

iTech Insurance Policy

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Introduction

Please read the **Policy** carefully to ensure that it meets your requirements. Insuring clause 1.1 – 'iTech cover' is written on a 'claims made and notified' basis, which means that, subject to the 'Extended continuous cover' clause, it will respond to **Claims** first made against the **Insured** and notified to the **Insurer** during the **Policy Period** (or notified in accordance with the terms of any applicable additional or extended reporting period).

Insuring clauses 1.2 – 'Public liability cover' and 1.3 – 'Products liability cover' are written on an **Occurrence** basis, which means that the injury or damage must occur during the **Policy Period**.

Any word or expression to which a specific meaning has been attached shall bear that specific meaning wherever it may appear.

You received important notices about your duty of disclosure, unusual terms in claims made and notified insurance policies and our privacy statement prior to purchasing this **Policy**. The notices are replicated below for your reference. A reference to "you" or "your" in the notices section below includes the Insured.

Notices

These notices do not form part of the policy.

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, extend, vary or reinstate an insurance contract.

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 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 and notified basis of cover and retroactive date

Insuring clause 1.1 'iTech cover' only is issued on a 'claims made and notified' basis. This means that the policy covers claims:

- (a) first made against you during the policy period; and
- (b) which you tell us about during the policy period.

Where your policy has an additional or extended reporting period, subject to the terms of the policy, you may have:

- ▼ an additional period to tell us about claims first made against you during the policy period; and/or
- ▼ cover for claims first made against you during the extended reporting period and which you tell us about during the extended reporting period provided the claims are based on an act, error, or omission alleged to have been committed prior to the expiry of the policy period.

Pursuant to section 54 of the Insurance Contracts Act 1984, if you tell us about claims first made against you during the policy period (or additional or extended reporting period, if applicable), after the policy period and any applicable additional or extended reporting period expires, we may be able to reduce our liability by an amount that fairly represents the extent to which our interests were prejudiced as a result of your delay in notifying us of the claim.

Written notification of facts pursuant to section 40(3) of the Insurance Contracts Act 1984: If during the policy period, you learn about facts that might lead to a claim and you tell us in writing about these facts as soon as reasonably practicable after you became aware of those facts but before the end of the policy period, we will treat any subsequent claim arising from those facts as though it was made against you during the policy period.

The policy doesn't cover claims or potential claims that you knew about prior to the policy period which would have put a reasonable person in your position on notice that a claim may be made against you. (There are some exceptions to this rule if an 'Extended continuous cover' extension applies).

If a retroactive date is applied or shown on the policy schedule, the policy doesn't cover claims resulting from an act or failure to do something before that date.

Average provision

If a payment in excess of the limit of indemnity available under your policy has to be made to dispose of a claim, the insurer shall only be liable for the percentage of the costs and expenses incurred with the insurer's prior consent that is a proportionate ratio to the amount of indemnity available under this policy.

Preservation of rights of recovery / subrogation waiver

This policy contains provisions that have the effect of excluding the insurer's liability for a loss or liability due to the insured entering into:

- (a) any agreement whereby the insured releases, agrees not to sue or waives or prejudices any rights of recovery;
- (b) any deed or agreement excluding, limiting or delaying the legal rights of recovery against another party; or
- (c) any agreement or compromise whereby any rights or remedies to which the insurer would be subrogated are or may be prejudiced.

Privacy statement

AAI Limited trading as Vero Insurance is the insurer and issuer of your commercial insurance product, and is a member of the Suncorp Group, which we'll refer to simply as "the Group".

Why do we collect personal information?

Personal information is information or an opinion about an identified individual or an individual who is reasonably identifiable. We collect personal information so that we can:

- ▼ identify you and conduct appropriate checks;
- ▼ understand your requirements and provide you with a product or service;
- ▼ set up, administer and manage our products and services and systems, including the management and administration of underwriting and claims;
- ▼ assess and investigate any claims you make under one or more of our products;
- ▼ manage, train and develop our employees and representatives;
- ▼ manage complaints and disputes, and report to dispute resolution bodies; and
- ▼ get a better understanding of you, your needs, your behaviours and how you interact with us, so we can engage in product and service research, development and business strategy including managing the delivery of our services and products via the ways we communicate with you.

What happens if you don't give us your personal information?

If we ask for your personal information and you don't give it to us, we may not be able to provide you with any, some, or all of the features of our products or services.

How we handle your personal information

We collect your personal information directly from you and, in some cases, from other people or organisations. We also provide your personal information to other related companies in the Group, and they may disclose or use your personal information for the purposes described in 'Why do we collect personal information?' in relation to products and services they may provide to you. They may also use your personal information to help them provide products and services to other customers, but they'll never disclose your personal information to another customer without your consent.

Under various laws we will be (or may be) authorised or required to collect your personal information. These laws include the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Personal Property Securities Act 2009, Corporations Act 2001, Autonomous Sanctions Act 2011, Income Tax Assessment Act 1997, Income Tax Assessment Act 1936, Taxation Administration Act 1953, A New Tax System (Goods and Services Tax) Act 1999 and the Australian Securities and Investments Commission Act 2001, as those laws are amended and includes any associated regulations.

We will use and disclose your personal information for the purposes we collected it as well as purposes that are related, where you would reasonably expect us to. We may disclose your personal information to and/or collect your personal information from:

- other companies within the Group and other trading divisions or departments within the same company (please see our Group Privacy Policy for a list of brands/companies);
- ▼ any of our Group joint ventures where authorised or required;
- v customer, product, business or strategic research and development organisations;
- ▼ data warehouse, strategic learning organisations, data partners, analytic consultants;
- ▼ social media and other virtual communities and networks where people create, share or exchange information;
- publicly available sources of information;
- ▼ clubs, associations, member loyalty or rewards programs and other industry relevant organisations;
- ▼ a third party that we've contracted to provide financial services, financial products or administrative services

- for example:
- ▼ information technology providers,
- administration or business management services, consultancy firms, auditors and business management consultants.
- ▼ marketing agencies and other marketing service providers,
- claims management service providers,
- ▼ print/mail/digital service providers, and
- ▼ imaging and document management services;
- ▼ any intermediaries, including your agent, adviser, a broker, representative or person acting on your behalf, other Australian Financial Services Licensee or our authorised representatives, advisers and our agents;
- a third party claimant or witnesses in a claim;
- accounting or finance professionals and advisers;
- ▼ government, statutory or regulatory bodies and enforcement bodies;
- ▼ policy or product holders or others who are authorised or noted on the policy as having a legal interest, including where you are an insured person but not the policy or product holder;
- ▼ in the case of a relationship with a corporate partner such as a bank or a credit union, the corporate partner and any new incoming insurer;
- ▼ the Australian Financial Complaints Authority or any other external dispute resolution body;
- credit reporting agencies;
- ▼ other insurers, reinsurers, insurance investigators and claims or insurance reference services, loss assessors, financiers;
- ▼ legal and any other professional advisers or consultants;
- ▼ hospitals and, medical, health or wellbeing professionals;
- ▼ debt collection agencies;
- ▼ any other organisation or person, where you've asked them to provide your personal information to us or asked us to obtain personal information from them, eg your mother.

We'll use a variety of methods to collect your personal information from, and disclose your personal information to, these persons or organisations, including written forms, telephone calls and via electronic delivery. We may collect and disclose your personal information to these persons and organisations during the information life cycle, regularly, or on an ad hoc basis, depending on the purpose of collection.

Overseas disclosure

Sometimes, we need to provide your personal information to – or get personal information about you from – persons or organisations located overseas, for the same purposes as in 'Why do we collect personal information?'.

The complete list of countries is contained in our Group Privacy Policy, which can be accessed at www.vero.com.au/privacy, or you can call us for a copy.

From time to time, we may need to disclose your personal information to, and collect your personal information from, other countries not on this list. Nevertheless, we will always disclose and collect your personal information in accordance with privacy laws.

How to access and correct your personal information or make a complaint

You have the right to access and correct your personal information held by us and you can find information about how to do this in the Suncorp Group Privacy Policy.

The Policy also includes information about how you can complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You can get a copy of the Suncorp Group Privacy Policy.

Please use the contact details in Contact Us.

Contact us

For more information about our privacy practices including accessing or correcting your personal information, making a complaint, obtaining a list of overseas countries or giving us your marketing preferences you can:

- ▼ Visit www.vero.com.au/privacy
- ▼ Speak to us directly by phoning us on 1300 888 073 or
- ▼ Email us at privacyaccessrequests@vero.com.au

General Insurance Code of Practice

We support the General Insurance Code of Practice. A copy of the Code can be obtained from the Insurance Council of Australia by:

- ▼ Telephone (02) 9253 5100 or 1300 728 228
- ▼ Website www.insurancecouncil.com.au

Our complaints handling procedures

We are committed to:

- ▼ listening to what you tell us;
- ▼ being accurate and honest in telling you about our products and services;
- ▼ communicating with you clearly; and
- resolving any complaints or concerns you have in a fair, transparent and timely manner.

How to contact us with a complaint

Let us know

If you experience a problem, are not satisfied with our products or services or a decision we have made, let us know so that we can help.

Contact us:

▼ By phone: 1300 888 073

▼ By email: claims@vero.com.au

Complaints can usually be resolved on the spot or within 5 business days.

Review by our Customer Relations Team

If we are not able to resolve your complaint or you would prefer not to contact the people who provided your initial service, our Customer Relations team can assist:

▼ By phone: 1300 264 470
 ▼ By email: idr@vero.com.au

▼ In writing: Vero Customer Relations Team, PO Box 14180, Melbourne City Mail Centre VIC 8001

Customer Relations will contact you if they require additional information or they have reached a decision.

When responding to your complaint you will be informed of the progress of and the timeframe for responding to your complaint.

Seek review by an external service

We expect our procedures will deal fairly and promptly with your complaint. However, if you remain dissatisfied, there are external dispute remedies such as mediation, arbitration or legal action you may pursue.

Policy wording

A. Agreement between policyholder and the insurer

In consideration of payment of the premium the **Insured** and the **Insurer** agree that the **Insurer** will provide insurance on the terms and conditions of this **Policy**.

B. Where 'prior consent' is required from the insurer

There are some covers under the **Policy**, where the **Insured** will need to obtain the **Insurer's** prior consent, for example, before incurring costs. Where prior consent is required, consent must be obtained from the **Insurer**, unless extension 6.6 'Emergency insured costs and inquiry costs' applies or is otherwise specified in the **Policy**. The **Insurer's** consent will not be unreasonably withheld or delayed.

Where prior consent has not been obtained as required, it does not mean the **Insured** cannot make a claim. However, the **Insurer** may be able to reduce the claim payable by an amount that fairly represents the extent to which the **Insurer's** interests were prejudiced by the failure to obtain prior consent.

C. Payment of reasonable amounts of any costs, charges, expenses and fees under this policy

A range of different costs, charges, expenses and fees are covered under this **Policy**. Unless otherwise specified in the **Policy**, the **Policy** provides cover for the 'reasonable' amount of such cost, charge, expense or fee. 'Reasonable' amount means an amount that is not excessive and where the **Insured** has given reasonable consideration in the circumstances to the different courses of action available prior to incurring the amount and the course of action taken was prudent in that context.

Where consent is required before incurring such costs, when the **Insured** contacts the **Insurer** to seek the **Insurer**'s consent, the **Insured** can let the **Insurer** know the steps it has taken to consider the courses of action available and discuss the circumstances with the **Insurer**. If the amounts which are to be incurred are 'reasonable' in the circumstances, the **Insurer** will provide consent for the costs to be incurred.

D. Policy terms

Insuring clauses

Each of the following insuring clauses is only applicable if shown as 'Included' in the **Policy Schedule**. If an Insuring Clause is not shown in the **Policy Schedule**, then that Insuring Clause is not included.

