

# Cyber Mid-Market Proposal Form

## Section A – Company Information

1. **Insured Name** \_\_\_\_\_
2. **Address** \_\_\_\_\_
3. **Business Description** \_\_\_\_\_
4. **Website(s) or domain(s)** \_\_\_\_\_
5. **Date established** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
6. **Number of Employees** \_\_\_\_\_
7. **Is the Company a subsidiary, franchisee or part of a larger group?** Yes  No   
 If yes, please provide details  
 \_\_\_\_\_  
 \_\_\_\_\_
8. **Point of contact** \_\_\_\_\_

## Section B – Revenue

1. **Please give the revenue generated from sales to the following**

COUNTRY	REVENUE GENERATED
Australia / New Zealand	\$ _____
US	\$ _____
UK	\$ _____
EU	\$ _____
Rest of World	\$ _____

2. **What percentage of your revenue is delivered from on-line sales?** \_\_\_\_\_ %
3. **Do you have any overseas subsidiaries?** Yes  No   
 If yes, please provide details  
 \_\_\_\_\_

### Section C – Data Storage

1. Please provide the number of data records stored/processed by the Company or/and under Company custody

NAME	NUMBER OF RECORDS	INFORMATION STORED
Personal Data e.g. Name, Address, Email	_____	Yes <input type="radio"/> No <input type="radio"/>
Passport, Driving licence, Tax or Social Security numbers	_____	Yes <input type="radio"/> No <input type="radio"/>
Medical records, Healthcare Information	_____	Yes <input type="radio"/> No <input type="radio"/>
Biometric information, i.e. fingerprint, voiceprint	_____	Yes <input type="radio"/> No <input type="radio"/>
Financial (not credit or debit cards)	_____	Yes <input type="radio"/> No <input type="radio"/>
Payment Card Industry (credit and debit cards)	_____	Yes <input type="radio"/> No <input type="radio"/>

2. Do you encrypt all sensitive data held as defined above while:

- In transit? Yes  No
- Stored on servers? Yes  No
- Stored on portable media? Yes  No
- Stored in Backup? Yes  No

### Section D – Network Security

- 1. Who has overall responsibility for network security? Internal  MSP
- 2. Do you have a documented baseline security framework across all operations, entities, subsidiaries, including international locations? Yes  No
- 3. Do you undertake an internal or external security policy review or audit, at least annually? Yes  No
- 4. Do you conduct vulnerability assessments or penetration testing? Yes  No
- 5. Do you deploy the following applications/software across all endpoints and servers:
  - Business Grade Antivirus/Firewall Yes  No
  - Endpoint Detection and Response (EDR) Yes  No
  - Security Information and Event Management (SIEM) Yes  No
  - Security Operations Centre Monitoring (SOC) Yes  No
  - Web Application Firewall (WAF) for online applications Yes  No
  - Application Whitelisting Yes  No
- 6. How often do you install critical patches? Automatically  Daily  Weekly  Monthly  Other
- 7. Do you run any software or hardware that is no longer supported by the manufacturer (End of Life)? Yes  No 
  - If yes to the above, is it Segmented from the rest of the Network? Yes  No
- 8. Do you segregate your network by geography, or business unit to isolate any potential malware infections? Yes  No

### Section E – Access Controls

1. **Is Multi-Factor Authentication (MFA) required for user access to:**
  - All remote access to your network, including via VPN and RDP Yes  No
  - Domain Admin and Privileged Access Yes  No
  - Backup and Cloud Environments Yes  No
2. **Have you disabled Remote Desktop Protocol on all of your endpoints, and servers, unless protected by MFA?** Yes  No
3. **Do you have a password policy requiring regular changes, password manager software or Single Sign On functionality for all users?** Yes  No
4. **Is access to sensitive data restricted according to the employee's user requirements?** Yes  No
5. **Do you automatically revoke all IT access for staff on leaving your employment?** Yes  No
6. **Are Domain Admin and Privileged Access rights:**
  - Restricted to individual users based on requirements Yes  No
  - Protected with Privilege Management Access tools (PAM) Yes  No

### Section F – Business Continuity

1. **Do you have a Business Continuity Plan (BCP) in place inclusive of cyber risk, which is tested at least annually?** Yes  No
2. **Do you back up data necessary to run your business and test the backups at least annually?** Yes  No   
 If yes, are your backups stored in an isolated environment, such as cloud or offline? Yes  No
3. **How often do you back up your data?** Daily  Weekly  Monthly  Other
4. **After how long will your business be impacted by an interruption to, or total loss of, your network?** <6hr  6-12hrs  12-24hrs  >48hrs
5. **How long will it take to fully restore your critical systems?** <6hr  6-12hrs  12-24hrs  >48hrs   
 (Recovery Time Objective)

### Section G – Email Security

1. **Do you use any of the following to authenticate your email:**
  - SPF? Yes  No
  - DKIM? Yes  No
  - If yes, do you also use DMARC? Yes  No
2. **Do you use Office 365?** Yes  No   
 If yes, do you use the O365 Advance Threat protection add-on, or similar alternative product? Yes  No
3. **Do you scan incoming email for malicious attachments or links?** Yes  No
4. **Do you provide training to assist employees in spotting phishing and other social engineering attacks, at least annually?** Yes  No

### Section H – Payment Card Industry Compliance

(note, even if you completely outsource your entire card data processing to a validated third party, you may still need to be compliant with PCI DSS rules and complete a Self-Assessment Questionnaire).

- 1. Are you in Compliance with the Payment Card Industry Data Security Standards? Yes  No  N/A
- 2. What level of merchant? 1  2  3  4
- 3. Date of last audit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Section I – Russia, Ukraine, Belarus Exposure

- 1. Do you have any exposure in Russia, Ukraine, Belarus, i.e. subsidiaries, offices? Yes  No

### Section J – Claims

- 1. Have you suffered any unplanned outage, not caused by a power failure, of more than 4 hours in the last 24 months that may have resulted in a claim under a cyber policy if one was in force? Yes  No

If yes, please provide details \_\_\_\_\_

- 2. During the last 36 months has any sensitive or personal data for which you are legally liable been compromised or lost? Yes  No

If yes, please provide details \_\_\_\_\_

### Section K – Policy Period

Policy Inception Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Policy Expiry Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## PROPOSAL FORM ➔ 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 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.

#### 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](http://www.atcis.com.au) or by calling 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 of 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 & understood the Proposal & the Policy conditions.

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance affected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_