



Technology Liability
Supplementary Proposal form



- 1 What percentage of your revenue relates to Managed IT Services?
 2 Please provide further details around the breadth of Managed IT Services being offered.

Do you provide:

- (a) Complete managed services looking after all infrastructure, security, technology, email, website etc? Yes No
 (b) Partial services eg. Email or Website only? Yes No

If Yes, please provide further details

- 3 How many clients do you provide these services to?
 4 Do you provide these services to any clients outside of NZ? Yes No

If Yes, please specify regions:

- 5 What industries are these clients in? Please provide revenue and what percentage this represents of your total revenue.

| Industry | Revenue | Split |
|----------|---------|-------|
| | \$ | % |
| | \$ | % |
| | \$ | % |
| | \$ | % |
| | \$ | % |

ADDITIONAL SECURITY CONTROLS

- 6 Do you limit your liability in contract for all Managed IT Services? Yes No

Please provide a copy of your standard Terms & Conditions.

- 7 What endpoint protection and monitoring solutions do you use?

- 8 Do you have a vulnerability management program? Yes No

If Yes, how is it executed?

- 9 Do you secure the privileged credentials it uses to access customer environments? Yes No

- 10 Do you use multifactor authentication (MFA) for your internal and/or customers' external-facing applications, such as VPN or remote access tools? Yes No

- 11 Do you conduct regular red-team/adversary emulation testing of your environment to identify weaknesses? Yes No

- 12 (a) When was the last time you conducted a tabletop exercise?
 (b) Is your incident response (IR) playbook/plan up to date? Yes No
- 13 Do you have an IR retainer in place with a reputable firm who is experienced performing incident response at scale? Yes No
- 14 Do you conduct annual pen tests, with all critical / high level issues identified within 3 months? Yes No

MULTIFACTOR AUTHENTICATION

- 15 Do you use multi-factor authentication (ie not just username and password) on all systems used for payment, payment processing or systems which contain customer/third party information including:
- (a) Office365 Yes No
- (b) Employee Remote access / work from home? Yes No
- (c) Customer / Trade account login? Yes No
- (d) Systems containing customer/third party information? Yes No

BACK-UPS

- 16 Does your organisation perform regular system / file backups? Yes No
- If Yes:
- (a) Do they cover your organisations critical data? Yes No
- (b) Are they stored offsite or on-premise?
- (i) On Premise: Are they connected to your network (e.g. NAS) or physically separated (e.g. USB, CD)? Yes No
- Are credentials stored locally? Yes No
- (ii) Cloud: Is MFA enforced? Yes No
- And are credentials stored locally? Yes No
- 17 Has your organisation tested system / file backups in the last 6 months? Yes No
- If Yes, were systems / files restored successfully? Yes No
- 18 Do accounts with the ability to create, modify or delete backups follow password complexity and rotation requirements? Yes No
- If Yes, is MFA also enforced? Yes No

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information..

Full name and title of individual:

Signature of Policyholder:

Date: