

Delta Insurance New Zealand Ltd. Level 8, 57 Fort Street, Auckland 1010. PO Box 106 276, Auckland 1143. Tel 09 300 3079 deltainsurance.co.nz

Combined Liability Insurance (all lines)

Notice

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment. You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

Jurisdiction

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Company information

1 Name of Insured:

2 Occupation:

3 Policy/policies held:

- Corporate liability General liability Directors and officers liability Employers liability
 Professional indemnity Cyber liability Statutory liability Employment practices liability
 Environmental liability Crime Technology (please also complete separate form)
 Other (specify):

Business activities

4 Please advise number of locations: New Zealand: Overseas:

5 Turnover per region:

Region	Last financial year	Current financial year (estimate)	Number of staff members	Approx number of third party/client records stored (applicable to cyber liability)
New Zealand	\$	\$		
Australia	\$	\$		
Europe	\$	\$		
USA/Canada	\$	\$		
Rest of world (specify)	\$	\$		
Total	\$	\$		

Directors & Officers / Corporate Liability (please complete if applicable)

6 Current Assets: \$

Current Liabilities: \$

7 Non Current Assets: \$

Non current Liabilities: \$

8 Have there been any material changes to:

- (a) The business activities of the Insured Yes No
 (b) The financial position of the Insured Yes No
 (c) The capital structure of the Insured Yes No

If the answer to 8 (a), (b) or (c) is **Yes**, or if you are planning any changes, please give full details.

Crime Risk (please complete if applicable)

- 9 (a) Does payment to any new payee or new bank account, where the payment to be made is in excess of \$5,000, require two factor verification (ie email + phone call or txt etc) with the party you intend to pay and with the authoriser? Yes No
- (b) Are there segregation operations so that one person cannot control any function from start to finish without referral to another person (ie signing of cheques, authorising of payments, issuing fund transfer instructions)? Yes No

General Liability / Products Liability (please complete if applicable)

- 10 Do you Export any products? Yes No

If Yes, please provide full details of the products, where they are exported to and their \$ value:

Product Details	Export Destination	Annual Value
		\$
		\$
		\$
		\$

Statutory & Employers Liability

- 11 Does the business regulatory review Health & Safety procedures (at least annually) to ensure compliance with legislation? Yes No

Cyber Liability (please complete if applicable)

- 12 Are all security and critical patches deployed on your system/applications within the month they are released? Yes No
- 13 Do you use multi-factor authentication (ie not just username and password) on all systems used for payment, payment processing or systems which contain customer/third party information? Yes No
- 14 Where you use Microsoft Office 365 do you use multi-factor authentication (ie not just username and password)? Yes No
- 15 Are all passwords a minimum of eight characters long including letters, numbers and symbols? Yes No
- 16 Are all passwords changed within a minimum period of every 6 months? Yes No
- 17 Are default passwords on all internet connected devices changed from their factory settings (eg routers, printers, IOT)? Yes No
- 18 Do you automatically lock user accounts after a number of failed login attempts? Yes No
- 19 Is all important data backed up daily? Yes No
- 20 Are back-ups checked at least monthly for corruption or failure? Yes No
- 21 Are all internet access points to your network secured by firewall(s)? Yes No
- 22 Do you have a disaster recovery plan/business continuity plan? Yes No
- 23 Do you have an educational program for all employees that teach awareness and avoidance of phishing and social media based threats? Yes No
- 24 Do you immediately remove access rights of all terminated staff? Yes No
- 25 Have you sustained any single loss or losses of a type covered by a data protection, cyber or network security insurance policy for which this proposal form has been completed? Yes No

Legal Expenses

26 I confirm that my business:

- (a) is not aware of any cause, event or circumstance which may give rise to a claim being made under this insurance; Yes No
- (b) owns or occupies fewer than 10 properties and/or leases to which this insurance would apply; Yes No
- (c) has fewer than five statutory licences to which this insurance would apply; Yes No

Insurance history

27 After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:

- (a) Have there been any claims made against you? Yes No
- (b) Are you aware of any circumstances which could give, rise to a claim under your liability policy with Delta Insurance, other than those disclosed on your last proposal/declaration form? Yes No

If the answer to 27 (a) or (b) **is Yes**, please attach full details.

- (c) Where you have suffered a loss due to the dishonesty or fraud of employees or third parties please describe what corrective measure you have taken to prevent similar losses?

You are reminded that:

- (a) Any material changes to the business during the Period of Insurance must be advised immediately to Delta Insurance New Zealand Limited.
- (b) This form must be completed by a person authorised to do so on behalf of the insured.

Declaration

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Ltd in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Ltd of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

In providing this information, I agree to Delta sharing this information with our third party vendors to the extent necessary for them to provide us with the risk management services associated with this insurance package.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Ltd of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director:

Full name of individual:

Date:



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.