

DUTY OF DISCLOSURE

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to Vero Liability in this proposal form will be the basis of any contract of insurance entered into.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied, this means that prior to renewal or any policy variations, as well advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal, please attach additional sheets.

WHEN IN DOUBT DISCLOSE.

IMPORTANT NOTICE

This is a proposal form for a Claims Made policy.

The policy will only respond to claims and/or circumstances which are first made known to the Insured and notified to Vero Liability Insurance Limited during the policy period. The policy will not provide cover for:

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period (or extended reporting period if available) even though the act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Claims arising from circumstances known to the Insured at the commencement of the policy period as having the potential to give rise to a claim.

Applicant Details

Name of applicant including trading names, names of subsidiaries and any other parties to be insured: _____

Address: _____

Website Address _____

Email Address _____ Contact Person _____

Phone Number _____ Fax Number _____

Broker / Agent _____

Business Details

State fully the nature of your business/profession including details of any advice given and/or services provided (please include current and past activities): _____

Do you provide either of the following Internet based technology services:

- E-marketplace Internet portal

How many staff have direct access to:

Email _____ The Internet _____

Proposal Form Internet Liability

From where do you source your website content?

| | | |
|---|------------------------------|-----------------------------|
| Do you use images/sound bites/video clips sourced from other parties without their written consent? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you utilise meta tags that identify your website as the website of another company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| How many visitors does your website get on average per month? | | |
| Does your website inform all users of your terms and conditions of trade? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you run an email subscription service or send bulk emails to clients or customers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Can suppliers, customers or employees link to your computer via the internet | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you sell your goods or services on-line? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| How long have you been conducting e-commerce? | | |
| What is the average value of your transactions? | | |
| What is the value of your largest transaction? | \$ | |
| How many transactions are conducted through the website per month? | | |
| Who is your e-commerce payment processor? | | |
| Do you or your payment processor store credit card details on your computer systems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| How long are they stored for? | | |
| If your payment processor stores them, do they indemnify you for any misappropriation of those numbers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you required to be PCI compliant?" | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Risk Management

State fully the nature of your business/profession including details of any advice given and/or services provided (please include current and past activities):

| | | | |
|---|-------------------------------------|-----------------------------------|------------------------------|
| Webserver management | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Firewall Management | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Anti-virus software on servers | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Anti-virus software on desktop computers | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Updating of anti-virus software to latest version | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Intrusion detection system | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Email management including content filtering | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Rolling out the latest security patches (security updates) | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Payment processing | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Offsite backup and data storage | Outsourced <input type="checkbox"/> | In-house <input type="checkbox"/> | N/A <input type="checkbox"/> |
| How often is your anti-virus software updated? | | | |
| Are tapes, disks, files or other media created outside your organisation checked for viruses and other malicious code prior to use? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Have you commissioned an external qualified security consultants to: | | | |
| Undertake a security assessment of your current network? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Conduct a periodic external or internal scan of your security? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Do you have procedures in respect of the following: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (a) Information security | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (b) Acceptable use of your systems (signed by employees) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (c) Employee password policy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Proposal Form Internet Liability

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| (d) Obtaining references for new employees | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (e) Website content and structure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (f) Authorisation of website content and structure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (g) The monitoring of your website | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

| | | |
|--|------------------------------|-----------------------------|
| Do you have internal policies and do you comply with all relevant data protection and data breach notification regulations in the territories in which you operate?: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you enable remote access to your systems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▶ If Yes, do you implement two-factor authentication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you provide regular training to your staff to increase their information security awareness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you regularly, at least monthly, patch (update) your systems and applications? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you restrict user access / privileges to a need-to-do-business basis only? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Prior Insurance

Has any insurer in respect of the risks to which this proposal relates ever:

| | | |
|--|------------------------------|-----------------------------|
| 1. declined a proposal, refused renewal or terminated an insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. required an increased premium or imposed special conditions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

▶ If Yes to any of the above please give details

Past Claims

Has any claim been made against the Applicant or any principal or director (including principal or director of any previous business) consultant or employee in respect of the risks to which this proposal relates?

Yes No

Has the Applicant or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of this insurance

Yes No

▶ If Yes in either case please give details

| Date of Claim or Loss | Brief details of claim or loss | Cost (if any of claim paid or loss insured) | Estimated outstanding loss |
|-----------------------|--------------------------------|---|----------------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

Potential Claims

Is any principal, directors, partner consultant or employee, after enquiry, aware of any circumstances which might:

- | | | | |
|---|------------------------------|---|-----------------------------|
| 1. give rise to a claim against the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees? | Yes <input type="checkbox"/> | ▶ | No <input type="checkbox"/> |
| 2. result in the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees incurring any losses or expenses which might be within the terms of this insurance cover (this includes but not limited to disciplinary hearings) | Yes <input type="checkbox"/> | ▶ | No <input type="checkbox"/> |

▶ If Yes, give details including maximum potential cost

Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

- the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
- this proposal and declaration shall be the basis of and incorporated in the insurance contract.
- I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion of this insurance contract.
- Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

Signed:

Title: Date:

If this proposal form is being completed electronically, please print the completed form to sign.

Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.

Vero Liability Insurance Limited

Level 32 ANZ Centre, 23-29 Albert Street
Private Bag 92055, Auckland 1142, New Zealand
Telephone 09 306 0350