



Cyber Liability Application

This form is for Companies with revenues than \$20M, requiring limits up to \$2M

1. General Information	
Name of Applicant:	
Website:	
Business Description:	
Total gross revenue for the current financial year:	\$

2. Ransomware Controls	
a. Do you allow remote access to your network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", do you use MFA to secure all remote access to your network, including any remote desktop protocol (RDP) connections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you use MFA to protect all local and remote access to privileged user accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Loss History	
<p>In the past 3 years, has the Applicant or any other person or organisation proposed for this insurance experienced one or more of the following:</p> <ul style="list-style-type: none">a) Been served with a claim or received a demand, complaint or charge alleging liability for a privacy breach, privacy injury, security breach, intellectual property infringement or reputational harm;b) Been the subject of any government action, investigation or proceedings regarding any alleged violation of privacy law;c) Notified customers, clients or any third party of any security breach or privacy breach;d) Received any cyber extortion demand or threat;e) Sustained any unscheduled network outage or interruption for any reason;f) Sustained any property damage or business interruption losses as a result of a cyber-attack;g) Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud;h) A business interruption as a direct result of an unscheduled network outage or interruption of a service provider computer system; ori) Became aware of any other cyber security or data privacy event, incident or allegation involving or impacting your organisation? <p>If "Yes", please provide full details</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No



Notice to Applicant

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in question 4 of this application.

The Applicant hereby acknowledges that they are aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

Please read this paragraph carefully before signing the declaration

It is essential that every Applicant, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

On behalf of the Applicant, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Name of Applicant (please print): _____

Title of Applicant: _____

Signature of Applicant: _____

Date signed (dd/mm/yyyy): _____