Cyber Event Protection

Proposal



Important notice

- This is a proposal for a contract of insurance, in which 'Proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover. 'Ando' or 'we/us/our' means Ando Insurance Group Limited.
- This proposal must be completed, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Ando to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
- All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do
 so may make the contract of insurance voidable and Ando may treat it as having no effect and never having existed, or severely prejudice
 your rights in the event of a claim. A material fact is one likely to influence Underwriters' assessment or acceptance of the proposal; if you
 are uncertain what may be a material fact, you should consult your broker.
- You are recommended to request a specimen copy of the proposed policy wording from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.

Broker details

Broker company name		
First name	Last name	
Mobile	Work phone	
Email address		
Proposer contact	ct details	
First name	Last name	
Mobile	Work phone	
Email address		
Role		
Company detail	S	
Company name/ Trading as		
Business description		
Website		

Company Address				
Suburb	Town/City Postcode			
Postal (if different from address company address)				
Suburb	Town/City Postcode			
Please provide your estimated revenue fo and indicate in which territories you are lo				
Region Revenue In which territories are you located?				
New Zealand/Australia \$	New Zealand/Australia Yes No			
EU/UK \$	EU/UK Yes No			
USA \$	USA Yes No			
Rest of World \$	Rest of World Yes No			
Total Revenue \$				
Excess For Section A Indemnity Period Policy aggregate limit A. Risk questions 1. Estimated annual total number of transactions and records?	\$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 Other (please specify)			
Please combine the total of your client/customer records and total number of credit card transactions. For example, 5,000 customer records and 20,000 eftpos/credit transactions would give an 'annual total' of 25,000.	75,001 – 100,000 100,001 – 200,000 200,001 – 300,000 300,001 – 400,000 400,001 – 500,000 500,001 – 750,000 750,001 – 1,000,000 1,000,001 – 1,500,000 1,500,001 – 2,000,000 2,500,001 – 5,000,000 2,500,000 5,000,000 + (Please provide the total number)			
Do you comply with your relevant Payment Card Industry Data Security Standard (PCI DSS) obligations?	Yes No Don't know N/A – we are not subject to PCI DSS			
3. What percentage of your Total Revenue is from online or e-commerce activities %				
4. Number of full time employees	1 - 10			
5. Do you have a Notifiable Data Breach yes No Don't know N/A – we are not subject to the Privacy Act plan in place and otherwise comply with The Privacy Act 2020 (Privacy Act)?				
6. Do you have a Data Protection/ Privacy policy?	Yes No Don't know			

7. Do you have firewalls protecting your own and customer/client data?	Yes No Don't know
8. Do you protect all all Personally Identifiable Information and other sensitive data through Encryption?	Yes, info encrypted at rest on our network, in transit and when backed up Yes, info encrypted but ONLY in specific limited scenarios Yes, info encrypted in transit and when backed up but not when at rest on our network Yes, info encrypted but ONLY in specific limited scenarios No, info not encrypted whatsoever
9. Do you outsource the handling of any Personally Identifiable Information?	Yes No Don't know
10. Do you use up-to-date antivirus/ spyware and malware software?	Yes, updated daily or Yes, updated on a No Don't know automatically upon release weekly to monthly basis
11. Are all mission/business critical systems and data information assets backed up and stored at another location?	Yes, backed up daily Yes, backed up weekly or less frequently
12. Has an independent party completed an audit of your system/data security?	Yes No Don't know
13. If your IT network failed, which one of the following would best describe the impact to your operations and revenues?	Inconvenience, very minimal revenue impact and operations could continue temporarily Revenues would NOT be impacted immediately, but significantly when impacted Revenues would be impacted immediately but only slightly Revenues would be impacted immediately and significantly Operations and revenues would be entirely interrupted
14. Do you have written data security policies and procedures communicated to all employees, and do employees receive annual security awareness training?	Yes, both written policies plus annual security awareness training but no awareness training written security policies No Don't know
15. Are you aware of any claims, circumstances, privacy breaches, viruses, DoS/DDOS, or hacking incidents which have impacted, or could adversely impact your business?	Yes No
If yes, please provide details including costs incurred	and any remedial action taken

B. Please complete the following if your estimated revenue is over \$25m or you have suffered a previous cyber loss.

Describe the type of information in records held by you (Tick all that apply)	Customer information (e.g. name, address, email address, phone etc.) Credit card details Personal identity information (e.g. drivers licence, TFN, passport number, government ID) Confidential third party trade secrets or IP (intellectual property) Banking or financial details Medical or healthcare data
Do you have a dedicated person responsible for your IT infrastructure, data security and privacy?	Yes, full time IT Manager, Chief Information Security Officer (CISO) or similar Outsourced – IT contractor provides a full time dedicated person No, responsibility is shared amongst Legal, HR and other departments No Don't know
3. Do you have a Disaster Recovery Plan (DRP) and/or Business Continuity Plan (BCP) in place and has this been tested in the last 18 months?	Yes, current and tested Yes, but not tested in the last 18 months Yes, but not ever tested No
4. Does your network include contingency / redundancy / resilience of any description, to mitigate system interruptions or failures (such as mirrored infrastructure, failover mechanisms, warm or hot replicated sites or similar)?	Yes, multiple aspects Yes, but just one aspect No
5. Do you control / limit / monitor your employees' ability to remove data or information from your network / office (examples include USB drive security)?	Yes, for data and physical information Yes, for data only Yes, for physical information only No
6. Does your website use web apps? A web app is a software application which runs within a website rather than on your desktop. Web apps lend functionality and interactivity to websites. They let you do things on the site. Examples include interactive brochures, wikis, instant messaging, online sales, shopping carts, maps and many other functions.	Yes No Don't know N/A – we do not have a website
7. Do you use monitored Intrusion Detection or Intrusion Prevention Systems (IDS/IPS)? Intrusion Detections and Intrusion Prevention Systems is software that monitors a network for unusual activity such as potential cyber threats and network traffic. Intrusion Prevention Systems have the additional capability of blocking intrusions and preventing hackers from exploiting vulnerabilities.	Yes No Don't know
Are you aware of any evidence of network intrusion or vulnerabilities highlighted in an IT security audit or penetration test which have not yet been resolved? If yes, please provide details	Yes No
 Have you had any unforeseen down time to your website or IT network of more than 12 hours? If yes, please provide details 	Yes No

C. Please complete the following if your estimated revenue is over \$75m or, you have suffered a previous cyber loss.

E-mail, RDP, 0365		
1. Do you authenticate inbound email?	Yes	No
If yes, indicate how	DMARC	DKIM SPF Don't know
Do you scan and filter inbound emails for malicious content (e.g. executable files)?	Yes	No Don't know
Does all remote access to your network and corporate email require multifactor authentication (MFA)?	Yes	No Don't know
4. Have you disabled remote desktop protocol (RDP)? If no, have you implemented any of the following?	Yes VPN	No Don't know MFA RDP Honeypots No, none
 Do you use O365 in your organisation? If yes, indicate if any of the following have been implemented 	Yes MFA	No Don't know ATP Macros disabled by default
If no, which product do you use for email monitoring (e.g. Proofpoint)?		
Do you train end users against phishing and social engineering threats via ongoing campaigns and assessments?	Yes, Annually No	Yes, Quarterly Yes, Monthly Don't know
Backups		
7. Do you take regular backups of critical data? If yes, how frequently?	Yes Daily Other	No Don't know Weekly Monthly
Do you keep a copy of critical backups offline, segregated from and inaccessible to your network?	Yes	No Don't know
9. Where do you store backups?	Cloud	At a Secondary Data Centre In a separate network segment
Which of the following have been implemented to secure the backup environment?	Encryption MFA	Segmentation Vaulted Credentials None of these

