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?				
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 doe access to?	s your business collect, proces	ss, store, transmit, or have		
No	ne >100K 100K t	o 500K		
b) What is the estimated annucards, etc.)?	ual volume of payment card tra	ansactions (credit cards, debit		
No	ne >100K 100K t	o 500K		

For all policy coverage and conditions, please refer to the policy wording and general Terms & Conditions. The information provided in this document is general advice only and does not take into account your individual objectives, financial situation or needs (your 'personal circumstances'). When making decisions about purchasing, amending or renewing insurance, consider the Product Disclosure Statement or policy wording/booklet and Target Market Determinations (if applicable). Coverage is always subject to the policy terms and conditions. insurance.com.au Pty Ltd ABN 27 163 909 073 AFSRN 443422 is an authorised representative of Insurance House Pty Ltd ABN 33 006 500 072 AFSL 240954

Cyber Insurance Proposal Form



	·	
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 Authent	cication (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 val	idate the auth	enticity 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
Weekly backups		
Do you maintain weekly backups of all sensitive or otherwise critical data and all critical business systems offline or on a seperate network?	Yes	No
During the past three years, did your business experience a cyber incide whether insured or not, which could have been covered under a policy 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 d) Actual or attempted extortion demand with respect to its data or computer systems Are you aware of any circumstance that could give rise to a claim Yes No under this insurance policy? Do you have knowledge or information regarding any fact, circumstance, situation, or event that could reasonably give rise Yes No to a claim or loss under the proposed insurance? 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.

Cyber Insurance Proposal Form

What date would you like the policy to start from?

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