1.1 iTech cover

The Insurer will indemnify the Insured against civil liability for compensation and claimant's costs and expenses in respect of any Claim first made against the Insured during the Policy Period and notified to the Insurer during the Policy Period resulting from the provision of Information Technology Services and/or Information Technology Products

Insurance clarification

For the purposes of clarifying the scope of cover under insuring clause 1.1 'iTech cover' of this **Policy**, civil liability includes, but is not limited to:

1,1,1 Consumer protection legislation

Compensation resulting from a breach of a statutory duty under the Competition and Consumer Act 2010 (Cth), Corporations Act 2001 (Cth), or similar legislation enacted for the protection of consumers, within any Australian jurisdiction including any amendment, consolidation, re-enactment, replacement or successor of such legislation, to the extent that any **Claim** is not otherwise excluded under this **Policy**.

1.1.2 Contractual liability

Contractual liability, provided that:

- (a) the **Insurer** will not be liable for any liability assumed by the **Insured** under a deed or agreement (for example, under any express warranty or guarantee) unless such liability would have attached to the **Insured** in the absence of such deed or agreement; and
- (b) where a **Claim** arises from an alleged breach of contract the **Insurer** will not reduce their liability by the mere fact that contributory negligence is not available as a defence.

1.1.3 Intellectual property

Infringement of rights of intellectual property, provided that such infringement is unintentional and is committed in the provision of **Information Technology Services** and/or **Information Technology Products**.

1.1.4 Liability of the insured for acts, errors or omissions of contractors and consultants

Acts, errors or omissions of contractors and consultants, provided that the **Insurer** will only indemnify the **Insured** for its civil liability for **Information Technology Services** and/or **Information Technology Products** provided by the contractor and/or consultant.

The indemnity under insuring clause 1.1 'iTech cover' will not extend to the contractor and/or consultant themselves who committed the act, error or omission, except as otherwise provided in extension 6.11 'Indemnity to contractors'.

1.1.5 Defamation

Defamation, provided that the defamation is not made by the Insured with express malice.

1.1.6 Liquidated damages

Liquidated damages, provided that the **Insurer** will not be liable for any liquidated damages imposed upon the **Insured** by contract or agreement, except to the extent that the **Insured** would have been liable for that damage in the absence of any such contract or agreement.

1.1.7 Privacy and confidentiality

Unintentional breach of any duty of privacy or confidentiality at law.

1.2 Public liability cover

The **Insurer** will indemnify the **Insured** against legal liability for compensation and claimant's costs and expenses in respect of any **Claim** arising from:

- (a) Personal Injury, or
- (b) Damage to Property,

happening during the **Policy Period** as a result of an **Occurrence** in connection with **Information Technology Services**.

1.3 Products liability cover

The **Insurer** will indemnify the **Insured** against legal liability for compensation and claimant's costs and expenses in respect of any **Claim** arising from:

- (a) Personal Injury, or
- (b) Damage to Property,

happening during the **Policy Period** as a result of an **Occurrence** and caused by or arising from **Information Technology Products**.

2. Limit of indemnity and maximum aggregate limit of indemnity

Unless otherwise stated in the Policy, the Insurer's:

- liability to indemnify the Insured under insuring clause 1.1 'iTech cover' will not exceed the Limit of Indemnity (iTech Cover) for any one Claim;
- 2. aggregate liability under insuring clause 1.1 'iTech cover' will not exceed the Maximum Aggregate Limit of Indemnity for all Claims first made against the Insured and notified to the Insurer during the Policy Period;
- liability to indemnify the Insured under insuring clauses 1.2 'Public liability cover' and 1.3 'Products liability cover' will not exceed the Limit of Indemnity (Public and Products Cover) in respect of any one Occurrence; and
- 4. maximum liability in respect of insuring clause 1.3 'Products liability cover' for all **Occurrences** during the **Policy Period** will not exceed the **Limit of Indemnity (Public and Products Cover)**.

The **Insurer** will not indemnify the **Insured** under multiple insuring clauses in respect of any one **Claim**. If more than one insuring clause could respond to the **Claim**, the **Policyholder** is entitled to select which of those insuring clauses will be applied.

3. Insured costs

- 1. Subject to point 2 below, the **Insurer** will, in addition to the relevant **Limit of Indemnity**, pay reasonable **Insured Costs** incurred with the **Insurer's** prior consent in connection with a **Claim** under this **Policy**.
- 2. If the total amount of compensation and claimant's costs and expenses required to dispose of any one Claim ("Total Claim Amount") exceeds the Limit of Indemnity (iTech Cover) or Limit of Indemnity (Public and Products Cover), the Insurer shall only be liable for the percentage of reasonable Insured Costs that is a proportionate ratio to the Total Claim Amount that is indemnified by the Limit of Indemnity (iTech Cover) or the Limit of Indemnity (Public and Products Cover) as applicable.

4. Excess

The 'iTech Excess' applies to insuring clause 1.1 'iTech cover'.

The 'Public and Products Liability Excess' applies to insuring clause 1.2 'Public liability cover' and insuring clause 1.3 'Products liability cover'.

If the Excess is specified as 'Costs Inclusive' in the Schedule, the Principal Policyholder must pay the amount of any:

- 1. compensation;
- 2. claimant's costs and expenses; and
- 3. Insured Costs,

that are collectively equal to or less than the **Excess** for any one **Claim**. The **Insurer** has no liability for the amount of compensation, claimant's costs and expenses or **Insured Costs** that are equal to or less than the **Excess** for any one **Claim**.

If the **Excess** is specified as 'Costs Exclusive' in the **Schedule**, the **Excess** does not apply to **Insured Costs** but the **Principal Policyholder** must pay the amount of any:

- 1. compensation; and
- 2. claimant's costs and expenses,

that are collectively equal to or less than the **Excess** for any one **Claim**. The **Insurer** has no liability for the amount of compensation or claimant's costs and expenses that are equal to or less than the **Excess** for any one **Claim**

The Excess is deducted from compensation, claimant's costs and expenses or Insured Costs payable before the application of the Limit of Indemnity.

The **Principal Policyholder** must pay the amount of any reasonable **Inquiry Costs** that is equal to or less than the **Excess** for any one **Inquiry Notice**. The **Excess** is deducted from reasonable **Inquiry Costs** payable before the application of the 'Inquiry Costs Sub-limit' specified in the **Schedule**. The **Insurer** has no liability for the amount of reasonable **Inquiry Costs** that is equal to or less than the **Excess** for any one **Inquiry Notice**.

The **Principal Policyholder** must pay the amount of any reasonable costs and expenses that is equal to or less than the **Excess** for any action taken to mitigate a loss or potential loss pursuant to extension 6.16 'Mitigation of loss'. The **Excess** is deducted from the reasonable costs and expenses payable before the application of the sublimit specified in extension 6.16 'Mitigation of loss'. The **Insurer** has no liability for the amount of reasonable costs and expenses that is equal to or less than the **Excess** for any action taken to mitigate a loss or potential loss.

The **Principal Policyholder** must pay the amount of any reasonable **Public Relations Expenses** that is equal to or less than the **Excess** for any one **Adverse Publicity Event**. The **Excess** is deducted from the reasonable **Public Relations Expenses** payable before the application of the 'Public Relations Expenses Sub-limit' specified in the **Schedule**. The **Insurer** has no liability for the amount of any reasonable **Public Relations Expenses** that is equal to or less than the **Excess** for any one **Adverse Publicity Event**.

The **Principal Policyholder** must pay the amount of loss relating to a **Fidelity Claim** that is equal to or less than the **Fidelity Excess** for each **Fidelity Claim**. The **Fidelity Excess** is deducted from amount payable in relation to a **Fidelity Claim** before the application of the 'Fidelity Sub-limit' specified in the **Schedule**. The **Insurer** has no liability for the amount of loss relating to a **Fidelity Claim** that is equal or less than the **Fidelity Excess**.

The **Principal Policyholder** agrees that the **Excess** and **Fidelity Excess** must be borne by the **Principal Policyholder** and are to remain uninsured.

The method for payment of the Excess or Fidelity Excess will depend on the particular circumstances of the Claim, for example:

- (a) the Insurer may pay the amount of compensation, claimant's costs and expenses, Insured Costs or Inquiry Costs that is equal to or less than the Excess, and then require repayment of this amount from the Principal Policyholder:
- (b) the **Insurer** may deduct the amount of the **Excess** or **Fidelity Excess** from the amount payable by the **Insurer** to the **Insured**; or
- (c) the Insurer may require the Principal Policyholder to pay the Excess directly to a third party.

5. Aggregation of claims and notices

All Claims arising out of, based upon, attributable to or in respect of a single act, error, omission or Occurrence or series of acts, errors, omissions or Occurrences consequent upon or attributable to one source or original cause shall be considered to be one Claim and shall attract one Limit of Indemnity and one Excess.

For the purposes of extension 6.12 'Inquiry costs', all **Inquiry Notices** arising out of, based upon, attributable to or in respect of any one inquiry or hearing shall be considered to be one **Inquiry Notice** and shall attract one **Excess**.

6. Extensions

Each of the following extensions are only applicable if shown as 'Included' in the **Schedule**. If an extension is not shown in the **Schedule**, then that extension is not included. The extensions are applicable to all insuring clauses of the **Policy**, unless otherwise stated.

The extensions are subject to all the terms and conditions of the Policy, unless otherwise stated.

The total of all payments made under the extensions will be part of and not in addition to the **Limit of Indemnity** (iTech Cover) or Limit of Indemnity (Public and Products Cover) and the Maximum Aggregate Limit of Indemnity, unless otherwise stated.

6.1 Advancement of costs

The **Insurer** will advance reasonable **Insured Costs** and reasonable **Inquiry Costs**, incurred by the **Insurer** or the **Insured** with the **Insurer**'s prior consent as they are incurred and prior to final adjudication of a **Claim**.

If and to the extent that the **Insured** is not entitled to coverage under the terms and conditions of this **Policy**, then the **Insurer** will cease to advance such costs and any amounts previously advanced shall be repaid to the **Insurer**.

The **Insurer** may not refuse to advance reasonable **Insured Costs** or reasonable **Inquiry Costs** by reason only that the **Insurer** considers that conduct referred to in exclusion 8.3.4 'Dishonest, fraudulent or criminal acts' has occurred, until such conduct is established by a formal written admission by the relevant **Insured** or final, non-appealable adjudication of a judicial or arbitral tribunal (other than in a proceeding brought by the **Insurer**).

6.2 Compensation for court attendance

The **Insurer** will pay the **Policyholder** compensation if legal advisers, acting on behalf of the **Insured** with the consent of the **Insurer**, require any **Principal** or **Employee** to attend court in connection with a **Claim** under this **Policy**, but only in circumstances where the **Policyholder** actually pays the **Principal** or **Employee** for his/her

Such compensation by the **Insurer** will be at the rate equivalent to such **Principal's** or **Employee's** daily take home salary or wage up to a maximum of \$1,000 per person for each day on which attendance is required subject to a maximum of \$100,000 for all persons for any one **Claim** and in the aggregate for the **Policy Period**.

If and to the extent it is reasonably established by the **Insurer** that the **Policyholder** is not entitled to coverage under the terms and conditions of this **Policy**, then all amounts paid to the **Policyholder** under this clause shall be repaid to the **Insurer** by the **Policyholder**.

The **Excess** is not applicable to this extension.

6.3 Contracts limiting or excluding liability

In respect of insuring clause 1.1 'iTech cover', the **Insurer** agrees, notwithstanding:

- 1. insurance clarification 1.1.2 'Contractual liability'; and
- 2. exclusion 8.3.14 'Subrogation waiver',

that where the **Insured** enters into contracts with parties for the provision of **Information Technology Services** and/or **Information Technology Products** that may limit or exclude the liabilities of such parties, these provisions in such contracts will not prejudice the **Insured's** right to indemnity under this **Policy**.

The cover provided under this extension will not apply to any contract, written or otherwise, entered into as a result of a dispute which involves the **Insured** in any way.

6.4 Cross liability

In respect of insuring clauses 1.2 'Public liability cover' and 1.3 'Products liability cover' the **Insurer** agrees that when more than one party comprises the **Insured**, each of the parties will be considered as a separate and distinct unit and the Definition of **Insured** will be considered as applying to each party in the same manner as if a separate **Policy** had been issued to each of them.

Nothing in this extension increases the Limit of Indemnity (Public and Products Cover) under the Policy.

6.5 Dishonesty

Notwithstanding exclusion 8.3.4 'Dishonest, fraudulent or criminal acts', the **Insurer** will indemnify the **Policyholder** against civil liability for compensation and claimant's costs and expenses in respect of any **Claim** first made against the **Insured** and notified to the **Insurer** during the **Policy Period** resulting from any dishonest, fraudulent, criminal or malicious act or omission by any **Employee**, **Principal** and/or any contractor indemnified under extension 6.11 'Indemnity to contractors' occurring or committed in connection with **Information Technology Services** and/or **Information Technology Products**.

The **Insurer** will pay **Insured Costs** on the basis already set out in this **Policy**.

Nothing in this extension shall require the **Insurer** to indemnify any **Employee**, **Principal** and/or any contractor indemnified under extension 6.11 'Indemnity to contractors' who has perpetrated any such dishonest, fraudulent, criminal or malicious act or omission or any **Insured** who by act or omission has condoned any such dishonest, fraudulent, criminal or malicious act or omission.

6.6 Emergency insured costs and inquiry costs

Notwithstanding claims condition 9.5 'Claims settlement', if, due to an emergency, the **Insured** is unable to request the **Insurer's** consent prior to the incurring of **Insured Costs** or **Inquiry Costs** then the **Insured** may incur a reasonable amount of **Insured Costs** or **Inquiry Costs** without the **Insurer's** prior consent until such time as the **Insured** contacts or could reasonably have contacted the **Insurer**.

The total liability of the **Insurer** under this extension will not exceed \$100,000 in the aggregate for the **Policy Period**.

An emergency may include a circumstance where the **Insured** needs to respond to a request arising from the service of a legal document in a very short stipulated timeframe (for example, outside of business hours), where the **Insured** is not reasonably able to contact the **Insurer** in that timeframe.

In the event the **Insured** incurs reasonable **Insured Costs** or **Inquiry Costs** without the **Insurer's** prior consent, after such time the **Insured** could reasonably have contacted the **Insurer** to request the **Insurer's** prior consent, the **Insurer** may reduce its liability for such **Insured Costs** or **Inquiry Costs** by an amount that fairly represents the extent to which the **Insurer's** interests are prejudiced by the **Insured's** failure to request the **Insurer's** prior consent.

6.7 Excess reduction

Notwithstanding clause 4 'Excess', if the **Excess** is specified as 'Costs Inclusive' in the **Schedule**, and a **Claim** is settled or disposed of without incurring any **Insured Costs**, then the **Excess** for that **Claim** shall be reduced by \$10,000 with no minimum **Excess** amount.

6.8 Extended continuous cover

In respect of insuring clause 1.1 'iTech cover', where the **Insured**:

- 1. first became aware of facts or circumstances that might give rise to a Claim, prior to the Policy Period; and
- 2. had not notified the **Insurer** or any previous insurer as specified in paragraph (b) below of such facts or circumstances prior to the **Policy Period**,

then exclusion 8.1.1 'Prior claims or known circumstances' will not apply to any notification during the **Policy Period** of any **Claim** resulting from such facts or circumstances, provided that:

- (a) there is an absence of fraudulent non-compliance with the **Insured**'s duty of disclosure and an absence of fraudulent misrepresentation by the **Insured** in respect of such facts or circumstances;
- (b) the **Policyholder** had been continuously insured, without interruption at the time of the notification of the **Claim** to the **Insurer**, under a similar information technology liability insurance policy issued by the **Insurer** or any previous insurer;
- (c) but for failure to notify the **Insurer** or previous insurers of such facts or circumstances prior to the **Policy Period**, the **Insured** would have been entitled to indemnity under the previous policy in effect when notification should have been made;
- (d) but for exclusion 8.1.1 'Prior claims or known circumstances' the **Insured** would be entitled to indemnity under this **Policy**; and
- (e) the Insurer may reduce its liability under the Policy to the extent of any prejudice the Insurer may suffer in connection with the Insured's failure to notify the facts or circumstances giving rise to a Claim prior to the Policy Period.

6.9 Extended contractual liability

In respect of insuring clause 1.1 'iTech cover', the **Insurer** agrees, notwithstanding:

- 1. Insurance clarification 1.1.2, 'Contractual liability'; and
- 2. exclusion 8.3.14 'Subrogation waiver'

the **Policy** is extended to cover civil liability for compensation and claimant's costs and expenses in respect of any **Claim** against the **Insured** arising directly from an indemnity or a hold harmless provision of a contract entered into by the **Insured**, provided that such civil liability results from the provision of **Information Technology Services** and/or **Information Technology Products** by the **Insured**.

6.10 Extended reporting period

6.10.1 Purchasing an extended reporting period

In respect of insuring clause 1.1 'iTech cover', in the event that this **Policy** is neither renewed nor replaced at the end of the **Policy Period** with insurance that covers substantially the same risk exposure as this **Policy**, the **Principal Policyholder** will be entitled to purchase an extended reporting period as detailed in clause 6.10.2 below

The **Principal Policyholder** will not be entitled to purchase an extended reporting period if any **Policyholder** is **Insolvent** during the **Policy Period**.

The entitlement to purchase the extended reporting period lapses upon expiry of the Policy Period.

The application to purchase the extended reporting period must be received by the **Insurer** prior to the expiry of the **Policy Period**, and payment of the additional premium must be made to the **Insurer** within thirty days of the same date.

The additional premium for the extended reporting period will be a proportion of the **Full Annual Premium** to be determined by the **Insurer** at the time of purchase. If the extended reporting period ends because the **Policyholder** cancels the **Policy** or obtains insurance that covers substantially the same risk exposure as this **Policy** then the **Insurer** will retain a short term premium calculated at the pro rata proportion of the additional premium and the **Principal Policyholder** will receive a refund of any balance of the premium, unless there have been any notifications during the **Policy Period** or the extended reporting period, in which case no refund shall be given.

6.10.2 Details of the extended reporting period

Where the **Principal Policyholder** has purchased an extended reporting period, the period begins immediately following the expiry of the **Policy Period** and ends on the earlier of 4.p.m. **L.S.T.** on the three hundred and sixty fifth day thereafter, or at the time on the effective date on which the **Policyholder** obtains insurance that covers substantially the same risk exposure as this **Policy**.

During the extended reporting period the Insured may continue to notify the Insurer of Claims:

- 1. where the Claim is first made against the Insured during the Policy Period or extended reporting period; and
- 2. provided the Claim results from the provision of Information Technology Services and/or Information Technology Products prior to expiry of the Policy Period.

Any notification to the **Insurer** during this extended reporting period will be deemed to have been first notified to the **Insurer** during the **Policy Period**.

6.11 Indemnity to contractors

Notwithstanding insurance clarification 1.1.4 'Liability of the insured for acts, errors or omissions of contractors and consultants', the **Insurer** will indemnify any past and/or present contractor of the **Policyholder** against civil or legal liability for compensation and claimant's costs and expenses in respect of any **Claim** made against such contractor resulting from the provision of **Information Technology Services** and/or **Information Technology Products** for or on behalf of the **Policyholder**.

Provided that:

- (a) at the time of any act, error or omission by such contractor giving rise to the Claim such contractor:
 - (i) was providing Information Technology Services and/or Information Technology Products under a contract for services entered into with the Policyholder; and
 - (ii) was not an Employee or a Principal of the Policyholder;
- (b) where:
 - the Insurer required a declaration of the Policyholder's revenue (inclusive of fees paid to such contractor) for certain periods of time for the purpose of calculating the Full Annual Premium for this Policy, whether in the Proposal or otherwise; and
 - (ii) the fees paid to such contractor were not included in the declaration,

the premium otherwise payable by the **Policyholder** will be adjusted accordingly by the **Insurer** at the time of the **Claim** in relation to the contractor; and

(c) all third party beneficiaries must comply with the terms and conditions of the **Policy**, including without limitation the claims conditions.

The **Insurer** will pay **Insured Costs** on the basis already set out in this **Policy**.

6.12 Inquiry costs

The Insurer will indemnify the Insured for reasonable Inquiry Costs incurred with the Insurer's prior consent.

Provided that:

- (a) the Inquiry Notice is first received by the Insured and notified to the Insurer during the Policy Period;
- (b) such **Inquiry Notice** arises directly from conduct allegedly committed by the **Insured** in the provision of **Information Technology Services** and/or **Information Technology Products**;
- (c) regular or overtime wages, salaries or fees of the Insured are excluded from this indemnity; and
- (d) the total liability of the **Insurer** for all reasonable **Inquiry Costs** under this extension will not exceed in the aggregate, during the **Policy Period**, the 'Inquiry Costs Sub-limit' specified in the **Schedule**.

This extension does not apply to an investigation, inquiry or hearing arising from or in respect of a **Privacy Breach** for which the **Insured** has an obligation under the Privacy Act 1988 (Cth) (including any amendment, consolidation, re-enactment, replacement or successor of such legislation) to notify the Office of the Australian Information Commissioner (OAIC) (or other responsible agency or person as set out in the Privacy Act 1988 (Cth) or any amendment, consolidation, re-enactment, replacement or successor of such legislation) and affected individuals to whom the information relates.

6.13 Joint venture liability

Subject to general condition 10.12 'Territorial and jurisdictional limits of cover', the **Policy** is extended to cover the **Policyholder's** participation in any joint venture in connection with **Information Technology Services** and/or **Information Technology Products** provided that:

- (a) such cover shall only relate to the Policyholder's proportion of any liability incurred by such joint venture; and
- (b) where
 - the Insurer required a declaration of the Policyholder's revenue derived from participation in such joint venture for the purpose of calculating the Full Annual Premium for this Policy, whether in the Proposal or otherwise; and
 - (ii) the revenue derived from participation in such joint venture was not included in the declaration,

the premium otherwise payable by the **Policyholder** will be adjusted accordingly by the **Insurer** at the time of the **Claim** in relation to the **Policyholder**.

The Insurer will pay Insured Costs on the basis already set out in this Policy.

6.14 Legal consultation

The **Policyholder** is entitled to up to two hours legal advice from the 'Legal Adviser' specified in the **Schedule** (or their delegate) on any matter related to the risks insured under this **Policy**, except in relation to the scope of cover provided under this **Policy**, or claims, disputes or complaints against the **Insurer**, provided that:

- (a) the legal advice is sought during the Policy Period; and
- (b) the **Policyholder** must provide the legal adviser with the policy number, **Policy Period** and name of the **Policyholder**.

There will be no cost payable by the **Policyholder** for the legal advice.

6.15 Loss of documents and data

The **Insurer** will, in the event of the unintentional loss of or unintentional damage to **Documents** and/or **Data** occurring in connection with **Information Technology Services** and/or **Information Technology Products**, indemnify the **Policyholder** for the reasonable costs and expenses incurred by the **Policyholder** in replacing or restoring such **Documents** or **Data** provided that:

- (a) such loss or damage is sustained during the **Policy Period** while the **Documents** or **Data** are either or in transit or in the custody of either:
 - (i) the Policyholder; or
 - (ii) any third party to whom a reasonable person in the **Policyholder's** professional position would entrust the **Documents** or **Data** with the expectation that the **Documents** or **Data** would be protected from loss or damage:
- (b) where the **Documents** or **Data** are in electronic format:
 - (i) the **Policyholder** has ensured the following information technology ("IT") security measures are in place or has undertaken reasonable enquiries to verify whether a third party to whom the **Policyholder** has entrusted the **Documents** or **Data**, has the following IT security measures in place:
 - (A) procedures to back up such **Documents** or **Data** at least once a week;
 - (B) active and up-to-date IT security that, at a minimum, has the ability to:
 - identify and remove software viruses and other types of harmful and malicious software ("Viruses");
 - II. automatically scan files, documents, emails, email attachments, folders and other means of storing, transmitting and using digital information, for Viruses;

- III. provide firewall protection; and
- IV. automatically receive updates from the relevant provider of such Virus and firewall protection; and
- (ii) the **Policyholder** has done everything that a reasonable person in the **Policyholder's** position would do to ensure that the abilities listed in sub-clause (b)(i)(A) and (b)(i)(B) above are enabled and fully utilised on an ongoing basis by either the **Policyholder** or the third party;
- (c) the amount of any claim for such costs and expenses shall be supported by proof of loss or damage to **Documents** or **Data** (for example, bills and accounts) which shall be subject to approval by an appropriately qualified or experienced professional or advisor to be nominated by the **Insurer** with the consent of the **Policyholder** or if such consent is withheld, by the President of the Law Society of the State or Territory where the **Policy** was issued;
- (d) the **Insurer** will not be liable in respect of loss or damage caused by or arising directly or indirectly from, in connection with or in respect of any **Cyber Act**;
- (e) the Insurer will not be liable in respect of loss or damage caused by riot or civil commotion;
- (f) the **Insurer** will not be liable in respect of loss or damage to **Documents** or **Data** that are the property of the **Policyholder**; and
- (g) the **Insurer** will not be liable in respect of loss or damage caused by:
 - (i) mould;
 - (ii) vermin or pest infestation; or
 - (iii) fading, wear, tear or any other gradually operating cause.

The **Excess** applies to this extension.

6.16 Mitigation of loss

In respect of insuring clause 1.1 'iTech cover', the **Insurer** will indemnify the **Insured** for the reasonable costs and expenses incurred in respect of any action taken to mitigate a loss or potential loss that otherwise would be the subject of a **Claim** under the **Policy** provided that:

- (a) the **Insured** first discovers the relevant act, error or omission which would give rise to the loss during the **Policy Period** and notifies the **Insurer** during the **Policy Period**;
- (b) the **Insured** obtains consent from the **Insurer** prior to incurring such costs, such consent not to be unreasonably withheld:
- (c) no payment will be made to the **Insured** in relation to a cyber ransom or extortion payment, meaning payment demanded by a third party who has committed, or has threatened to commit, an unauthorised, malicious or criminal act in respect of **Computer Systems** or **Data** that would result in, or is intended to result in, harm or loss being suffered by the **Insured** or any other party; and
- (d) the total liability of the **Insurer** for all costs and expenses incurred under this extension will not exceed \$250,000 in the aggregate for the **Policy Period**.

The Excess applies to this extension.

6.17 Newly acquired subsidiary

If the Policyholder acquires a New Subsidiary:

- (a) that has total annual revenue (by reference to the New Subsidiary's most recent financial statements as at the time of acquisition) no greater than 25% of the total annual revenue of the Policyholder as disclosed in the Proposal, the definition of Insured will be extended to include such New Subsidiary in respect of any Claim first made against the Insured and notified to the Insurer during the period beginning on the date of acquisition resulting from the provision of Information Technology Services and/or Information Technology Products by such New Subsidiary, but not in respect of any such Claim resulting from any act, error or omission occurring or committed prior to the date the New Subsidiary was acquired; or
- (b) that has total annual revenue (by reference to the New Subsidiary's most recent financial statements as at the time of acquisition) of greater than 25% of the total annual revenue of the Policyholder as disclosed in the Proposal, the definition of Insured will also include such New Subsidiary in respect of any Claim first made against the Insured and notified to the Insurer during the period beginning on the date of acquisition and ending ninety (90) days thereafter or at the expiry of the Policy Period, whichever is the lesser period ("Subsidiary Cover Period"), resulting from the provision of Information Technology Services and/or Information Technology Products by such New Subsidiary, but not in respect of any such Claim resulting from any act, error or omission occurring or committed prior to the date the New Subsidiary was acquired by the Policyholder.

In relation to (b) above, where the **Policyholder** wishes to have cover for the **New Subsidiary** beyond the Subsidiary Cover Period, it must contact the **Insurer** to discuss and the **Insurer** will confirm whether it is willing to offer cover, on what terms and for what additional premium.

When the **Policyholder** contacts the **Insurer**, the **Insurer** must provide its response as soon as possible but no later than the end of the Subsidiary Cover Period, or, where the **Policyholder** contacts the Insurer less than five business days before the end of the Subsidiary Cover Period, the **Insurer** must provide its response within five business days.

Any offer by the **Insurer** to provide ongoing cover for such **New Subsidiary** is not effective until the **Insurer** receives the **Policyholder's** written acceptance of the **Insurer's** offer.

This extension does not extend cover:

- (i) to any New Subsidiary that is domiciled or incorporated in the United States of America; or
- (ii) in respect of the provision, prior to the acquisition of such **New Subsidiary**, of services or products that are not of the same nature as those provided by the **Insured** and covered under this **Policy**.

6.18 Principal's indemnity

To the extent that is contractually required of the **Insured** the **Policy** is extended:

- (a) under insuring clause 1.1 'iTech cover' to indemnify an Insured's Principal against civil liability for compensation and claimant's costs and expenses in respect of any Claim first made against the Insured's Principal during the Policy Period and notified to the Insurer during the Policy Period resulting directly from an act, error or omission committed or alleged to have been committed by or on behalf of the Insured in the provision of Information Technology Services and/or Information Technology Products; and/or
- (b) under insuring clauses 1.2 'Public liability cover' and 1.3 'Products liability cover' to indemnify an Insured's Principal for compensation and claimant's costs and expenses in respect of any Claim arising from an Occurrence within the Policy Period and in connection with Information Technology Services and/or Information Technology Products.

The **Insurer** will pay **Insured Costs** for **Claims** covered under this extension on the basis already set out in this **Policy**.

For the purposes of this extension:

- (i) the Insured's Principal is liable for all Excess amounts due under the Policy;
- (ii) the Insured's Principal is deemed to be an Insured in the Definition of Claim and Insured Costs; and
- (iii) the **Insured's Principal** will comply with all the other terms and conditions of this **Policy** in so far as they can apply.

6.19 Privacy breach expenses

The **Insurer** will indemnify the **Insured** for the reasonable costs of notifying individuals or corporations of a **Privacy Breach** resulting from the provision of **Information Technology Services** and/or **Information Technology Products**, provided that:

- (a) the **Insured** first discovers the **Privacy Breach** during the **Policy Period** and notifies the **Insurer** during the **Policy Period**;
- (b) the Insured obtains consent from the Insurer prior to incurring such costs; and
- (c) the total liability of the **Insurer** for all costs incurred under this extension will not exceed \$50,000 in the aggregate for the **Policy Period**.

The Excess applies to this extension. For the purposes of this extension, exclusion 8.1.2 'Retroactive date' is amended to read 'any costs resulting from any incident occurring prior to the **Retroactive Date**'.

6.20 Product recall expense coverage

The **Insurer** will pay to the **Insured** any reasonable **Product Recall Expense** necessary because the use of any **Information Technology Product** has resulted in bodily injury, death, illness or disability or physical damage to or destruction of tangible property due to:

- (a) any unintentional error or deficiency in the manufacture, design or labelling of the **Information Technology Product**; or
- (b) a ruling of a government or other regulatory body requiring the **Insured** to recall any **Information Technology Product** as a result of any of the matters set out in (a) above.

Coverage under this extension is subject to:

- (i) the **Insured** first discovering during the **Policy Period** that the use of any **Information Technology Product** has resulted or may result in bodily injury, death, illness or disability or physical damage to or destruction of tangible property; and
- (ii) the bodily injury, death, illness or disability or physical damage to or destruction of tangible property being indemnifiable under insuring clause 1.3 'Products liability cover'.

The total liability of the **Insurer** under this extension will not exceed \$500,000 in the aggregate for the **Policy Period**.

The Excess applies to this extension.

6.21 Public relations expenses

The **Insurer** will indemnify the **Policyholder** for the reasonable amount of any **Public Relations Expenses** incurred by the **Policyholder** in respect of an **Adverse Publicity Event** that first occurs and is notified to the **Insurer** during the **Policy Period**.

Provided:

- (a) the **Insurer** will only indemnify the **Policyholder** for the reasonable **Public Relations Expenses** that are incurred during the first thirty days immediately following the **Adverse Publicity Event**; and
- (b) the reasonable Public Relations Expenses are incurred with the Insurer's prior consent.

The total liability of the **Insurer** under this extension will not exceed in the aggregate during the **Policy Period** the 'Public Relations Expenses Sub-limit' specified in the **Schedule**.

The **Excess** is not applicable to this extension.

6.22 Run off cover

If, during the **Policy Period**, any of the following events occur:

- (a) a Merger or Acquisition of the Policyholder; or
- (b) the appointment of a receiver, controller, administrator or liquidator to the **Policyholder** or the commencement of a scheme of arrangement or compromise or a winding up process in respect of the **Policyholder**,

then this **Policy** will remain in force until the expiry of the **Policy Period**, but only in respect of a **Claim** under insuring clause 1.1 'iTech cover', resulting from any act, error or omission occurring or committed prior to the event described in parts (a) or (b) of this extension.

6.23 Sixty days reporting period

In respect of insuring clause 1.1 'iTech cover', the **Insured** may continue to notify the **Insurer** of **Claims** up to sixty (60) days after the expiry of the **Policy Period**, but only **Claims** first made against the **Insured** during the **Policy Period** and based on any act, error or omission committed or alleged to have been committed prior to expiry of the **Policy Period**.

Any notification to the **Insurer** during this sixty (60) days reporting period will be deemed to have been first notified to the **Insurer** during the **Policy Period**.

For a late notification after this period of time (unless otherwise provided for under this **Policy**), the **Insurer** may be able to refuse to pay a **Claim** or reduce its liability by an amount that fairly represents the extent to which the **Insurer** has been prejudiced by the **Insured's** delay to notify the **Insurer** of a **Claim**.

6.24 Spousal liability

If a Claim against an Insured includes a claim against such Insured's Spouse solely by reason of:

- (a) such Spouse's legal status as a Spouse of such Insured; or
- (b) such **Spouse's** ownership interest in property which the claimant seeks as recovery for **Claims** made against such **Insured**.

then the **Spouse's** legal liability for compensation resulting from such Claim will be treated for the purposes of this **Policy** as the liability of the **Insured**.

This extension does not apply to the extent the **Claim** alleges any act, error or omission by such **Insured's Spouse**.

6.25 Vendor's liability

In respect of insuring clauses 1.2 'Public liability cover' and 1.3 'Products liability cover' the **Insurer** agrees to indemnify an **Insured's Vendor** with whom the **Insured** has entered into a written contract for legal liability for compensation the **Vendor** has to pay to any person or entity arising from the sale or distribution of the **Insured's Information Technology Products** including, any authorised servicing or maintenance in connection with such sale or distribution. No cover shall be provided to the **Vendor** under this extension for any modification, representation or warranty not authorised by the **Insured**.

The **Excess** applies to this extension.

7. Optional extensions

Each of the following optional extensions are only applicable if shown as 'Included' in the Schedule.

The optional extensions are applicable to all insuring clauses of the Policy, unless otherwise stated.

All optional extensions are subject to all the terms and conditions of the Policy, unless otherwise stated.

All payments made under the optional extensions will be part of and not in addition to the Limit of Indemnity (iTech Cover) or Limit of Indemnity (Public and Products Cover) and the Maximum Aggregate Limit of Indemnity, unless otherwise stated.

7.1 Principal's previous business

insuring clause 1.1 'iTech cover' of the **Policy** is extended to cover **Claims** made against any past and/or present **Principal** of the **Policyholder** that are notified to the **Insurer** during the **Policy Period** resulting from the provision of the information technology services and products that were the same as the **Information Technology Services** and/or **Information Technology Products** whilst such **Principal** was a sole practitioner, a partner of a firm or a director of a company other than the **Policyholder** prior to becoming a **Principal** of the **Policyholder**.

7.2 Fidelity

The Insurer will indemnify the Policyholder for Fidelity Claims occurring after the Fidelity Retroactive Date that are discovered and notified to the Insurer during the Policy Period provided that:

- (a) no person committing or condoning such fraud or dishonesty shall be entitled to indemnity;
- (b) all Fidelity Claims sustained as a result of the same or causally related acts, causes or events will be deemed to be one Fidelity Claim regardless of when during the Policy Period or prior thereto such acts causes or events occurred; and
- (c) the **Insurer** shall not be liable in respect of any **Fidelity Claim** for loss of money or goods arising from any fraud or dishonesty committed by any person ("Potentially Dishonest Person") after the discovery of facts or circumstances that would cause a reasonable person in the **Insured's** position to suspect that the Potentially Dishonest Person had committed or was intending to commit an act of fraud or dishonesty.

