



# TELE/DATA COMMUNICATION SERVICES SUPPLEMENTARY QUESTIONNAIRE

### IMPORTANT NOTICE

- To be completed by any Applicant who currently, or has in the past, or intends within the period of insurance, to provide data and/or telecommunication services, including internet services.
- If full service and product information is not contained on your website, please enclose any relevant brochures or product literature.
- This Supplementary Questionnaire forms a key part of your I.T. Liability Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.
- **PLEASE REMEMBER TO SIGN AND DATE THIS FORM.**

### JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

### Name of Applicant

### Name of Broker

1. Which of the following best describes the industries / areas in which your customers operate?  
Please estimate as a percentage of revenue for the current year.

Customers' Areas of Operation	Percentage of Revenue
Carriage Services	%
Corporate Network or VPN's services	%
Software Sales (pre-packed)	%
Web Page design/content/hosting	%
Billing/Collection Services	%
Help Desk Services	%
Security Services/Software	%
On-Line Publishing	%
Other	%
<b>TOTAL</b>	<b>100%</b>

2. Please state the number of registered users:

Type of Registered User	Number
Domestic / Private	
Business	

3. If you provide internet services, do you provide original content through these services?      Yes       No

If Yes, please provide full details



4. Please advise details on back-up and remote site facilities.

Four horizontal lines for text input.

5. Do you host chat rooms or bulletin boards? Yes  No

If Yes, please detail your control procedures over content

Three horizontal lines for text input.

6. Do you have documented procedures for retracting defamatory/objectionable content on notification by a defamed party? Yes  No

If Yes, please provide full details and attach documented procedures

Three horizontal lines for text input.

7. Are you a member of any Association? Yes  No

If Yes, please provide full details

One horizontal line for text input.

8. Is there any other information in your possession that you would consider material to the risk being proposed? Yes  No

If Yes, please provide full details

Three horizontal lines for text input.

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed [ ] Date [ / / ]

Printed name [ ]

Position [ ]



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