

Insured Name

Insured Name: _____
Trading Name: _____
Client Website URL: _____
ABN: _____
Insured Location: _____

Insured Details

Annual Revenue: \$ _____
Insured's revenue generated from the USA exceeds 25% of total turnover? Yes No
Type of Trade: _____
Limit of Indemnity: \$ _____
Do you conduct business in more than one state? Yes No

Cyber Security Details

1. Do you deploy a business grade firewall at all external gateways of your network and a business grade antivirus application across your entire network, including servers or endpoints? Yes No
If "No", do you accept the free Avast product which requires an installation within 30 days? Yes No
2. Do you (or your cloud service provider) back up data that is necessary to run your business at least every 7 days? Yes No
If "No", do you accept the free Avast product which requires an installation within 30 days? Yes No
3. Is this backed up data stored in an environment which is completely separate to your network and tested at least every 180 days for integrity? Yes No
If "No", do you accept the free Avast product which requires an installation within 30 days? Yes No
4. Do you install critical patches within 30 days of release? Yes No
5. Are you compliant with the Payment Card Industry (PCI) Data Security Standards, if applicable? Yes No N/A
6. Have you suffered any loss or has any claim been made against you or are you aware of any matter that is reasonably likely to give rise to any loss or claim in the last 24 months where you would seek an indemnity from our cyber insurance policy? Yes No
If "Yes", please provide further information below.

Additional Questions (Applicable for Annual Revenue between AUD 15m – AUD 30m ONLY)

7. Do you have secure remote access to your applications that are necessary to run your business with a minimum of 2 factor authentication? Yes No

Additional Questions (Applicable for Annual Revenue between AUD 30m – AUD 65m ONLY)

8. Have you disabled Remote Desktop Protocol (RDP) on all your network's endpoints, including servers, where RDP is not required? Yes No

9. Is all personal data encrypted whilst on, and in transmission from, your network? Yes No

10. Do you secure remote access to your network and personal data with a minimum of 2 factor authentication? Yes No

Funds Transfer Fraud Sub-Limit

Is this sub limit required? Yes No

Sub Limit Option: \$

11. Do you have a written procedure for validating all changes to vendor/client/customer contact details and/or bank account details in writing and then over the telephone with oral confirmation from the relevant employee/partner/director of the Insured or vendor/client/customer before the changes are actioned? Yes No

If "Yes", is that written procedure always followed? Yes No

Policy Period

Policy Inception Date: _____

Policy Expiry Date: _____

Declaration and Signature

Please read carefully the following important information before signing:

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 about:

- 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.

PRIVACY

In this statement “we”, “us” and “our” means Lloyd’s and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the Privacy Act 1988 (Cth), the Privacy Amendment (Private Sector) Act 2000 (Cth) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012. This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at www.atcis.com.au or 03 9258 1777.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about you from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom. These parties which include our related entities, distributors, agents, insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law).

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information and request correction if required. You may also opt out of receiving materials sent by us by contacting ATC on (03) 9258 1777 or write to us at the address given on page 1.

CLAIMS MADE DURING THE PERIOD OF INSURANCE

This policy provides cover on a “claims made” basis, which means that claims first advised to you (or made against you) during the period of insurance are covered, irrespective of when the incident causing the claim occurred. When you give notice in writing to us of facts that might give rise to a claim against you and you give that notice as soon as reasonably practicable after you become aware of those facts but before the cover provided by your insurance contract with us expires, we cannot refuse to cover you by reason only of the fact that the claim against you is actually made after that expiry date.

SUBROGATION

This policy contains provisions which have the effect of excluding or limiting the insurer’s liability in respect of a loss where you have prejudiced the insurer’s rights of subrogation where you are a party to an agreement which excludes or limits insurer’s rights to recover the loss from another party. You are hereby notified of the effect of these provisions.

DECLARATION

I/We represent that the above statements and facts are true and that no material facts have been suppressed or misstated.

Furthermore, I/We

1. have either completed all the questions on this form personally or they have been completed by someone else on my/our behalf and the answers have been checked for fullness and accuracy by me/us.

2. have read and understood the information concerning the duty of disclosure and all other important notices;
3. agree to ATC Insurance Solutions obtaining from my/our previous insurer(s) any information it may need about my/our claims or insurance history;
4. agree to ATC Insurance Solutions making enquiries from any third party to verify my/our claims history and other information disclosed herein or statements made by myself/ourselves in making this application;
5. agree to ATC Insurance Solutions disclosing to any insurance intermediary appointed or to any former or future insurer of myself/ourselves the claims history or any other information as may be determined.
6. have received and read a full copy of the Product Disclosure Statement for this insurance with this application form.

If insufficient space is provided on this proposal in respect of any questions contained on the proposal, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date such attachment.

I/We declare that the answers given herein are in every respect true and correct and that I/we have not withheld any information likely to affect the acceptance of the Proposal. I/We have read and understood the Proposal and the Policy conditions.

Signature

Date (dd/mm/yyyy)

Signature

Date (dd/mm/yyyy)