The total liability of the **Insurer** for all **Fidelity Claims** under this extension will not exceed in the aggregate for the **Policy Period** the 'Fidelity Sub-limit' specified in the **Schedule**.

8. Exclusions

8.1 Section 1 – Exclusions applicable to insuring clause 1.1 'iTech cover'

The Insurer shall not be liable under insuring clause 1.1 'iTech cover' in respect of:

8.1,1 Prior claims or known circumstances

- (a) any Claim first made against the Insured prior to the inception of the Policy Period or disclosed in the Proposal; or
- (b) any Claim, liability, compensation, Inquiry Costs, claimant's costs and expenses or Insured Costs directly or indirectly arising from or in respect of any facts, events or circumstances:
 - (i) which the Insured knew, prior to the inception of the Policy Period, might give rise to a Claim, liability, compensation, Inquiry Costs, claimant's costs and expenses or Insured Costs which might be covered under this Policy;
 - (ii) which a reasonable person in the Insured's position would have thought, prior to the inception of the Policy Period, might give rise to a Claim, liability, compensation, Inquiry Costs, claimant's costs and expenses or Insured Costs which might be covered under this Policy;
 - (iii) which were disclosed in the **Proposal** or were or could be notified under any insurance that was in force prior to the inception of the **Policy Period**;
 - (iv) which were alleged in or discovered in any **Claim** made against the **Insured** prior to the inception of the **Policy Period**; or
 - (v) relating to or underlying any Claim made against the Insured prior to the inception of the Policy Period.

8.1.2 Retroactive date

any Claim resulting from any act, error or omission occurring or committed prior to the Retroactive Date.

8.1.3 Professional fees

- (a) any Claim for indemnity by the Insured for;
- (b) any Claim solely for; or
- (c) that part of any Claim that is in respect of,

professional fees or charges or the refund of professional fees or charges (by way of damages or otherwise).

8.2 Section 2 – Exclusions applicable to insuring clause 1.2 'Public liability cover' and insuring clause 1.3 'Products liability cover'

The **Insurer** shall not be liable under insuring clause 1.2 'Public liability cover' and 1.3 'Products liability cover' in respect of:

8.2.1 Liability under agreement

any liability assumed solely under an agreement unless such liability:

- (a) would have attached in the absence of such agreement; or
- (b) is specifically allowed by the Insurer in writing.

8.2.2 Liquidated damages

any liquidated damages imposed upon the **Insured** by contract or agreement, except to the extent that the **Insured** would have been liable for that damage in the absence of any such contract or agreement.

8.2.3 Faulty workmanship

the cost of performing, completing, correcting or improving any work done or undertaken by the Insured.

8.2.4 Cyber, privacy breach and confidential or personal information breach

any liability directly or indirectly arising out of or in connection with:

- (a) any access to or disclosure of any Private and Confidential Information or Personal Information;
- (b) (i) total or partial destruction, distortion, erasure, corruption, theft, misappropriation, misuse or alteration of **Data**;

- (ii) total or partial inability or failure to receive, send, access, manipulate or use Data for any time or at all; or
- (iii) any **Loss of Use**, reduction in functionality, restriction of access or inability to manipulate, repair, replace, restore or reproduce of any **Data**; or
- (c) any corruption, Loss of Use or misuse of or inability to access, process, use or operate any Computer System.

This exclusion does not apply to:

- (A) Damage to Property or Bodily Injury arising out of the circumstances described in sub-paragraphs (a), (b) or (c) above; or
- (B) mental anguish, mental injury, shock, fright or loss of consortium arising out of the circumstances described in sub-paragraph (c) above. For avoidance of doubt, the exclusion continues to apply to mental anguish, mental injury, shock, fright or loss of consortium arising out of the circumstances described in sub-paragraphs (a) and (b) above.

Definitions

For the purpose of this exclusion only, the following definitions apply:

Bodily Injury means death, bodily injury, sickness or disease sustained by a person. **Bodily Injury** does not include mental impairment, mental injury, mental anguish, shock, fright, mental illness, humiliation, discrimination or any injury arising out of invasion of privacy, breach of confidentiality, defamation and/or loss of consortium.

Damage to Property means loss of, physical damage to or destruction of tangible property including the loss of use thereof resulting therefrom. Tangible property does not include **Data**.

Loss of Use means the inability to obtain the intended benefit which is not resulting from damage to tangible property.

Personal Information means any information from which an individual may be reasonably identified or contacted, including an individual's name, telephone number, email address, tax file number, Medicare number, credit card details or any other non-public personal information as defined in the Privacy Act 1988 (Cth) including any amendment, consolidation, re-enactment, replacement or successor of such legislation.

Private and Confidential Information means any information (including **Data**) other than **Personal Information** that is not publicly available and where disclosure may affect the economic, competitive or commercial interests of the owner of the information including trade secrets, computer programs, customer information, patents, trademarks, copyrights or processing methods.

8.3 Section 3 – Exclusions applicable to all insuring clauses

The Insurer shall not be liable in respect of any Information Technology Services, Information Technology Products, Claim, liability, compensation, Inquiry Costs, claimant's costs and expenses, Insured Costs, loss of or damage to Documents or Data, costs and expenses incurred in mitigating a loss or potential loss, the costs of notifying individuals or corporations of a Privacy Breach, Product Recall Expenses or compensation for court attendance:

8.3.1 Aircraft, drone, watercraft and hovercraft

arising directly or indirectly from, in connection with or in respect of:

- (a) the operation, ownership, possession or use by or on behalf of the **Insured** of any **Aircraft**, **Drone**, **Hovercraft** or **Watercraft**; or
- (b) any **Information Technology Product** that is an **Aircraft** or **Drone** or is incorporated in an **Aircraft** or **Drone** with the **Insured's** knowledge and which affects the flying capabilities of an **Aircraft** or **Drone**.

8.3.2 Asbestos

arising directly or indirectly from, in connection with or in respect of asbestos, asbestos fibres or derivatives of asbestos.

8.3.3 Directors and officers liability

arising directly or indirectly from, in connection with or in respect of the **Insured's** functions and duties as a director and/or officer of the **Insured** or any legal entity, corporation or other incorporated body.

8.3.4 Dishonest, fraudulent or criminal acts

arising directly or indirectly from, in connection with or in respect of any:

- (a) dishonest, fraudulent or malicious act or omission by the Insured; or
- (b) criminal act or omission or breach of any statute committed by the **Insured** with reckless or wilful intent, other than provided for in extension 6.5 'Dishonesty'.

8.3.5 Employer's liability

arising directly or indirectly from, in connection with or in respect of:

- (a) the death, bodily injury, disease or illness of any **Insured** arising out of or in the course of or in respect of their employment; or
- (b) a breach of any obligation to an **Employee** owed by the **Insured** as an employer.

8.3.6 Fines, penalties, punitive or aggravated damages

arising directly or indirectly from, in connection with or in respect of fines or penalties including civil penalties, punitive, exemplary damages and/or any additional damages arising from the multiplication of compensatory damages.

8.3.7 Pollution

arising directly or indirectly from, in connection with or in respect of:

- (a) the discharge, dispersal, release, seepage, migration or escape of **Pollutants**, including the cost of testing, monitoring, treating, detoxifying, removing, neutralising or cleaning up **Pollutants**; or
- (b) the cost of preventing the discharge, dispersal, release, seepage, migration or escape of Pollutants.

However, this exclusion shall not apply where such discharge, dispersal, release, seepage, migration or escape arises from a sudden, identifiable, unintended and unexpected event from the standpoint of the **Insured** which takes place in its entirety at a specific time and place and occurs outside the **United States of America**.

8.3.8 Product recall or replacement

arising directly or indirectly from, in connection with or in respect of the cost of recalling, withdrawing, replacing or repairing **Information Technology Products**, or of making any refund on the price paid for **Information Technology Products**.

However, this exclusion shall not apply:

- (a) to liability for physical damage to or destruction of **Information Technology Products** caused by other **Information Technology Products** if they were completely separate and independent of each other at the time of such physical damage or destruction; or
- (b) where coverage is provided under extension 6.20 'Product recall expense coverage'.

The **Insurer** shall not be liable under extension 6.20 'Product recall expense coverage' for **Product Recall Expense** directly or indirectly caused by or arising from:

- (i) any Information Technology Product of the same trade or brand name but which is of a different batch, code or other identification from the Information Technology Product for which Product Recall Expense cover has been provided, unless that Information Technology Product of the different batch, code or other identification meets the requirements of extension 6.20 'Product recall expense coverage' independently of any other Information Technology Product for which Product Recall Expense cover has been provided;
- (ii) loss of customer approval or confidence, or any costs incurred to regain customer approval;
- (iii) any pre-existing defect or imperfection of the **Information Technology Product** of which **Insured** was aware and a reasonable person in the circumstances could be expected to have been aware of at the time this **Policy** was entered into;
- (iv) continued use by the **Insured** of materials that have been banned or declared unsafe by a government agency or other responsible body;
- (v) errors or omissions of the **Insured** of which its **Principals** knew or ought to have discovered on reasonable enquiry; or
- (vi) the demolition, deconstruction, disassembly or consequent reinstatement of property or structures or any part of any property or structures to facilitate the removal of any **Information Technology Product** from such property or structures.

8.3.9 Property in the insured's care, custody or control

for damage to property owned by the Insured or property in the Insured's care, custody or control other than:

- (a) premises tenanted, leased or hired by the Insured;
- (b) Documents and Data covered under extension 6.15 'Loss of documents and data';
- (c) Land Vehicles (other than Land Vehicles owned or used by or on behalf of the Insured) in the Insured's care, custody or control but only while such Land Vehicles are in a car park owned or operated by the Insured other than for income or reward as a car park operator;
- (d) tools and equipment utilised by the Insured in the provision of Information Technology Services and/or Information Technology Products;
- (e) clothing and personal effects of the Insured's Principals, Employees and visitors; or
- (f) property not owned by the **Insured** (and not being property referred to in items (a), (b), (c), (d) or (e) of this exclusion or in exclusion 8.3.17 'Land vehicles') but temporarily in the **Insured's** care, custody or control, subject to the **Insurer's** maximum liability for such property damage being \$500,000.

8.3.10 Radioactivity

arising directly or indirectly from, in connection with or in respect of ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear device or assembly, or a nuclear component thereof.

8.3.11 Related parties

arising directly or indirectly from, in connection with or in respect of any Claim brought by:

- (a) any **Insured** under insuring clause 1.1 'iTech cover';
- (b) any Subsidiary;
- (c) any company or trust which is operated or controlled by the **Insured** or its nominees or trustees and in which an **Insured** has a direct or indirect financial interest;
- (d) any trustee of a trust of which an Insured or a Relative of an Insured is a beneficiary;
- (e) any company in which an **Insured** has or has held at least a 20% financial interest and has had or has board representation on that company;
- (f) any **Relative** or any company owned or controlled by a **Relative**, unless the **Information Technology Services** and/or **Information Technology Products** that gave rise to the **Claim** were signed off by a **Principal** of the **Policyholder** who is a person not related to the **Relative**; or
- (g) any company, trust or person having a direct or indirect financial, executive or controlling interest in the **Insured**, unless such interest is less than 20%.

This exclusion shall not apply to:

- (i) a cross-claim or **Claim** brought by an **Insured** against another **Insured** for the purposes of contribution or indemnity where a claim is brought by a third party; or
- (ii) a **Claim** brought by or on behalf of an **Employee** directly in relation to the **Information Technology Services** and/or **Information Technology Products** provided by an **Insured** to that **Employee**.

8.3.12 Restrictive trade practices

arising directly or indirectly from, in connection with or in respect of any alleged or actual restrictive trade practices, including but not limited to Part IV of the Competition and Consumer Act 2010 (Cth) and any amendment, re-enactment, replacement, or successor legislation or similar legislation in other jurisdictions, or tortious interference with any other party's business or contractual relationships.

8.3.13 Sanctions

that would be in contravention of any sanction, prohibition or restriction under United Nations resolutions or trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or **United States of America**.

8.3.14 Subrogation waiver

arising directly or indirectly from, in connection with or in respect of any liability which is incurred or affected by reason of the **Insured** at any time entering into a deed or agreement excluding, limiting or delaying the **Insured**'s legal rights of recovery against any other person, firm or entity, other than a deed or agreement the **Insured** has entered into at the direction of or with the prior consent of the **Insurer**.

8.3.15 Terrorism

arising directly or indirectly from, in connection with or in respect of:

- (a) any Act of Terrorism; or
- (b) any action taken in controlling, preventing, suppressing or in any way relating to any Act of Terrorism.

8.3.16 Trading debts

arising directly or indirectly from, in connection with or in respect of any trading debt incurred, or any guarantee in respect of such debt given, by the **Insured**.

8.3.17 Land vehicles

directly or indirectly caused by or arising from the use of a **Land Vehicle** owned by, or in the physical or legal control of the **Insured** which is registered, required by law to be registered, or in respect of which insurance is required by virtue of any legislation which applies to its use (whether or not such insurance is effected).

However, this exclusion shall not apply to:

- (a) liability directly or indirectly caused by or arising from the use of a **Land Vehicle** (other than a **Land Vehicle** owned or used by or on behalf of the **Insured**) whilst that **Land Vehicle** is in a car park owned or operated by the **Insured** other than for income or reward as a car park operator;
- (b) Personal Injury or Damage to Property occurring during the loading or unloading of a Land Vehicle caused by or arising from the collection or delivery of any goods from or to the Land Vehicle where such Personal Injury or Damage to Property occurs beyond the limits of any carriageway, and where applicable legislation does not require insurance against such liability. For avoidance of doubt, a stopping area, such as a loading zone and pedestrian thoroughfares are taken to be beyond the limits of a carriageway;

- (c) **Personal Injury** or **Damage to Property** caused by the use of any tool, plant or equipment forming part of or attached to or used in connection with any **Land Vehicle** and where applicable legislation does not require insurance against such liability; or
- (d) **Personal Injury** where the insurance required by virtue of any legislation does not provide indemnity, and the lack of indemnity is not due to a breach of legislation relating to **Land Vehicles**.

8.3.18 War

arising directly or indirectly caused by or arising from or in respect of any consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.

9. Claims conditions

In the event of a failure by the **Insured** to comply with a provision requiring the **Insured's** compliance under this section, the **Insurer** may be able to:

- (a) refuse a Claim;
- (b) reduce its liability to pay a **Claim** by an amount that fairly represents the extent to which the **Insurer's** interests are prejudiced by the failure to comply; or
- (c) cancel the Policy.

9.1 Claims notifications

In relation to insuring clause 1.1 'iTech cover', the **Insured** must give the **Insurer** a notification of any **Claim** made against the **Insured** and any **Inquiry Notice** received by the **Insured**, as soon as reasonably possible within the **Policy Period** (or any additional or extended reporting period applicable under the **Policy**).

In relation to the insuring clauses 1.2 'Public liability cover' and 1.3 'Products liability cover', the **Insured** must give the **Insurer** a notification of any **Occurrence** or loss likely to give rise to a **Claim** under this **Policy** as soon as reasonably possible.

Every legal document or other communication the **Insured** receives (including letters, demands, writs, summons and legal processes) relating to such **Claim**, **Inquiry Notice** or **Occurrence** shall be forwarded to the **Insurer** as soon as possible after receipt.

All notifications to the **Insurer** and any legal documents and other communication specified above must be sent to the 'Claims Notification' address specified in the **Schedule**.

9.2 Claims co-operation

The Insurer may undertake any investigation as is reasonably required in relation to a Claim or Inquiry Notice.

The **Insured** must:

- (a) cooperate and provide the **Insurer** with reasonable assistance in connection with any investigation, negotiation, recovery, defence and legal proceeding or settlement of a **Claim** or **Inquiry Notice**. This assistance may include:
 - (i) lodging a police report;
 - (ii) providing a more detailed version of facts, including signing statements and affidavits;
 - (iii) providing further information, evidence and documentation;
 - (iv) attending court or meetings with appointed legal experts;
 - making available Employees and Principals and other personnel for interviews, meetings and court attendance;
 - (vi) providing contact details of individuals (if available) who may have information that is relevant to the Claim (to the extent that the provision of such details would not breach any legally enforceable privacy or confidentiality requirement); or
 - (vii) providing access to systems and records (to the extent that doing so would not breach any legally enforceable privacy or confidentiality requirement);
- (b) where reasonably possible, take steps to avoid or diminish further loss, for example, but not limited to:
 - (i) stopping use of processes or documentation which the **Insured** suspects may have contributed to the loss claimed by the third party;
 - (ii) stopping the sale and distribution of an **Information Technology Product** that the **Insured** suspects of causing or has caused loss or damage;
 - (iii) checking the functionality of any processes or security in place that are intended to prevent loss or damage;
 - (iv) avoiding confrontational engagement with an aggravated claimant;
 - (v) maintaining a detailed record of all communications with any party about the loss; or
 - (vi) where the Insured is the Policyholder, taking steps which a reasonable person in the Insured's professional position would take (for example, suspending an employee) where the Insured has confirmed or suspects dishonesty or a fraudulent or malicious act or omission has contributed to the loss claimed by the third party; and

(c) provide the **Insurer** with an opportunity of inspection and obtain the **Insurer's** consent prior to effecting the alteration or repair of anything connected with an **Occurrence**, loss or **Claim**.

Any costs of the **Insured** to comply with the above requirements shall be borne by the **Insured**, unless otherwise covered under the **Policy**.

9.3 Fidelity mitigation

This claim condition applies to optional extension 7.2 'Fidelity'.

The **Insured** must as soon as reasonably possible after the discovery of facts or circumstances that caused the **Insured** to suspect that acts of fraud or dishonesty have been committed in connection with the **Information Technology Services** and/or **Information Technology Products** or that someone was intending to commit such acts, take the following steps to prevent loss or further loss of money or goods:

- (a) secure the money or goods that may be the subject of the fraud or dishonesty;
- (b) check the functionality of any security measures or processes in place to prevent fraud or dishonesty;
- (c) suspend or increase supervision of any Employee suspected of committing or intending to commit any act of fraud or dishonesty;
- (d) notify the police of the suspected fraud or dishonesty; or
- (e) take any additional action a reasonable person in the **Insured's** position would take to prevent loss or further loss of money or goods.

9.4 Claims conduct

Conducting defence and settlement of the claim

The **Insurer** has the right and full discretion, but is not obligated to take over and conduct in the name of the **Insured** the defence or settlement of any **Claim** or investigation relating to an **Inquiry Notice** (including in relation to insured, underinsured and uninsured losses). The **Insurer** may engage legal or other representatives to assist in the conduct of the **Claim** or **Inquiry Notice**.

The **Insurer** reserves entirely its rights under this **Policy**, including its right to agree or deny cover while it assesses a **Claim** or conducts the defence. The **Insurer's** rights under this **Policy** are not affected if it does not conduct the defence.

Where the insured disputes the approach to defending the claim

If the **Insured** disputes the **Insurer's** approach to defending the **Claim** or **Inquiry Notice**, the **Insured** and **Insurer** shall endeavor to settle this dispute by mediation administered by the Australian Disputes Centre (ADC) before having recourse to arbitration or litigation.

The mediation shall be conducted in accordance with the ADC Guidelines for Commercial Mediation operating at the time the matter is referred to the ADC (the Guidelines).

The terms of the Guidelines are hereby deemed incorporated into this Policy.

9.5 Claims settlement

The **Insured** must not settle or offer to settle any **Claim**, incur any **Insured Costs**, incur any **Inquiry Costs** or otherwise assume any contractual obligation or admit any liability in respect of any **Claim** or **Inquiry Notice** without the **Insurer's** prior consent.

If the **Insured** objects to a proposal by the **Insurer** to settle or compromise any **Claim** payable under this **Policy** and wishes to contest or litigate the matter, then the **Insured** may so elect, but the **Insurer's** liability in respect of any such **Claim** so contested or litigated will not exceed the amount for which, but for such election, it could have been settled or compromised by the **Insurer**, together with **Insured Costs** payable in accordance with the terms of this **Policy** and incurred up to the time of such election, subject to the **Excess** and to the **Limit of Indemnity**.

If the **Insured** objects to a proposal by the **Insurer** to resolve any **Inquiry Notice** covered under this **Policy** and wishes to contest the matter, then the **Insured** may so elect, but the **Insurer's** liability for **Inquiry Costs** in respect of any such **Inquiry Notice** so contested will not exceed the amount which, but for such election, would have been incurred by the **Insurer** to resolve the matter, subject to the **Excess** and the 'Inquiry Cost Sub-limit' specified in the **Schedule**.

9.6 Allocation of loss

When this clause applies

This clause applies to any civil liability or legal liability for compensation and claimant's costs and expenses, **Insured Costs** and compensation for court attendance in respect of any **Claim** and **Inquiry Costs** (referred to collectively as "Loss" under this clause), which is either or both:

- (a) in respect of more than one person or entity (at least one of whom is an **Insured**), whether jointly or severally; or
- (b) partly covered and partly not covered under this Policy,

(together "Loss to be Allocated").

The **Insurer** must decide a fair and reasonable allocation of the covered part of the Loss to be Allocated among the relevant **Insureds** and the **Insurer** having regard to the extent of each **Insured's** comparative responsibility for the Loss to be Allocated.

What the insurer must take into account when deciding loss to be allocated

The Insurer's consideration of what is fair and reasonable shall include without limitation, the following factors:

- (a) the nature of the Claim or Inquiry Notice against each Insured;
- (b) the issues of fact and law in relation to each Insured;
- (c) the content and the manner of the conduct of any defence of the Claim or Inquiry Notice;
- (d) the relative degree of personal responsibility for the Loss;
- (e) the extent to which the Insured's responsibility for the Loss is joint, several or shared;
- (f) the extent to which any person or entity, other than that **Insured**, would obtain a benefit from the payment by the **Insurer**;
- (g) the extent to which the Loss is solely of that Insured;
- (h) the extent to which the issues in the **Claim** or **Inquiry Notice** against that **Insured** are in common with the issues in the **Claim** or **Inquiry Notice** against any other person or entity;
- (i) the extent to which the Loss is partly covered and partly not covered under this Policy; and
- (j) in the event of a settlement, the likely comparative responsibility had the settlement not occurred.

If the insured does not agree with the insurer's decision relating to the allocation of loss

If the **Insured** wishes to dispute the **Insurer's** decision in respect of allocation, each party agrees that the dispute must be referred for expert determination in accordance with the Australian Disputes Centre's ("ADC") Rules for Expert Determination ("Rules") available on the ADC's website, to an expert agreed by the parties, or if the parties do not agree on an expert, an expert appointed by the ADC in accordance with the Rules.

Each party agrees to sign an agreement with the expert that confirms the following matters, unless contrary to the Rules or the requirements of the ADC:

- (a) the payment of fees for the appointed expert (Note: refer to 'Cost of the expert determination' below for more information);
- (b) the expert may:
 - (i) consider relevant industry practice;
 - (ii) consider all information presented to the expert by either party;
 - (iii) request more information from either party; or
 - (iv) request a meeting with the parties (to which they may bring their legal representatives or other persons with information or knowledge relevant to the determination) (Note: in accordance with the Rules, the meeting is not a hearing);
- (c) the expert must provide a determination, subject to receiving all information required, within thirty days after the agreement is signed, unless:
 - (i) another time is agreed between the parties, in which case the agreement will provide for this timeframe; or
 - (ii) the expert must comply with a timeframe as set by the ADC, in which case the agreement will provide for this timeframe;
- (d) the expert must provide written reasons for the determination;
- (e) the expert's decision will be binding on the parties and final; and
- (f) the liability of the expert to either party (including liability for negligence) will be excluded to the full extent permitted by law.

This allocation applies for all purposes under this Policy including extension 6.1 'Advancement of costs'.

Any allocation of Loss will not apply to or create a presumption with respect to the allocation of other Loss on account of such Claim.

Cost of the expert determination

The Insurer will pay for the cost of the expert determination above, including the Insured's share of the costs.

