Renewal Declaration Cyber Liability

vero liability insurance limited

General Info

Insured Names

Business Description

Renewal Date

Country	Gross Revenue last financial year	Estimated Gross Revenue this financial year	Number of Staff	Number of staff with access to IT systems	Number of third party/customer records held
New Zealand	$	$			
Australia	$	$			
USA/Canada	$	$			
Rest of the world	$	$			
Total	$	$			

Identify

1. Has there been any material changes to your cybersecurity posture or your IT environment in the last 12 months? Yes ☐ No ☐

   If Yes, please provide details

2. Have you conducted a penetration test or external vulnerability scan in the last 12 months? Yes ☐ No ☐
3. Do you use any software or hardware which has reached end-of-life or end-of-support status? Yes ☐ No ☐

Prevention and Detection

4. Within one month of release are all security and critical patches (updates) for your systems and applications deployed? Yes ☐ No ☐
5. Is Multi-Factor Authentication (MFA) enabled for:
   - Office 365? N/A ☐ Yes ☐ No ☐
   - Employees working from home / remote access? N/A ☐ Yes ☐ No ☐
   - Systems containing sensitive third party information? N/A ☐ Yes ☐ No ☐
   - Customer/Trade Account Login? N/A ☐ Yes ☐ No ☐
   - Industrial Control Systems? N/A ☐ Yes ☐ No ☐
   - Other systems that are deemed critical? N/A ☐ Yes ☐ No ☐
6. Do you restrict user access / privileges to a need-to-do-business basis only? Yes ☐ No ☐
7. Do you provide regular training to increase your staff's (including senior management and contractors) security awareness and to prepare employees to be more resilient and vigilant against phishing? Yes ☐ No ☐
8. Do you ensure all default credentials and login details are changed upon set up? Yes ☐ No ☐
9. Is there continually up-to-date malware protection in place on all web-proxies, email-gateways, workstations, laptops and any other applicable systems across your IT/OT-infrastructure? Yes ☐ No ☐
10. Are all internet access points to your network secured by firewall(s)? Yes ☐ No ☐
11. Have you implemented network segregation? Yes ☐ No ☐
12. Are you utilising an Intrusion Detection System (IDS) and/or Endpoint Detection & Response (EDR) solution? Yes ☐ No ☐

13.	Is working from home / remote access only granted via a Virtual Private Network (VPN) or equivalent?	Yes ☐	No ☐
14.	Is all personally identifiable and confidential information encrypted when:		
	a) At rest?	Yes ☐	No ☐
	b) In transit/motion?	Yes ☐	No ☐

Response and Recovery

15.	Do you take backups of key server configurations and data at least weekly?	Yes ☐	No ☐
16.	Are backups encrypted?	Yes ☐	No ☐
17.	Are backups disconnected and inaccessible through the organisation's network? (e.g. offsite or in a cloud)	Yes ☐	No ☐
18.	Do you test restoration and recovery of key server configurations and data from backups?	Yes ☐	No ☐
19.	Have you enabled log management for your organisation to alert unusual or unexpected events within your technology environment?	Yes ☐	No ☐
20.	Are the following plans implemented:		
	a) Business Continuity Plan (BCP)?	Yes ☐	No ☐
	b) Disaster Recovery Plan (DRP)?	Yes ☐	No ☐

Security Events and Loss History

21.	After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:		
(a)	Have there been any cyber related incidents, claims, complaints, or suits made against you?	Yes ☐ ▶	No ☐
(b)	Are you aware of any actual or alleged fact, circumstance, situation, error or omission, or potential issue which might give rise to a loss or claim against you under the cyber insurance policy for which you are applying for or any similar insurance presently or previously in effect or currently proposed?	Yes ☐ ▶	No ☐

▶ If the answer to (a) or (b) above is Yes, please advise details

DECLARATION FORM COMPLETED BY:

Name Title Date

<< Please sign, or if completing this form electronically, type your full name >>

Note: Completion of this declaration does not bind the Applicant or Vero Liability to enter into a contract of insurance. If there is insufficient space to provide full information in this declaration, please attach additional sheets. When in doubt, disclose.

Print Form