

Renewal Declaration

Cyber Liability & Privacy Protection



Section 1

Applicant Details

1. Name (provide full name of all entities to be insured): _____

2. Business Activities: _____

3. Turnover Details:

Actual Last Year	Estimated This Year
\$	\$

4. Please tick cover required:

\$250,000 []

\$500,000 []

\$1,000,000 []

\$2,000,000 []

Other, please state: _____

Section 2

Cyber

1. You are domiciled in New Zealand, and any revenue generated from the USA does not exceed 25% of the total turnover of the business? Yes [] No []

If so, please provide details of this: _____

2. Do you use operating systems with embedded firewalls and anti-virus protection software (such as Windows or Macintosh), or run separate firewall or anti-virus protection software? Yes [] No []

3. Are all mobile devices (such as laptops, tablets, smartphones and memory sticks) password protected? Yes [] No []

4. 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. (This applies if you store, collect or process credit card information) Yes [] No []

5. Do you outsource any part of your network, including storage, data collection and/or processing? Yes [] No []

If so, please provide details of this: _____

6. 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 so, please provide details of this: _____

Section 3 | Declaration

1. I/We am/are not aware of any CLAIM, or circumstance or incident which may give rise to a CLAIM, against the INSURED other than those already disclosed or notified to DUAL New Zealand.
2. There has been no material change in the operations, activities or ownership structure of the company.
3. I/We/ the INSURED will immediately, and before inception of the proposed insurance, inform DUAL New Zealand of:
 - a. any change in the information provided, or previously provided, to DUAL New Zealand including but not limited to the financial position of the INSURED;
 - b. any alteration in the state or condition of the subject matter of the proposed insurance, including but not limited to any conduct by the INSURED/us/me that results in such an alteration or has the effect of allowing such an alteration; and
 - c. any CLAIM, or circumstances that may give rise to a CLAIM, against the INSURED of which I/we/the INSURED become aware.
4. I/We/the INSURED agree that DUAL New Zealand may use and disclose our personal information in accordance with the 'Privacy Collection Statement' as stated in the Proposal Form.
5. I/We/the INSURED acknowledges that they have read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

TO BE SIGNED BY PARTNER / DIRECTOR OR PRINCIPAL OR EQUIVALENT

Full Name: _____

Position: _____

Signature: _____ Date: / /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY

DUAL New Zealand recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Renewal Declaration and correspondence).