The ADC may require each party to bear the cost of the expert determination in equal proportions and require each party to individually pay their share of any cost required directly (including any fee, deposit or other amount charged). Where this is required, the **Insured** must pay the costs accordingly and the **Insurer** will separately reimburse the **Insured** for the cost of the expert determination.

9.7 Recovery rights

9.7.1 Preservation of rights of recovery

The **Insured** must not, without the **Insurer's** prior consent, enter into:

 (a) any agreement whereby the **Insured** releases, agrees not to sue on, waives or prejudices, any rights to recover from a person or organisation who is or could have been liable to compensate the **Insured** for any loss, damage or legal liability;

- (b) any deed or agreement excluding, limiting or delaying the legal rights of recovery against another party; or
- (c) any arrangement or compromise or do any act whereby any rights or remedies to which the **Insurer** would be subrogated in respect to such loss, damage or legal liability are or may be prejudiced.

Where the **Insured** does not comply with the above, the **Insurer** may not cover the **Insured** under this **Policy** for any such loss, damage or legal liability.

9.7.2 Rights of recovery

In the event of any payment under this **Policy**, the **Insurer** will be subrogated to all the **Insured's** rights of recovery against any person or organisation.

The **Insurer** has the right and full discretion but is not obligated to take over and conduct in the name of the **Insured** any recovery action (including in relation to insured, uninsured and underinsured losses). The **Insurer** may engage legal or other representatives to assist in the conduct of any recovery action.

The **Insurer** shall not exercise its rights of subrogation against an **Insured** in connection with a **Claim**, unless it can establish that exclusion 8.3.4 'Dishonest, fraudulent or criminal acts' applies to that **Claim** and to that **Insured**.

9.8 Fidelity recoveries

In the event of any payment in respect of a Fidelity Claim:

- (a) the **Policyholder** must, if requested by the **Insurer**, take steps to help make recover the lost money or goods from any person committing or condoning the dishonest or fraudulent act or from the legal representatives of such person. This may include:
 - (i) providing a more detailed version of events including completing a diagram or statement/affidavit;
 - (ii) providing copies of any available photographs or footage of the incident;
 - (iii) lodging a police report;
 - (iv) filing searches to locate the person or their representative;
 - (v) attending court (only if required); or
 - (vi) providing evidence and documentation relevant to the **Fidelity Claim** and executing such documents, including signed statements which the **Insurer** reasonably requests; and
- (b) to the extent allowed by law, the **Insurer** will deduct the following from any amount payable in respect of loss of money or goods caused by or resulting from a dishonest or fraudulent act:
 - (i) any monies which but for such dishonest or fraudulent act would be due from the **Policyholder** to the
 person committing or condoning such act, but only to the extent that the **Policyholder** has the right to offset
 such amount against the amount of the lost money or goods;
 - (ii) any monies held by the **Policyholder** and belonging to such person, but only to the extent that the **Policyholder** has the right to offset such amounts against the amount of the lost money or goods; and
 - (iii) any monies recovered under (a) above.

9.9 Application of recoveries

All recoveries obtained from other parties will be allocated, after the settlement of any **Claim** under this **Policy**, as follows:

- (a) firstly, to the benefit of the **Insured** to reduce or extinguish the amount of compensation, claimants costs and expenses or **Insured Costs** to the extent that such amounts would have been paid under this **Policy** but for the fact that such amounts exceed the sum of:
 - (i) the Limit of Indemnity, or the amount of any specified limit applicable to a specific clause where applicable;
 - (ii) Insured Costs payable in addition to the Limit of Indemnity; and
 - (iii) the Excess where applicable;
- (b) secondly, to the benefit of the **Insurer** for all sums paid in settlement, defence or investigation of any **Claim** under this **Policy**; and
- (c) thirdly, to the benefit of the **Insured** for the **Excess** under this **Policy**.

All recoveries will be applied as above only after deduction of the reasonable cost of obtaining such recovery. All recoveries made prior to settlement of any **Claim** under this **Policy** will be held for the benefit of the **Insurer** and applied as stated above after settlement if any is made.

Recoveries do not include any amount recovered from insurance, surety, reinsurance, security or indemnity taken for the benefit of the **Insurer**.

10. General conditions

10.1 Assignment

This Policy cannot be assigned by the Policyholder.

10.2 Authorisation

The **Principal Policyholder** is the agent for each **Insured** and each **Insured** is bound by any direction, statement, act or omission of the **Principal Policyholder** for all purposes under this **Policy**, subject to claims condition 9.4 'Claims conduct' and general condition 10.11 'Severability and non-imputation'.

10.3 Cancellation

The **Principal Policyholder** may cancel this **Policy** at any time in writing to the **Insurer** and specify the date from which it would like to cancel the **Policy**. The date cannot be earlier than the date the **Insurer** receives the request.

The Insurer may cancel this Policy where the law allows the Insurer to do so, including where:

- (a) an Insured has failed to comply with a provision of the Policy; or
- (b) the **Policyholder** has failed to comply with a provision of the **Policy** including with respect to payment of premium.

Upon cancellation, the **Insurer** will retain a short period premium calculated at the pro rata proportion of the **Full Annual Premium** for the time it has been on risk. The **Insurer** will refund to the **Principal Policyholder** the balance of the premium actually paid (including GST if applicable) less any non-refundable government charges, unless there have been any notifications during the **Policy Period** or the **Policy** is cancelled due to fraud, in which case no refund shall be given.

10.4 Endorsements

An **Endorsement** does not affect any other term, except to the extent specifically provided in the **Endorsement**. For the avoidance of doubt, each **Endorsement** is otherwise subject to all the terms of this **Policy**.

10.5 Goods and services tax

As part of the premium, the **Insurer** will charge the **Policyholder** an amount on account of GST, stamp duty and any other government charges and levies that apply. The premium also includes any discounts the **Insurer** has given the **Policyholder**, and these discounts are applied before the addition of any applicable government taxes and charges.

The **Insured** must tell the **Insurer** about the input tax credit (ITC) the **Insured** is entitled to for their premium and the **Insured**'s claim, each time the **Insured** makes a claim. If the **Insured** does not give the **Insurer** this information or if the **Insured** tells the **Insurer** an incorrect ITC, the **Insurer** will not pay any GST liability the **Insured** incurs

The **Insurer's** liability to the **Insured** will be calculated taking into account any ITC to which the **Insured** is entitled for any acquisition which is relevant to the claim, or to which the **Insured** would have been entitled had the **Insured** made a relevant acquisition.

In respect of the **Insured's Policy**, where the **Insured** is registered for GST purposes the **Insured** should calculate the insured amount having regard to the **Insured's** entitlement to input tax credits. The **Insured** should, therefore, consider the net amount (after all input tax credits) which is to be insured and determine an insured amount on a GST exclusive basis.

This outline of the effect of the GST on the **Insured's Policy** is for general information only. The **Insured** should not rely on this information without first seeking expert advice on the application of the GST to the **Insured's** circumstances.

'GST', 'input tax credit' and 'acquisition' have the meaning given in A New Tax System (Goods and Services Tax) Act 1999 (Cth).

10.6 Governing law

The **Policy** will be governed in accordance with law of the State or Territory of Australia in which the **Policy** was issued. Any disputes relating to interpretation will be submitted to the exclusive jurisdiction of the courts of Australia.

10.7 Interpretation

In this **Policy** the singular includes the plural and vice versa. The neutral gender includes the female and male genders.

A reference in this **Policy** to any legislation or legislative provision includes any statutory modification or re-enactment of, or legislative provision substituted for, and any subordinate legislation issued under, that legislation or legislative provision (whether of the Commonwealth of Australia or elsewhere).

The titles and headings to the various sections of the **Policy** are included solely for ease of reference and do not in any way limit or expand or otherwise affect the terms of such sections.

10.8 Material change

The **Policyholder** must notify the **Insurer** during the **Policy Period** as soon as reasonably possible of the following matters:

(a) if the Insured starts (or intends to start) conducting services that differ from the Information Technology Services;

- (b) if the Insured starts (or intends to start) conducting specific activities (being activities specifically asked about on the Proposal or by the Insurer), where at the time of commencing or renewing the Policy, the Insured had advised the Insurer that it did not conduct those specific activities, including any express or passive confirmation of such at the time of renewing the Policy;
- (c) if the Insured commences the design, manufacture, licensing, sale or distribution of a new product;
- (d) if there has been a loss of or condition imposed upon any licence or authority required by the **Insured** to provide the **Information Technology Services** and/or **Information Technology Products**; or
- (e) the Policyholder becomes Insolvent.

If the **Policyholder** has not told the **Insurer** about any of the above matters having occurred during any other period of insurance the **Policyholder** held this policy with the **Insurer**, the **Policyholder** must notify the **Insurer** as soon as possible.

What will happen once the Policyholder contacts the Insurer

Following notification of the matters above, the **Insurer** will advise the **Policyholder** as to whether it is willing to provide additional cover or continue offering cover, and if so, on what terms (for example, any endorsements, additional excess or special condition that may need to be applied) and for what additional premium (if any). This will be based on the **Insurer's** risk appetite and underwriting guidelines.

If the change in risk means that the risk is no longer acceptable under the **Insurer's** risk appetite or underwriting guidelines, the **Insurer** may cancel the **Policy**.

Any offer by the **Insurer** to cover the changes in risk notified to the **Insurer** is not effective until the **Insurer** receives the **Policyholder's** written acceptance of the **Insurer's** offer. Until that time, the changes notified are not covered.

The **Policyholder** is entitled to cancel the **Policy** at any time, including where the **Insurer** does not offer to cover the changes notified or the **Policyholder** does not accept the **Insurer**'s offer to cover the changes.

If a **Claim** arises from the changes in risk which are not yet covered or the **Insurer** does not agree to provide cover, the **Insurer** may reduce or refuse to pay such **Claim** to the extent it arises from the change in risk.

If the **Policyholder** does not contact the **Insurer** as required, it may lead to the **Insurer** reducing or refusing a claim and/or canceling this **Policy**.

10.9 Other Insurance

If at the time any **Claim** arises under this **Policy** there is any other insurance in force covering the same liability the **Policyholder** shall as soon as possible give to the **Insurer** full details of such other insurance, including the identity of the insurer and the policy number, and such further information as the **Insurer** may reasonably require. This is to enable the **Insurer** to exercise its right to seek contribution from the insurer of that other insurance.

10.10 Payment of premium

The **Policyholder** must pay the 'Premium' specified in the **Schedule** for the **Policy Period** to the **Insurer** by the due date. The due date is on or before ninety days after the inception date of the **Policy Period** or such other time that the **Insurer** agrees in writing. If the **Policyholder** fails to pay the **Premium** by the due date, the **Insurer** is entitled to cancel this **Policy** where the law allows it to do so.

10.11 Severability and non-imputation

Where this **Policy** insures more than one party, any failure on the part of any of the parties to:

- (a) comply with the duty of disclosure under the Insurance Contracts Act 1984 (Cth);
- (b) comply with any obligation under this Policy (other than the obligation to pay premium); or
- (c) refrain from conduct which is dishonest, fraudulent, criminal or malicious,

shall not prejudice the right of the remaining party or parties to indemnity under this **Policy**, provided that such remaining party or parties shall:

- (i) be entirely innocent of and have had no prior knowledge of any such failure; and
- (ii) as soon as possible after becoming aware of any such failure, advise the **Insurer** in writing of all its relevant circumstances.

10.12 Territorial and jurisdictional limits of cover

This Policy provides cover for:

- (a) any civil liability or legal liability for compensation and claimant's costs and expenses resulting from the provision of Information Technology Services and/or Information Technology Products anywhere in the world; and
- (b) Claims made anywhere in the world, except for those Claims;
 - (i) brought in a court of law, arbitration, tribunal, forum or other body entitled to impose enforceable orders against the **Insured** in the **United States of America**; or
 - (ii) arising from the enforcement of any judgment, order or award in respect of any action brought in any court of law, arbitration, tribunal or other judicial body in the **United States of America**.

10.13 Variation of the policy

No variation of this **Policy** will be effective, unless made by **Endorsement**.

11. Definitions

For the purposes of this **Policy**:

Act of Terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), which from its nature or context is done for, or in connection with political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government or to put the public, or any section of the public, in fear.

