

biometric supplemental form

GENERAL

1. Name of Policyholder:
2. Has the Policyholder at any time in the last 5 years or is the Policyholder currently collecting, receiving or retaining any biometric data on employees or consumers as defined by law including (but not limited to) retina scan, voiceprint, iris scan, hand scan, fingerprint, face geometry? ☐ Yes ☐ No
3. Has the Policyholder on all occasions obtained written consent from employees/consumers/individuals prior to collection, receipt, or retention of their biometric data? ☐ Yes ☐ No
If yes, does the written consent inform the employees/consumers/individuals of both the purpose and length of time for which you are collecting, receiving, or retaining the information? ☐ Yes ☐ No
4. Does the Policyholder clearly define to employees/consumers/individuals how their biometric data is collected, how it will be stored and when it will be destroyed? ☐ Yes ☐ No
If yes, are these policies readily available to the public? ☐ Yes ☐ No
5. Does the Policyholder sell, lease, trade or otherwise profit from employees/consumers/individuals' biometric data? ☐ Yes ☐ No
6. Does the Policyholder disclose or disseminate biometric data to any other individual or entity? ☐ Yes ☐ No
If yes, does the written consent from the employees/consumers/individuals notify them that biometric data is disclosed and/or disseminated to other individuals and/or entities? ☐ Yes ☐ No
7. Does the Policyholder handle the protection of biometric data differently than other kinds of sensitive information? ☐ Yes ☐ No
If yes, how does the Policyholder's handling of biometric data differ from the Policyholder's handling of other kinds of sensitive information? Is the Policyholder's handling of biometric data subject to more stringent or less stringent protections?
8. Does the Policyholder have a biometric data retention schedule outlining how long the Policyholder will hold the biometric data for? ☐ Yes ☐ No
If yes, is the biometric data retention schedule readily available to the public? ☐ Yes ☐ No
9. Does the Policyholder have a data destruction policy for biometric data that is no longer needed as soon as practicable and in line with legal requirements? ☐ Yes ☐ No
If yes, is the data destruction policy readily available to the public? ☐ Yes ☐ No

biometric supplemental form

10. Does the Policyholder use equipment/technology provided by a third-party vendor or contractor to collect, receive, or retain biometric data? ☐ Yes ☐ No

11. Does the Policyholder use a third-party vendor or contractor to store biometric data? ☐ Yes ☐ No
If yes, does the written consent from the employees/consumers/individuals notify them that the biometric data is disclosed to the vendor/contractor? ☐ Yes ☐ No

12. Has the Policyholder received any complaints alleging the collection, receipt, retention, use, dissemination, or sale of biometric data? ☐ Yes ☐ No
If yes, please provide details:

13. How does the Policyholder store the biometric data? (e.g., what level of security does the Policyholder have applied to biometric data for storage and transmission? Is it stored separately/segmented from other types of data?)

14. Does the Policyholder define who will have access to this data?

DECLARATION

I/we acknowledge that:

1. I/we have read and understood the important information provided on the last page of this document in the important information section.
2. I/we are authorised by all those seeking insurance to make this supplemental form, and declare all information on this supplemental form and any attachment is true and correct.
3. I/we authorise the underwriter to give to, or obtain from, other insurers or any credit reference service, any information relating to insurance held by me/us or any claim in relation thereto.

I/we acknowledge that, where answers are provided in the supplemental form are not in my/our handwriting, I/we have checked and certify that the answers are true and correct.

Name:

Title:

Policyholder's signature:

Date: / /

It is important that you read and understand the following

Claims made notice

Section C – Cyber & Privacy Liability and Section F – Optional Cover – Multimedia Liability Cover of this policy are issued on a 'claims made and notified' basis. This means that Section C – Cyber & Privacy Liability and Section F – Optional Cover Multimedia Liability Cover respond to:

- a. Claims or multimedia claims first made against you during the policy period and notified to us during the policy period, provided you were not aware at any time prior to the commencement of the policy of circumstances which would have put a reasonable person in your position on notice that a claim or multimedia claim may be made against you; and
- b. written notifications of facts pursuant to Section 40(3) of the

Insurance Contracts Act 1984 (Cth). Effectively, the facts that you may decide to notify are those which might give rise to a claim or multimedia claim against you even if a claim or multimedia claim has not yet been made against you. If you decide to notify any such facts, such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the expiry of the policy period. If you give written notification of facts, the policy will respond to any claim or multimedia claim against you arising from those facts, even if the claim or multimedia claim is not made against you until after the policy has expired. When the policy period expires, no new notification of facts can be made to us under the expired policy for a cyber event or multimedia injury first discovered or identified by you during the policy period.

Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us 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, replace, extend, vary, continue under similar insurance or reinstate an insurance policy. You do not need to tell us anything that:

- reduces the risk we insure you for; or

- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

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 policy as if it never existed.

About Emergence Insurance Pty Ltd

Before you enter into an insurance contract, you have a duty to Emergence Insurance Pty Ltd (ABN 46 133 037 153, AFSL 329634) ('Emergence') acts under a binding authority given to it by the insurer to administer and issue policies, alterations and renewals. In all aspects of arranging this policy, Emergence acts as an agent for the insurer and not for you.

Contact details are:

Email: info@emergenceinsurance.com.au

Telephone: 1300 799 562

Postal address: GPO Box R748, Royal Exchange, Sydney, NSW 2001

Privacy

In this Privacy Notice the use of "we", "our" or "us" means the Insurer and Emergence, unless specified otherwise.

We are committed to protecting your privacy.

We are bound by the obligations of the *Privacy Act 1988* (Cth) and the Australian Privacy Principles. These set out basic standards relating to the collection, use, storage and disclosure of personal information.

We need to collect, use and disclose your personal information (which may include sensitive information) in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you.

We may collect personal information in a number of ways, including directly from you via our website or by telephone or email.

Personal information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your insurance intermediary or co-insureds). If you provide personal information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

We may disclose the personal information we collect to third parties who assist us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia, including New Zealand, Philippines, Vietnam, Malaysia and United Kingdom. In all instances where personal information may be disclosed to third parties who may be located overseas, we will take reasonable measures to ensure that the overseas recipient holds and uses your personal information in accordance with the consent provided by you and in accordance with our obligations under *The Privacy Act 1988* (Cth).

In dealing with us, you consent to us using and disclosing your personal information as set out in this statement. This consent remains valid unless you alter or revoke it by giving written notice to Emergence's Privacy Officer. However, should you choose to withdraw your consent, we may not be able to provide insurance services to you.

The Emergence Privacy Policy available at www.emergenceinsurance.com.au or by calling Emergence, sets out how:

- Emergence protects your personal information;
- you may access your personal information;
- you may correct your personal information held by us;
- you may complain about a breach of *The Privacy Act 1988* (Cth) or Australian Privacy Principles and how Emergence will deal with such a complaint.

If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact the Emergence Privacy Officer by:

Postal Address: GPO Box R748, Royal Exchange, Sydney NSW 2001
Phone: 1300 799 562

Email: privacyofficer@emergenceinsurance.com.au

You can download a copy of the Emergence Privacy Policy by visiting www.emergenceinsurance.com.au.