported software or systems (e.g. Windows XP/7);
2. The Insured (or their outsourced IT service provider):
 - a. backs-up mission/business critical systems and data (daily), and
 - b. back-ups are stored off-site
3. The Insured (or their outsourced IT service provider):
 - a. has a documented and tested business continuity plan and/or disaster recovery plan.

4.1.1 If you answered "No" to 4.1 above - Please advise full details

4.2 Two Factor Authentication; Dual Factor Authentication; Multi Factor Authentication

Does the Insured use 2FA, DFA or MFA to access their network and email system?

Yes, go to 4.2.1
No, skip to 4.3

*By 2FA, DFA, MFA we mean an **internal AND external method** is used to gain access to hosted (cloud) environments or internal servers and email systems.

An example of an **internal method** would be a username and password.

Examples of **external methods** would include:

- a token that produces a random number
- using the Google Authenticator App
- having to enter an SMS code sent to a mobile phone

Simply using a username and password (both internally controlled methods) **is not** 2FA, DFA, MFA.

4.2.1 If you answered "Yes" to 4.2 above - Please advise exact **external method** used:

4.3 Data Protection Standards

4.3.1 If the Insured collects, stores or process credit card records, is the Insured is PCI DSS compliant?

Yes **No** **N/A**

4.3.2 If Private data is stored on portable devices (such as laptops / mobile phones) are all such devices are encrypted?

Yes **No** **N/A**

4.3.1 If you answered "No" to 4.3.1 or 4.3.2 above - Please provide full details:

5. INSURANCE DETAILS

5.1 Is existing cover in place? Yes, go to 5.1.1 No, go to 5.1.4

5.1.1 If "Yes" to 5.1 above - please advise:

	Holding UW	Expiry Date	
	Sum Insured	Premium	

5.1.2 If "Yes" to 5.1 above - is renewal being offered? Yes, skip to 5.2 No, go to 5.1.3

5.1.3 If "No" to 5.1.2 above - please provide full details

5.2 Proposed Inception Date 5.3 Proposed Expiry Date

5.4 Sum Insured required	\$500k	\$1m	\$2m	\$3m	\$5m
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6. LOSS HISTORY

6.1 In the last 3 years have there been any:

	6.1.1 cyber/privacy claims?	Yes	No
	6.1.2 uninsured cyber/privacy events?	Yes	No

6.2 Details (if "Yes" to 6.1.1 or 6.1.2)

Year	No. of claims	Amount Paid	Amount Outstanding	Total Incurred
Expiring Year				
Previous Year				
Previous Year				
Previous Year				

6.3 In the last 3 years have there been any:

	individual claims/losses over \$5,000?	Yes	No
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6.3.1 If "Yes" to 6.3 above - please advise full details including: DOL | Circumstances | Cost & remedial action taken by the Insured:

6.4 In the last 3 years have there been:

	2 or more claims resulting from similar circumstances	Yes	No
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6.4.1 If "Yes" to 6.4 above - please advise full details including: DOL | Circumstances | Cost & remedial action taken by the Insured:

6.5 After the appropriate enquiries, are there any unreported circumstances that are likely to lead to a claim? Yes No

6.5.1 If "Yes" to 6.5 above - please advise full details including: DOL | Circumstances | Cost to date | remedial action taken by the Insured | and why not reported:

7. OTHER PRODUCTS

I am also interested in the following products:

Commercial Legal Expenses

Contractual Liability

Corporate Travel

Directors & Officers

Group Journey

Group Personal Accident & Sickness

Other (please specify)

Intellectual Property

Management Liability

Product Recall

Professional Indemnity

Public/Products Liability

Umbrella Liability

8. ADDITIONAL INFORMATION / COMMENTS

9. DECLARATION

I, the undersigned, hereby declare that:

9.1 I understand my Duty of Disclosure shown at the beginning of this form;

9.2 all answers and statements provided are true, correct and complete in every respect;

9.3 where any part(s) of the application has been completed by others, I have checked their answers and confirm they are true, correct and complete in every respect

9.4 I give permission for Edge Underwriting or the Insurer to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service;

9.5 should any information alter between the date of this form and the inception date of the insurance to which this application relates, I shall give immediately notice thereof;

9.6 I am 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 and I complete this application form on their behalf.

Full Name:

Position:

Signed &
Dated

1st
Renewal

2nd
Renewal