Adverse Publicity Event means an event which, from the perspective of a reasonable person in the position of a **Principal Policyholder**, might cause the reputation of the **Insured** to be seriously affected by adverse or negative publicity.

Aircraft means any craft or machine designed to travel through air or space, other than unmanned inflatable balloons used for advertising or promotional purposes or model aircraft.

Claim means any demand made by a third party upon the **Insured** for compensation, however conveyed, including a writ, statement of claim, application or other legal or arbitral process.

Computer System means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility.

Control has the meaning given by section 50AA of the Corporations Act 2001 (Cth).

Cyber Act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

Damage to Property means:

- (a) physical damage to, destruction of or loss of tangible property including the loss of use thereof at any time resulting therefrom; and/or
- (b) loss of use of tangible property which has not been physically damaged, destroyed or lost, provided that such loss of use is caused by or arises out of physical damage of other tangible property.

Data means information, facts, concepts, code or any other information of any kind that is converted, recorded or transmitted in a form to be accessed, communicated, displayed, distributed, interpreted, processed, transmitted or stored or used in or by a **Computer System**.

Documents means deeds, wills, agreements, maps, plans, records, computer records, written or printed books, letters, certificates, written or printed documents or forms of any nature (excluding any bearer bonds, coupons, bank or currency notes or other negotiable instruments).

Drone means any remotely piloted aircraft (other than fireworks, rockets, balloons or kites).

Employee means a natural person (other than a **Principal**) employed under a contract of service or apprenticeship by the **Policyholder** and includes any trainee, volunteer and casual, part-time, seasonal, temporary and work experience personnel.

Endorsement means any document which is described as an endorsement to this Policy and intends to vary it.

Excess means the amounts shown in the **Schedule** under 'iTech Excess' and 'Public and Products Liability Excess' except in respect of:

- (a) Inquiry Costs in which case it means the amount shown in the Schedule as the 'Inquiry Costs Excess'; or
- (b) Public Relations Expenses in which case it means \$1,000.

Fidelity Claim means loss of money or goods belonging to, leased by or in the care, custody or control of the Policyholder, sustained by the Policyholder and caused by any dishonest or fraudulent act committed by an Employee of the Insured (whether acting alone or in collusion with any other person) with the likely intent to cause the Policyholder to sustain such loss or to obtain a financial gain for themselves or any third party in connection with the provision of Information Technology Services and/or Information Technology Products.

Fidelity Claim does not include:

- (a) injury to, loss or destruction of, or loss of use of Data;
- (b) regular or overtime wages, salaries, fees or benefits earned in the normal course of employment; or
- (c) damages of any type, including but not limited to punitive, exemplary or aggravated damages.

Fidelity Excess means the amount stated in the **Schedule** and represents the first amount which is payable by the **Principal Policyholder** in respect of loss of money or goods.

Fidelity Retroactive Date means the date shown in the Schedule.

Full Annual Premium means the annual premium payable by the Principal Policyholder, including any additional premium which becomes payable in respect of the Policy Period.

Hovercraft means any vessel, craft or machine made or intended to transport persons or property over land or water supported on a cushion of air, other than an **Aircraft**, **Land Vehicle** or **Watercraft**.

Information Technology Products means electronic equipment, communication equipment, computer hardware and/or computer software designed, manufactured, licensed, sold or distributed by the **Insured**.

Information Technology Services means the 'Information Technology Services' described in the **Schedule**, and no other, provided by the **Insured**.

Inquiring Body means any official body or institution empowered by law to investigate the professional conduct of the **Insured** including but not limited to a coroner's court, statutory regulatory body, tribunal or legally constituted industry or professional board but excluding any Royal Commission, any parliament or any committee of a parliament.

Inquiry Costs means legal costs and expenses (not being Insured Costs) incurred by the Insured:

- (a) arising out of any notice from an **Inquiring Body** requiring a response from the **Insured** or requesting the **Insured**'s attendance at an investigation, inquiry or hearing held before the **Inquiring Body**;
- (b) in responding to any notice from a Royal Commission; or
- (c) arising out of any notice from a Royal Commission requiring the **Insured's** attendance at an investigation, inquiry or hearing held before that Royal Commission.

Inquiry Notice means any notice that may result in the Insured incurring Inquiry Costs.

Insolvency or **Insolvent** means:

- (a) the **Policyholder** is an insolvent under administration or insolvent (each as defined in the Corporations Act 2001 (Cth)):
- (b) the **Policyholder** has had a controller appointed or is in liquidation, in provisional liquidation, under administration, has been wound up or has had a receiver appointed to any part of its property;
- (c) the Policyholder is subject to any arrangement, assignment, moratorium, compromise or composition, it is
 protected from creditors under any statute or it is dissolved (in each case, other than to carry out a
 reconstruction or amalgamation while solvent);
- (d) an application or order has been made, resolution passed, proposal put forward or any other action taken which is preparatory to or could result in any of (a), (b) or (c) above;
- (e) the **Policyholder** is taken (under Section 459F(1) of the Corporations Act 2001 (Cth)) to have failed to comply with a statutory demand;
- (f) the Policyholder is otherwise unable to pay its debts when they fall due; or
- (g) in respect to the **Policyholder**, an event having the same or similar effect to (a) to (e) above, occurring under the law of any jurisdiction outside of the Commonwealth of Australia.

Insured means:

- (a) the Policyholder;
- (b) any Subsidiary;
- (c) any past and/or present Employee of the Policyholder or Subsidiary, but only in his or her capacity as such;
- (d) any past and/or present **Principal** of the **Policyholder** or **Subsidiary**, but only in his or her capacity as such; and/
- (e) the estate, heirs, legal representatives or legal assigns of any natural person insured under this **Policy** in the event of the death or legal incapacity of such person.

Insured Costs means the costs and expenses incurred by the **Insurer**, or by the **Insured**, in defending, investigating or settling any **Claim** (not being claimant's costs and expenses).

Insured's Principal means a party with whom the **Insured** has entered into a contract to provide **Information Technology Services** and/or **Information Technology Products**.

Insurer means AAI Limited ABN 48 005 297 807 trading as Vero Insurance.

Land Vehicle means any type of machine on wheels or caterpillar tracks made or intended to be propelled other than by manual or animal power, which is designed to travel primarily on land. Land Vehicle includes any trailer or other attachment to be utilised in conjunction with or drawn by any such machine.

Limit of Indemnity means the Limit of Indemnity (iTech Cover) or Limit of Indemnity (Public and Products Cover)

Limit of Indemnity (iTech Cover) means the amount specified beside 'Limit of Indemnity (iTech Cover)' as shown in the **Schedule**. The **Limit of Indemnity** (iTech Cover) specified in the **Schedule** and in any certificate of insurance is exclusive of GST to the extent the **Insured** is entitled to claim an input tax credit.

Limit of Indemnity (Public and Products Cover) means the amount specified beside 'Limit of Indemnity (Public and Products Cover)' as shown in the Schedule. The Limit of Indemnity (Public and Products Cover) specified in the Schedule and in any certificate of insurance is exclusive of GST to the extent the Insured is entitled to claim an input tax credit.

L.S.T. or Local Standard Time means the time in the State or Territory of Australia in which the Policy was issued.

Maximum Aggregate Limit of Indemnity means the amount specified beside 'Maximum Aggregate Limit of Indemnity' as shown in the Schedule. The Maximum Aggregate Limit of Indemnity specified in the Schedule and in any certificate of insurance is exclusive of GST to the extent the Insured is entitled to claim an input tax credit.

Merger or Acquisition means:

- (a) the **Policyholder** consolidating with, merging into or selling all or substantially all of its assets such that the **Policyholder** is not the surviving entity; or
- (b) any entity obtaining Control of the Policyholder.

New Subsidiary means a subsidiary, as defined in the Corporations Act 2001 (Cth), of the **Policyholder** which is acquired by the **Policyholder** during the **Policy Period**.

Occurrence means an event, including continuous or repeated exposure to substantially the same general conditions, which results in **Personal Injury** and/or **Damage to Property** that is neither expected nor intended from the standpoint of the **Insured**.

All events of a series consequent upon or attributable to one source or original cause shall be deemed to be one **Occurrence**.

Personal Injury means:

- (a) bodily injury, death, sickness, disease, illness, disability, shock, fright, mental anguish and/or mental injury, including loss of consortium resulting therefrom;
- (b) the effects of false arrest, false imprisonment, wrongful detention, wrongful entry or wrongful eviction, invasion of the right to private occupation, malicious prosecution or humiliation;
- (c) the effects of defamation of character;
- (d) the effects of assault and battery not committed by or at the direction of the **Insured**, unless committed for the purpose of preventing or eliminating danger to persons or property; or
- (e) the effects of discrimination as a result of race, religion, sex, marital status, age, intellectual impairment, disability or otherwise (unless insurance thereof is prohibited by law) not committed by or at the direction of the **Insured**, but only with respect to liability other than fines and penalties imposed by law.

Policy means the Schedule, the terms of this document and any Endorsements.

Policyholder means the firm or legal entity shown in the Schedule.

Policy Period means the time between 'From' and 'To' noted beside 'Policy Period' in the Schedule.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant including smoke, vapours, soot, fumes, acids, alkalis, chemicals and waste material, including materials that are intended to be recycled, reconditioned or reclaimed.

Premium means the amount payable for this Policy. It includes all relevant government charges.

Principal means a sole practitioner, a partner of a firm or a director of a company.

Principal Policyholder means the **Policyholder** or if the **Policyholder** is more than one person or entity, the first person or entity listed as the 'Policyholder' in the **Schedule**.

Privacy Breach means an incident involving the unauthorised disclosure, loss, modification, misuse, interference or access of:

- (a) personal information, as defined in the Privacy Act 1988 (Cth) including any amendment, consolidation, re-enactment, replacement or successor of such legislation; or
- (b) third party corporate information that is identified as confidential.

Product Recall Expense means the costs and expenses incurred by the **Insured** in relation to effecting the recall of an **Information Technology Product** for:

- (a) communications to customers and the public, including media announcements;
- (b) external advice to prepare such communications;
- (c) transporting any recalled Information Technology Product to a place designated by the Insured;
- (d) the hiring of necessary additional persons to conduct the duties performed by Employees of the Insured who are involved in effecting the recall of an Information Technology Product, and the hiring of necessary additional storage space;
- (e) additional remuneration paid to Employees (other than salaried Employees);
- (f) expenses incurred by **Employees** for transport and accommodation; and
- (g) disposing of any recalled **Information Technology Product** that cannot reasonably be reused for the same or alternative purposes.

Proposal means the written proposal or declaration made by the **Policyholder** to the **Insurer** containing particulars and statements together with other information provided by the **Policyholder**.

Public Relations Expenses means the costs, charges, fees and expenses of a public relations firm or consultant engaged to prevent or limit the adverse effects of, or the negative publicity arising from an **Adverse Publicity Event**.

Relative means:

- (a) an Insured's:
 - (i) Spouse;
 - (ii) parent;
 - (iii) children or siblings; or
 - (iv) the Spouse, domestic partner, defacto, parent, child or sibling of a Relative specified in (i), (ii), (iii) above; or
- (b) a parent of an Insured's Spouse, domestic partner or defacto.

Retroactive Date means the 'Retroactive Date' as shown in the Schedule.

Schedule means the current Schedule issued by the Insurer to the Policyholder.

Spouse means a lawful spouse, domestic partner (including without limitation same sex partner) or any person deriving similar status by reason of the common law or statute.

Subsidiary means a subsidiary, as defined in the Corporations Act 2001 (Cth), of the Policyholder, which:

- (a) was a subsidiary at the commencement date of the Policy Period;
- (b) is created by the Policyholder during the Policy Period; or
- (c) is a former subsidiary of the **Policyholder**, only in respect of civil liability arising out of any act, error or omission occurring prior to the date such subsidiary ceased to be a subsidiary of the **Policyholder**.

United States of America means the United States of America and its territories and protectorates.

Vendor means a party who is authorised to sell or distribute the **Insured's Information Technology Products** under a written contract with the **Insured**.

Watercraft means any vessel, craft or machine made or intended to float on or in or travel on or through water other than model boats.

End of Policy wording.

