

# Management Liability Supplementary Questionnaire

Completed questionnaires are to either be emailed or faxed for the attention of **Brett Batson** at Willis Towers Watson; on Fax: (03) 8681 9888 or email [Brett.Batson@willistowerswatson.com](mailto:Brett.Batson@willistowerswatson.com) For any queries, please call 1800-335-014

Management Liability Insurance is underwritten by Chubb Insurance Australia Limited | ABN: 23 001 642 020 | AFS Licence No: 239687

## Insured Name:

Please answer the following questions after enquiry within your organisation, We confirm that the Applicant and all subsidiaries:

### Cyber Liability Extension (\$15,000 Sub-Limit, excess: \$5,000)

1. Have up to date anti-virus and fire wall protection installed and operating on all computers systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have a security policy that identifies and stipulates the types and levels of protection for all of the Applicant's information assets, whether electronic or otherwise and whether held by the Applicant or by a person or organisation providing services to the Applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Conduct backup and recovery procedures on all sensitive and financial data on at least a weekly basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have written agreements in place between the Applicant and any third-party IT service provider and that such agreements confirm a level of security consummate or better to the Applicants own security.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant or any subsidiaries:	
5. Experienced a security breach or been required or compelled notify customers or other third parties of the release of sensitive data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. or any person proposed for coverage under this Policy ever given notice under the provisions of any prior or current cyber policy or similar insurance of facts or circumstances which might give rise to a claim that would fall within the scope of that cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Any knowledge of any loss payments, fines or penalties being made on behalf of any Applicant or any person proposed for coverage under any cyber policy or similar insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES is answered to questions 5-7 above, COVER IS NOT AUTOMATICALLY ACCEPTED and this application MUST be referred to Willis Australia Ltd for assessment. Please provide details:

### COVID-19 - Specific Coverage Information

a. What impact has COVID-19 had on the Company's business, including indirectly through supply chain, 3rd party impact etc?	
b. What is the intention moving forward regarding continuation of their business?	
c. If the Company faces potentially permanent closure of any facilities or layoffs/stand-down/forced leave of employees/ workers, has the company consulted employees and their appropriate representatives in accordance with employment laws for the territory in which the layoffs/stand-down/forced leave may occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the Company eligible for, and/or have you applied for, any financial assistance or relief from the government, or other 3rd parties at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Has the Company endeavoured to comply with all advice, regulations, restrictions, and guidelines issued by the Australian Government Department of Health in response to COVID-19, or any other similar advice, regulations, restrictions, and guidelines issued by government health bodies in any other territory or jurisdiction in which the insured operates?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Declaration

I/We hereby declare that:

My/Our attention has been drawn to the important notice accompanying this proposal form and further I/We have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/We have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this proposal form and the inception date of the insurance to which this proposal relates I/We shall give immediately notice thereof.

Enquiry has been made of all directions and senior staff

I/We acknowledge signing of the form does not oblige the entity(s) or persons proposing for insurance or Chubb Insurance Australia Limited to enter into contact of insurance I/We agree that, by submitting this form, the personal information I/We provide to Chubb Insurance Australia Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in Chubb Privacy Policy found at: <https://www2.chubb.com/au-en/footer/privacy.aspx>, including for processing this Declaration form and providing me/ us with cover.

I/We also confirm that the undersigned is/are authorized to act for and on behalf of all persons who may be entitled under any policy which may be issued pursuant to this Declaration form and I/We complete this proposal form on my /our and their behalf.

#### Who is required to sign the proposal form declaration:-

- The Chief Executive Officer (Managing director) is required for all not for Profit and Private Corporations or the Principal of sole trader,
- Two Partners, for a partnership,
- Two signatories being that the chairman ,chief executive officer(Managing Director),Chief Risk Officer and/or another Director for all public corporations (Unlisted),Co-operations and Mutual Corporations

I agree to the additional Premium of \$100.00 (Including all Charges) by ticking this box

Name/Position:	Signature ^:	Date: / /
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^ It is important the signatory /signatories to the declaration is /are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non -disclosure may affect an insured's right of recovery under the policy or lead to it bring avoided