19. Do administrative/privileged accounts utilise a privilege access management (PAM) tool (e.g. CyberArk)?	Yes No Don't know		
If yes, which product do you use?	Don't know		
Incident response plan			
20. Does your incident response plan (IRP) specifically address ransomware scenarios?	Yes No Don't know We don't have an IRP		
If you answered 'No' to any of the above, please detail below along	with mitigating comments		
Please outline any additional controls your organisation has in place to mitigate the threat of ransomware attacks (e.g. tagging of external emails, use of unique credentials, vulnerability scanning, etc.)			

D. Optional covers

1. Optional cover - Contingent Business Interrupt	ion				
a. Do you want optional cover for Contingent Business Interruption? If an external supplier suffers a cyber event that causes Business Interruption to the insured business, Ando Data Insurance covers the impact on the insured's business costs.	Yes No				
b. Tell us about your critical components, service providers and supplies	All critical components, services and supplies are readily available from multiple sources Longer than 10 days for substitutes to be available Substituting components, services or supplies is not possible Substituting components.				
2. Optional cover - Criminal Financial Loss					
a. Do you want optional cover for Criminal Financial Loss? Includes Cyber Theft, Telephone Phreaking, Identity-based Theft and Cryptojacking. Does not include Socially Engineered Theft unless selected below.	Yes No				
b. Aggregate limit for Criminal Financial Loss	\$10,000 \$25,000 \$50,000 \$75,000 \$100,000 \$150,000 \$250,000 Other (please specify)				
c. Do you want to include cover for Socially Engineered Theft?	Yes No				
d. Sublimit for Socially Engineered Theft The sublimit for Socially Engineered Theft cannot be greater than the aggregate limit for Criminal Financial Loss.	\$5,000 \$10,000 \$15,000 \$20,000 \$30,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000 \$200,000 \$250,000				
e. Do you require passwords to be changed regularly? (at least quarterly)	Yes No Don't know				
f. Do you allow remote access to your internal network?	Yes Yes, with dual authentication No Don't know				
g. Are all new payees, and changes to existing payees' banking details, double authenticated with the payee?	Yes No Don't know				
h. Do transfers greater than \$10,000 require dual signature or supervisor/manager sign off?	Yes No Don't know				
 i. Are you entrusted with or in control of funds from a 3rd party, or do you provide any of the following services for others? (tick all that apply) 	Collection or payment processing Asset, investment or trust management services Cash management or other office functions				
If 'Other office functions' is selected, please provide details					

