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| Application FOR Cyber Liability Insurance |

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| **Insured Name:** |  | | | |
| **Business Name & ABN:** |  | | | |
| **Industry / Business Activities:** |  | | | |
| **Revenue/Annual Turnover:** | **$** | | | |
| **Principal Address:** |  | | | |
| **City:** | | **State:** | | **Postal Code:** |
| **Telephone:** |  | | | |
| **Email:** |  | | | |
| **Preferred Insurance Policy Period:** | **From** | | **To** | |

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| --- | --- | --- |
| **Are you a member in good standing with the Pilates Alliance Australasia (PAA)?** | Yes | No |
| **PAA Member Name:** |  | |
| **PAA Membership Number:** |  | |

Disclosure Statements

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| --- | --- | --- |
| Are you Domiciled in Australia? | Yes | No |
| Do you use operating systems with embedded firewalls and anti-virus protection software (such as Windows or MAC OS X), or run commercially licensed separate firewall or anti-virus protection software?  If you answer No, we cannot offer Cyber insurance. | Yes | No |
| Are you compliant with the Payment Card Industry (PCI) Standards, or if not compliant, do you process, transmit or store LESS than 1,000,000 financial transactions or records containing an individual's personal information per year. If you answer No, we cannot offer Cyber insurance. | Yes | No |
| Are you aware of any matter that is reasonably likely to give rise to any loss or claim under such insurance, or have you suffered any loss or any claim including but not limited to a regulatory, governmental or administrative action brought against you, or any investigation or information request concerning any handling of personally identifiable information? | Yes | No |
| If you answered to the above Yes, please describe the circumstances/claim or loss: | | |
| Do you outsource any part of your network, including storage? | Yes | No |
| If you answered to the above Yes, to whom? | | |
| Is more than 25% of your revenue derived from the USA or Canada? | Yes | No |
| Do you wish to have cover for Social Engineering, Phishing & Cyber Fraud\*? | Yes | No |
| If you answered Yes to the above:  Are all requests to alter supplier and customer details including bank account details, independently verified with a known contact for authenticity? If you answer No, we are unable to offer this extension. | Yes | No |
| If you answered Yes to the above:  Do you ensure that at least two members of staff authorise any transfer of funds, signing of cheques (above $2,000) and the issuance of instructions for the disbursement of assets, funds or investments?  If you answer No, we are unable to offer this extension. | Yes | No |

***NOTE: Based on the answers to the above questions, your request for a quote may need to be reviewed by the insurer and additional information may be required to assess your eligibility for cover.***

\*Definitions

**Social Engineering** is a non-technical strategy that relies on human interactions which often involves tricking people into breaking standard security practices. An example of this is an attempt to access computer networks or data stores by gaining the confidence of authorised users r stealing users credentials in order to masquerade as trusted insiders.

**Phishing** is the fraudulent practice of sending emails purporting to be from reputable companies in order to incline people to reveal personal information such as passwords and credit card numbers.

**Cyber Fraud** is a type of deliberate deception for unfair or unlawful gain online such as but not limited to data break-ins, identity theft and credit card theft.

**Retroactive date** is the date from which your insurer has agreed to cover you from, any claims that arise from events prior to this date are not covered by your insurance. The retroactive date for this policy would be from inception of cover.

cover Limit

**Choose a Limit**

|  |  |
| --- | --- |
| **Limit** | **Please tick one** |
| **$100,000** |  |
| **$500,000** |  |
| **$750,000** |  |
| **$1,000,000** |  |
| **Other: Please Specify $­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**Optional Extensions**

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| --- | --- |
| **Optional Cover** | **Please tick to include** |
| **Unlimited retroactive date (+30% Premium)** |  |

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| |  |  | | --- | --- | | Duty of Disclosure **Your Disclosure**  Before you enter into an insurance contract with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose information to the insurer. The Duty of Disclosure applies until the insurer agrees to insure you or renew your insurance. The Duty of Disclosure also applies before you extend, vary or reinstate your insurance. You must tell the insurer all information that is known to you, that a reasonable person could be expected to know or that is relevant to the insurer’s decision to insure you and on what terms. You do not need to tell the insurer anything:   * that reduces the risk it insures you for; * is common knowledge; * that the insurer knows or should know; or * which the insurer waived your duty to tell it about.   **Non-Disclosure**  If you fail to comply with your Duty of Disclosure, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. Declaration I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.  If you are unsure of your coverage requirements please contact BMS, a senior broker will be available to answer your questions during regular business hours. | | | Signed by: | Position: | | Date: |  | | Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. | |   **BMS Risk Solutions Pty Ltd (BMS Group)**  Level 3, 360 Little Collins Street  Melbourne VIC 3000  Phone: 1800 940 764  Email: pilatesaa@bmsgroup.com |