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| --- | --- | --- |
| 1. | A. Full Name of Insured | Click here to enter text. |
| B. Full Address | Click here to enter text. |
| B. Website Address | Click here to enter text. |
| C. Number of Employees | Click here to enter text. |

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| 2. | Full Description of Insured’s Operations: | Click here to enter text. |

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| --- | --- | --- |
| 3. | A. Estimated turnover for **past** 12 months | Click here to enter text. |
| B. Estimate turnover for **next** 12 months | Click here to enter text. |
| C. Please provide turnover split by state | NSW% | VIC% | QLD% | SA% | WA% | TAS% | ACT% | NT% | OS% |
|       |       |       |       |       |       |       |       |       |

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| 4. | You do not conduct any business or have clients in the United States of America, or Canada.  | Yes [ ]  | No [ ]  |
| If YES, please provide details: Click here to enter text. |

*Yes is a Referral*

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| --- | --- | --- | --- |
| 5A. | Do you transact, process or store more than 100,000 individual personally identifiable client records containing personal data annually? | Yes [ ]  | No [ ]  |
| If YES, please provide details: Click here to enter text. |

*Yes is a Referral*

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| --- | --- |
| 5B. | Approximately how many PII’s are retained within your computer network, databases and records? |
| Please provide details: Click here to enter text. |

*\* For the purposes of Q.5 records are defined as a personally identifiable record on an individual that can be used to identify, contact or locate a single individual.*

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| 6. | Do you password protect mobile computing devices (for example laptops, tablets, mobile telephone, PDAs) and portable data storage media (for example USB sticks, flash drives, magnetic tapes) which store, process or have access to personal data? | Yes [ ]  | No [ ]  |

*\* If answered ‘NO’ an automatic exclusion will be applied to unprotected portable media.*

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| 7. | A. Are you compliant with the Payment Card Industry Data Security Standards (PCI/DSS) | Yes [ ]  | No [ ]  |
| B. If answered ‘No’ to 7A above, please confirm one of the following statements: |
| [ ]  1. I confirm I am not subject to these standards | [ ]  2. I confirm I am subject to these standards but do not comply |

*Referral if answer = 7.B.2.*

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| 8. | **Cyber Crime** | Yes [ ]  | No [ ]  |
| If you are interested in the inclusion of Cyber Crime extension to this quote, please answer Questions 8 A, B and C below.  |
| 1. Are all requests to alter customer and/or supplier details (including bank account details) independently verified with a known contact for authenticity?
 | Yes [ ]  | No [ ]  |
| 1. Do you ensure dual signoff on the handling of electronic funds transfers (above $2,500.00)
 | Yes [ ]  | No [ ]  |
| 1. Do you secure fund transfer instructions (e.g. through the use of passwords, encryption, testing, call back or other authentication)?
 | Yes [ ]  | No [ ]  |

*If answered ‘No’ to 8 A, B or C Epsilon will not be able to provide this cover.*

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| 9. | **Claims, losses and circumstances** |
| 1. Are you aware of any matter that is reasonably likely to give rise to any loss or claim, or have you suffered any loss, or has any claim been made against you in the last five (5) years for loss of data or personal information?
 | Yes [ ]  | No [ ]  |
| If YES, please provide details Click here to enter text. |

*Yes is a Referral*

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| --- | --- | --- | --- |
|  | 1. Has any regulatory, government, administrative, sanction(s), action been brought against you, or have any investigations or information requests concerning any handling of personal data been brought against you in the past five (5) years?
 | Yes [ ]  | No [ ]  |
|  | If YES, please provide details Click here to enter text. |

*Yes is a Referral*

**THINGS YOU NEED TO KNOW**

It's important that you read the following information before commencing your quote.

The policy contains one or more coverages. Please note that the cover provided under Section 3 – Privacy infringement is claims made cover. Accordingly, that section of the Policy will only cover the Insured in respect of claims which are first made against the Insured during the period of insurance and reported during the period of insurance (subject to the benefit of any retroactive date stated in the schedule).

The Insured should carefully read all of the policy, including all definitions and, in particular, the exclusions, to ascertain the precise scope of cover afforded by the Epsilon Cyber and Data Insurance Policy.

The Insured is advised to consult their insurance agent or broker to ensure a clear understanding of the Insured’s rights and obligations under the policy.

By getting a quote you agree that the right Policy Wording is being made available to you by this website and agree with our [Online Terms & Privacy Statement](https://www.terrischeer.com.au/privacy/online-terms-conditions/). You can also read the [Epsilon Privacy Statement here.](http://www.epsiloninsurance.com/about-us/privacy)

**SANCTIONS**

Weshall notbe deemed to provide cover and shall not be liable to pay any **claim** or provide any benefit to the extent that the provision of cover, payment of claim or provision of benefit would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

By accepting this insurance you confirm that the facts stated below are true. We have relied on these facts and all the information that you or anyone on your behalf provided, in agreeing to provide this insurance and in setting the terms and premium.

You must read this document to ensure that all the facts stated below are accurate and complete. If any of the facts stated below or any of the information provided to us is not correct to needs to be changed, you must tell us before the start of the period of insurance.

If there are changes to this information during the period of insurance you must tell us. When we are notified of a change we will tell you if this affects your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

**YOUR DUTY TO DISCLOSE**

This policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You enter into an insurance contract, You have a duty to tell the Insurer anything that You know, or could reasonably be expected to know, that may affect the Insurer’s decision to insure You and on what terms.

You have this duty until the Insurer agrees to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract. You do not need to tell the Insurer anything that:

* reduces the risk that is insured; or
* is common knowledge; or
* the Insurer knows or should know as an insurer; or
* the Insurer waives compliance with Your duty of disclosure.

**IF YOU DO NOT TELL THE INSURER SOMETHING**

If You do not tell the Insurer anything You are required to, the Insurer may cancel Your contract or reduce the amount the Insurer will pay You if you make a claim, or both.

If Your failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

*Uninsurable business activities, by accepting this quote you confirm your business activities do not include any of the following:*

1. *Financial institution (including but not limited to banks and buildings societies);*
2. *Gambling company or operator;*
3. *Government department or agency, council, local authority or public body;*
4. *Payment card processor or gateway, payroll processor;*
5. *Social or professional networking site or service; dating site or service;*
6. *Franchisor;*
7. *Producer, distributor, advertiser or broadcaster of pornography;*
8. *Data warehouse, direct marketer, data aggregator or information broker;*
9. *Family planning or substance abuse centre or service, adoption agency or abortion clinic;*
10. *Mobile application or video game developer or publisher;*
11. *Insurer or insurance broker*
12. *Business process outsourcer*
13. *Travel agency or tour operator*
14. *Public Utilities (Considered on referral)*

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| **Name:** | Click here to enter text. |
| **Title / Position:** | Click here to enter text. |
| **Date:** | Click here to enter text. |

I, the abovementioned, confirm I have read and accept the conditions as set out above under Things You Need to Know.

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