SURA TECHNOLOGY RISKS

Level 14 / 141 Walker St
North Sydney NSW 2060
PO Box 1813
North Sydney NSW 2059

Ransomware Insurance
Addendum Form

Telephone: 02 9030 9500
Web: www.sura.com.au

Ransomware Insurance Addendum

Important Information

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Information, please contact us or your insurance broker before signing the Declaration at the end of this document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

In this application:

You / Your refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

Firm means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

Principal means any Director, Partner, Member or Sole Trader.

Agent of Insurers

SURA Professional Risks has an authority from the Insurer to arrange, enter into, bind and administer this insurance (including handling and settling claims) for the Insurer. SURA Professional Risks acts as an agent for the Insurer and not for You.

Duty of Disclosure

Before You enter into an insurance contract, You have a duty to tell Us of anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary, or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for;
- is of common knowledge;
- We know or should know as an insurer; or
- We waive Your duty to tell us about.

If You do not tell Us something

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

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

Claims Made Policy

This proposal is for a Claims Made Policy. This means that the policy only responds to:

- claims first made against you and notified to the Insurer during the policy period arising from events after any retroactive date on the policy; and
- events of which you first become aware during the policy period that could give rise to a future claim provided that you notify the Insurer during the policy period of the circumstances of such events and they arose after any retroactive date on the policy.

When the policy expires, no claims can be made against these sections of the policy even though the event giving rise to the claim may have occurred during the policy period.

SURA TECHNOLOGY RISKS

Level 14 / 141 Walker St
North Sydney NSW 2060
PO Box 1813
North Sydney NSW 2059

Telephone: 02 9030 9500
Web: www.sura.com.au

Privacy

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document, you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs. A copy of our Privacy Policy is located on our website at www.sura.com.au

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us. If you wish to access your file please ask SURA Professional Risks Pty Ltd.

Not a Renewable Contract

Most Claims Made Policies are not renewable contracts so the policy will terminate on the expiry date indicated. If you therefore require a subsequent policy, you will need to complete and submit a new proposal form for assessment prior to the termination of the current policy.

Section 1

Do you take the following steps to protect your network from Ransomware:

a)	Apply security patches within 30 days of release?	Yes	No
b)	Tag external emails to alert employees that the message originated from outside the organisation?	Yes	No
c)	Implement SPF, DKIM and DMARC to protect against phishing messages?	Yes	No
d)	Utilise Web filtering to block access to known malicious websites?	Yes	No
e)	Segment your network based on the classification level of information stored on said systems?	Yes	No
f)	Confirm you do not utilise any End-of-Life operating systems or platforms (this includes systems using an extended service contract from the manufacturer)?	Yes	No
g)	Utilise an advanced endpoint detection and response (EDR) tool?	Yes	No
h)	Utilise a SIEM monitored 24x7 by a SOC?	Yes	No
i)	Have a process to decommission unused systems?	Yes	No
j)	If Office365 is used, do you utilise the O365 Advanced Threat Protection add-on?	Yes	No
k)	Do you implement PowerShell best practices as outlined in the Environment Recommendations by Microsoft?	Yes	No

If you answered "No" to any Section 1 question, please provide additional information:

Section 2

Do you take the following steps to protect your employees from Ransomware:

a) Conduct regular security awareness training? ☐ Yes ☐ No

If Yes, how frequently?

b) Conduct phishing campaigns? ☐ Yes ☐ No

If Yes, how frequently?

c) Ensure employees utilise least privilege at all times, and **do not operate as local administrator**? ☐ Yes ☐ No

d) Do you require Multi-Factor Authentication:

i. for remote access to the network? ☐ Yes ☐ No

ii. to protect Privileged User accounts? ☐ Yes ☐ No

iii. for all Cloud resources including Office365? ☐ Yes ☐ No

iv. for all Remote Desktop Protocol (RDP) and Virtual Desktop Instances (VDI)? ☐ Yes ☐ No

If you answered "No" to any Section 2 question, please provide additional information:

Section 3

Do you take the following steps to protect your data from Ransomware:

a) Regularly perform full and incremental backups of business data? ☐ Yes ☐ No

b) Test backups for restorability? ☐ Yes ☐ No

c) Ensure backups are stored physically offsite? ☐ Yes ☐ No

d) Ensure backups are stored offline to safeguard from infection? ☐ Yes ☐ No

e) Have an annually tested Incident Response plan with the ability to quickly contain an incident? ☐ Yes ☐ No

f) Have formal Disaster Recover and Business Continuity plans that are annually tested? ☐ Yes ☐ No

g) Have a formal vendor management program that inventories and classifies the type of data and level of access each vendor has? ☐ Yes ☐ No

If you answered "No" to any Section 3 question, please provide additional information:

Section 4

Does your company utilize on premise versions of Microsoft Exchange Server? ☐ Yes ☐ No

If Yes, please answer the following;

a) Have you applied the patches to the 4 identified vulnerabilities: CVE- 2021-26855, CVE-2021-26857, CVE-2021-26858, and CVE-2021-27065? ☐ Yes ☐ No

b) Have you reviewed your environment for the Indicators of Compromise (IoC) and confirm that none were found? ☐ Yes ☐ No

If you answered "No" to any Section 4 question, please provide additional information:

Section 5

Does your company utilise the Kaseya VSA on-premises product? ☐ Yes ☐ No

If Yes, please answer the following;

a) Has this resulted in any compromised systems for you or your customers? ☐ Yes ☐ No

b) Have the recommended patches been implemented? ☐ Yes ☐ No

If you answered "No" to any Section 5 question, please provide additional information:

Please describe any additional controls, training or other steps that your organisation takes to identify and mitigate ransomware attacks:

SURA TECHNOLOGY RISKS

Level 14 / 141 Walker St
North Sydney NSW 2060
PO Box 1813
North Sydney NSW 2059

Telephone: 02 9030 9500
Web: www.sura.com.au

Declaration

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any contract of insurance effected. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

Signature

(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

Title of signatory

Full name

Date

/ /