

APPLICATION FOR CYBER SECURITY & PRIVACY LIABILITY INSURANCE

Full Insured Name:			
Principal Address:			
City:	State:	Postal Code:	
Telephone:			
Email:			

Are you a member in good standing with the International Institute for Complementary Therapists (IICT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IICT Membership Number:	

DISCLOSURE STATEMENTS OF FACT

1. Do you store payment card data for more than 10,000 transactions and not all data is encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you collect or store the personally identifiable information of more than 10,000 individuals and not all data is encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you ensure that any personally identifiable information stored (including on mobile devices such as USB sticks, laptops and tablets) is encrypted at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. To the best of your knowledge, do you collect or store personally identifiable information of US Citizens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have any reason to expect contentious content would appear on your website, posted by you or any other person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have regular training and a written statement on how to maintain the privacy of personally identifiable information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. In the past 10 years have you, or any director or officer involved in the proposed insured business been charged with any criminal conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. In the past 10 years have you, or any director or officer involved in the proposed insured business been involved in a company that has gone into liquidation or administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. In the past 5 years, has the business suffered from any breaches to data or computer systems, including by malware and ransomware?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Based on the answers to the above questions, your request for a quote may need to be reviewed by the insurer and additional information may be required to assess your eligibility for cover.

CYBER SECURITY & PRIVACY LIABILITY QUOTATION

This cover is written on a **Claims Made** Basis.

Business Turnover

<input type="checkbox"/> Bracket 1	\$0 - \$250,000	<input type="checkbox"/> Bracket 2	\$250,000 - \$500,000
<input type="checkbox"/> Bracket 3	\$500,000 - \$1,000,000	<input type="checkbox"/> Bracket 4	\$1,000,000 - \$3,000,000
<input type="checkbox"/> Bracket 5	\$3,000,000 - \$5,000,000	<input type="checkbox"/> Bracket 6	over \$5,000,000

Premium

Turnover Bracket	<input type="checkbox"/> \$500,000 Limit <i>Base premium excluding statutory charges</i>	<input type="checkbox"/> \$1,000,000 Limit <i>Base premium excluding statutory charges</i>
1	\$300	\$400
2	\$450	\$600
3	\$690	\$924
4	\$742	\$1,200
5	\$1,142	\$1,600
6	Referral to Insurer	Referral to Insurer

Deductible

Turnover Bracket	Deductible
1 to 5	\$1,000
6	\$1,500

Fees & Statutory Charges

The following fees & Statutory Charges apply:

Professional Service Fee (Incl 10% GST)	
\$55.00	
GST	
10%	
State	Stamp Duty Rate (Calculated on Base Premium + GST)
ACT	0%
NSW / QLD	9%
VIC / NT / TAS / WA	10%
SA	11%

How to Calculate Your Total Premium

Worked Example:

A business in VIC with revenue of \$150,000 and quoting for cover of \$1,000,000.

Base Premium	\$400.00
+ GST (10%)	\$ 40.00
<i>Subtotal</i>	\$440.00
+ VIC Stamp Duty (10%)	\$ 44.00
<i>Subtotal</i>	\$484.00
+ Service Fee	\$ 55.00
Total Payable	\$539.00

Duty of Disclosure

Your Disclosure

Before you enter into an insurance contract with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose information to the insurer. The Duty of Disclosure applies until the insurer agrees to insure you or renew your insurance. The Duty of Disclosure also applies before you extend, vary or reinstate your insurance. You must tell the insurer all information that is known to you, that a reasonable person could be expected to know or that is relevant to the insurer's decision to insure you and on what terms. You do not need to tell the insurer anything:

- that reduces the risk it insures you for;
- is common knowledge;
- that the insurer knows or should know; or
- which the insurer waived your duty to tell it about.

Non-Disclosure

If you fail to comply with your Duty of Disclosure, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Declaration

I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

If you are unsure of your coverage requirements please contact BMS, a senior broker will be available to answer your questions during regular business hours.

Signed by:

Position:

Date:

Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

BMS Risk Solutions Pty Ltd (BMS Group)

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