j. Have you ever been declined for Crime, Fidelity or Computer Crime insurance, or had such insurance cancelled?	Yes	No	N/A, have never had such insurance
If 'yes' please provide details			
k. Have you ever suffered a Crime, Fidelity or Computer Crime loss?	Yes	No	N/A
Computer Crime loss:			
If 'yes' please provide details			
3. Optional cover – Tangible Property			
a. Do you want optional cover for Tangible Property?	Yes	No	
a. 55 you want optional cover for rangible Property:	res		
	ies		
b. Aggregate limit for Tangible Property	\$5,000	\$10,000	\$15,000
			\$15,000 Other (please specify)
	\$5,000 \$25,000	\$10,000	
 b. Aggregate limit for Tangible Property 4. Optional cover – Joint Venture and Consortium C a. Do you want optional cover for your liability 	\$5,000 \$25,000	\$10,000	
 b. Aggregate limit for Tangible Property 4. Optional cover – Joint Venture and Consortium c a. Do you want optional cover for your liability from Joint Ventures or Consortia? 	\$5,000 \$25,000 over	\$10,000 \$50,000	
 b. Aggregate limit for Tangible Property 4. Optional cover – Joint Venture and Consortium C a. Do you want optional cover for your liability 	\$5,000 \$25,000 over Yes	\$10,000 \$50,000	Other (please specify)
 b. Aggregate limit for Tangible Property 4. Optional cover – Joint Venture and Consortium C a. Do you want optional cover for your liability from Joint Ventures or Consortia? If 'yes', provide the name(s) of the Joint Venture or Consortium. 	\$5,000 \$25,000 over Yes	\$10,000 \$50,000	Other (please specify)
 b. Aggregate limit for Tangible Property 4. Optional cover – Joint Venture and Consortium C a. Do you want optional cover for your liability from Joint Ventures or Consortia? If 'yes', provide the name(s) of the Joint Venture or Consortium. 	\$5,000 \$25,000 over Yes	\$10,000 \$50,000	Other (please specify)
 b. Aggregate limit for Tangible Property 4. Optional cover – Joint Venture and Consortium C a. Do you want optional cover for your liability from Joint Ventures or Consortia? If 'yes', provide the name(s) of the Joint Venture or Consortium. 	\$5,000 \$25,000 over Yes	\$10,000 \$50,000	Other (please specify)
 b. Aggregate limit for Tangible Property 4. Optional cover – Joint Venture and Consortium C a. Do you want optional cover for your liability from Joint Ventures or Consortia? If 'yes', provide the name(s) of the Joint Venture or Consortium. 	\$5,000 \$25,000 over Yes	\$10,000 \$50,000	Other (please specify)
 b. Aggregate limit for Tangible Property 4. Optional cover – Joint Venture and Consortium C a. Do you want optional cover for your liability from Joint Ventures or Consortia? If 'yes', provide the name(s) of the Joint Venture or Consortium. 	\$5,000 \$25,000 over Yes	\$10,000 \$50,000	Other (please specify)

The Insurer

The insurer is Ando Insurance Group Limited as agent of Emergence Insurance Pty Ltd on behalf of certain underwriters at Lloyd's (the Underwriters).

Declaration

Privacy authorisation

You agree to Ando Insurance Group Limited collecting, using and disclosing your personal information as set out in our Privacy Policy. Where you provide us with personal information about any other person for insurance related purposes, you confirm that you have the authority of those persons to disclose such information and to authorise Ando to collect, hold, use and disclose the information in accordance with our Privacy Policy. For information about Ando's Privacy Policy, please see ando.co.nz/privacy-policy

Duty of Disclosure

You must tell us all information you know (or could reasonably be expected to know) which would influence our decision, and the judgement of a prudent Underwriter, whether or not to accept your proposal, and if it is accepted, on what terms including the excess and at what cost. You also have this duty to disclose all material information on each renewal of insurance cover and when you make changes to it.

Examples of information you may need to disclose include:

- · any insurance claim you have made in the past;
- anything or any known circumstances that might increase the risk of an insurance claim;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- previous criminal convictions, or pending criminal charges[^];
- any previous bankruptcy or having been through the 'No Asset Procedure'.

Examples of information you do not need to disclose include:

- · anything that is common knowledge;
- anything that reduces the risk of an insurance claim;
- anything we say you do not need to tell us about;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. You are under this duty to disclose all material information whether the information is asked for or not. All information given must be complete and correct. If you have any doubt as to whether a fact is material, then it should be disclosed.

^ Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act").

I/we:

- declare that the information provided in this proposal and any other supplied information is in every way correct and complete and all
 material information has been disclosed.
- agree that the information provided in this proposal and any other supplied information will form the basis of any insurance contract that may be offered and that I/we will accept cover on the terms and premium prescribed by Ando.
- authorise Ando to give to and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party information about this insurance, any insurance held by me/us and any claims made by me/us.
- authorise Ando to use the information provided to advise me/us of their other products and services.

By signing this declaration you are confirming to us that you have disclosed all information relevant to acceptance of the proposal and in accordance with your duty of disclosure.			
I have	read and accept these conditions (please tick)		
Name		Date	
Signature			

For more information, contact your broker or visit us online **ando.co.nz**