



SureDirection Management Liability Renewal Declaration

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This Declaration forms the basis of any insurance contract entered into. **You** have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

Please:

- + Read this entire Declaration form prior to answering the questions in full.
- + Sign the Declaration.
- + If **you** have insufficient space to complete any of your answers please continue on a separate attachment.

1. Gross Income/Turnover: (last 12 months actual) \$ Gross Income/Turnover: (next 12 months est.) \$
2. Is any income derived from outside NZ? Yes No
3. Have any material changes (including occupation or business activities) occurred in the last 12 months that could affect this insurance? Yes No
4. After enquiry of all Governors, Trustees, Board Members, and Senior Employees:
 - a. Have there been any claims made against the business? Yes No
 - b. Are **you** aware of any circumstances which could give rise to a claim under the liability policy with 360 Commercial Limited, other than those disclosed on **your** last proposal/declaration form? Yes No

If your answer is YES to any of the above questions, please provide full details:

General Liability, Statutory Liability & Employers Liability

1. Does the insured regularly review Health and Safety procedures to ensure compliance with legislation? Yes No
2. Does the insured export any products? Yes No

If your answer is YES to any of the above questions, please provide full details:

Crime Protection

1. Does payment to any new payee or new bank account, where the payment to be made is in excess of \$5,000, require two factor verification (i.e. email + phone call or text etc) with the party you intend to pay and with the authoriser? Yes No
2. Is there segregation of duties so that one person cannot control any function from start to finish without referral to another person (i.e. signing of cheques, authorising of payments, opening of bank account, issuing fund transfer instructions)? Yes No
3. Do changes to existing payees bank account numbers require verification by another means of communication? Yes No

Management & Entity Liability

- | | | | |
|---|-------------------------|-------------------------|-------------------------|
| 1. Current Assets: | \$ <input type="text"/> | 3. Current Liabilities: | \$ <input type="text"/> |
| 2. Total Assets: | \$ <input type="text"/> | 4. Total Liabilities: | \$ <input type="text"/> |
| 5. Latest financial year result:
(Surplus/Deficit) | \$ <input type="text"/> | | |
6. Is the insured able to pay all of its debts as and when they fall due? Yes No
7. In the past 12 months, have there been any material changes' to the business financial position or capital structure? Yes No

Employment Practices Liability

- | | | | |
|------------------------------|----------------------|--------------------------|----------------------|
| 1. Number of Paid Employees: | <input type="text"/> | 2. Number of Volunteers: | <input type="text"/> |
|------------------------------|----------------------|--------------------------|----------------------|

Cyber Cover

1. Are all security and critical patches/updates applied to your systems and applications within one month of their release? Yes No
2. Please confirm you use Multi-Factor Authentication (i.e. not just username and password) for the following in your business:
- a. For Office365 and business devices, email accounts and systems that contain sensitive information (e.g. employment information, third party information, etc.)? Yes No
 - b. For remote access for all employees, volunteers and/or contractors? Yes No Not Applicable
 - c. For any customer accessed portal and/or services? Yes No Not Applicable
3. Are all passwords a minimum of eight characters long including letters, numbers and special characters? Yes No
4. Are all passwords changed within a minimum period of every 6 months? Yes No
5. Are user accounts automatically locked after a number of failed login attempts? Yes No
6. Is all important data backed up daily? Yes No
7. Are back-ups checked at least monthly for corruption or failure? Yes No
8. Are all internet access points to your network secured by firewall(s)? Yes No
9. Do you immediately remove access rights of all terminated staff or volunteers? Yes No
10. Do you have a disaster recovery plan/business continuity plan? Yes No
11. Do you have an educational program for all employees, volunteers and contractors that teach awareness on Cyber Security to keep the business safe? Yes No
12. Have you sustained any single loss or losses of a type covered by a data protection, cyber or network security insurance policy for which this proposal form has been completed? Yes No

Declaration

On behalf of the **insured**, I/we declare that:

1. All information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances.
2. I/we undertake to inform the Insurer promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance.
3. I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of:
 - a. underwriting the risks; and
 - b. administering and performing any resulting insurance contract.

This form must be signed by the **Insured's** Owner, Partner, Chairman of the board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signature

Date (dd/mm/yyyy)

A handwritten signature is not required provided:

1. This declaration has been completed electronically; and
2. The full name and position of the individual completing this form is entered below.

Full name of signatory or individual completing the declaration

Position in Organisation



360

Commercial

Level 12,
66 Wyndham Street,
Auckland 1010

