

Cyber Insurance Application Form

Please complete this form electronically.

Company name

ABN

Address

Suburb

State

Postcode

Phone

Email

Company website

Last 12 months gross revenue

No. of employees

Please state the percentage of revenue per state

NSW

%

VIC

%

QLD

%

SA

%

WA

%

TAS

%

NT

%

ACT

%

Other

%

Total

%

Business description

Limit of Liability Required:

☐ \$500,000

☐ \$1,000,000

☐ \$2,000,000

☐ \$3,000,000

Inception date

Statement of Fact for Cyber & Privacy Liability Coverage

Do you and your subsidiaries comply with the requirements detailed in the Statement of Fact below?

☐ Yes ☐ No

1. You have not experienced a cyber event in the past three years that has resulted in a direct financial loss of more than AUD10,000.
2. You have not had any legal action brought or threatened against you in the last five years as a direct result of a cyber event.
3. You have not had any regulatory action initiated against you in the last five years as a direct result of a cyber event.
4. You are not involved in the direct supply of goods or services to the cannabis industry, nor are you involved directly with the use or supply of cryptocurrency.
5. You are not part of any franchise, franchise arrangement, or operating under a franchise agreement.

If you do not comply with above statement of fact please detail below and add further information as required by email.

Claims Information

The CFC Cyber Insurance is a claims made policy.
Please refer to the claims made statement as follows:

Claims Made Notice:

This means that the policy responds to claims first made against you and notified to the insurer in writing during the period of insurance, provided that the originating act or omission occurred after the retroactive date. Where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts, **but before** the expiry of the period of insurance.

Are there any circumstances, incidents that you are currently aware of in relation to risks that this application relates to that could result in a claim. ☐ Yes ☐ No

if Yes please detail below

Declaration

I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.

I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.

1. I declare that I have personally completed this Application Form and that the information contained in this Application Form is true and correct and that no facts have been omitted or falsely stated.
2. I acknowledge that I have carefully read, understood and agreed to the [Important Notices](#) provided on this application form.
3. I acknowledge that if this application is accepted, the insurance cover provided will be subject to the terms and conditions as set out in the Policy Schedule and Policy Wording.
4. I understand that Aon values the privacy of personal information and is bound by the Privacy Act 1988 (Cth) when they collect, use, disclose or handle personal information.
5. I acknowledge that Aon collects personal information to offer, provide, manage and administer the services they provide in accordance with [Aon's Privacy Statement](#). I consent to the use of my personal information for the purposes shown in the Aon's Privacy Statement, and the disclosure of my personal information to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.
6. If I have disclosed personal information about any other person, I confirm that I am authorised to disclose such personal information about that person, and consent to its use for the purposes shown in the Privacy Statement. I also consent to disclosure to and obtaining of other personal information about that person from other parties including those shown in the Privacy Statement, or the insurer for any of these purposes.
7. If my circumstances change in relation to anything related to my application form once I have purchased the insurance policy, I will advise Aon of any changes and ensure that I have taken the necessary steps to be adequately covered. I acknowledge that a failure to advise Aon of any such changes may prejudice my cover.

Full name

Date

Position

Signature