

Cyber Risk Extension Addendum Questionnaire



Important notice

- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.

Do you have a written privacy policy?

Yes No

If NO to the above, please provide details of the alternative controls or procedures in place:

If the answer to the above question is YES, does the written privacy policy:

- a. Get reviewed regularly by an external consultant or legal practitioner? Yes No
- b. Clearly state how someone with a privacy query or complaint can contact you? Yes No
- c. Clearly disclose who the personally identifiable information is shared? Yes No

If NO to any of the above, please provide details of the alternative controls or procedures in place:

Has a third party audited the your privacy practices in the last 5 years?

Yes No

If YES, to the above, please provide details of the outcome of the audit:

Have you conducted a review to determine what personally identifiable information is handled and where it is stored?

Yes No

If YES, please provide details of the outcome of the review:

Do you share personally identifiable information with third parties for business purposes?

Yes No

If YES, please give details of the type of information and with whom it is shared with:

Do you require an indemnity from third parties with which you share personally identifiable or confidential information with respect to any legal liability arising out of the release of such information due to the fault of negligence of the third party?

Yes No

If NO, please provide details of what alternative arrangements are in place:

Do you:

- a. Distribute written computer, information systems policies and procedures to all staff members? Yes No
- b. Use a third party provider to store computer data? Yes No
- c. Encrypt all sensitive information that is transmitted, processed and stored on the computer network? Yes No
- d. Regularly monitor the computer network and systems for security weaknesses and breaches of data security? Yes No
- e. Use anti-virus protection, intrusion prevention stems on all computer systems, mobile devices, websites, desktops, email systems and services? Yes No

If NO to any of the above, please provide details of the alternative controls or procedures in place:

Do you have the following:

- a. A disaster recovery plan? Yes No
- b. A business continuity plan? Yes No
- c. An incident response plan for network intrusions and virus incidents? Yes No
- d. A regular review and testing programme of the above plans by independent third parties? Yes No

If NO to any of the above, please provide details of the alternative controls or procedures in place:

Further declaration to the proposal after inquiry

Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to complete this Addendum
- I have read and understood the Important Notices section of the Proposal form
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement.
- I confirm that the statements and information in this Addendum are true and complete
- I understand all information requested in the Addendum is material
- I provide consent consistent with the Privacy Statement outlined in the Important Notices section of the Proposal Form
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract

Insured's name:

Signature principal(s)/partner(s)/directors:

Date:

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Any queries, please contact us

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