Cyber and Data Security proposal form

Please read the proposal form carefully and fill in

a) All sections in capitals and tick boxes wherever applicable.

b) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract VOID.

c) Attach separate sheets if space given is insufficient

Yourbusiness

Name(s) in full of all entities to be insured	Websites
	www.
	www.
	www.
	www.

Please list the locations from which you conduct business including overseas domiciled locations:

Commencement date of your business / /

Email id of the proposed insured: _____

Mobile no. of the proposed insured : _____

(f) Bank account details :

Account no. - _____

Account Type(Saving/Current)- _____

Name of the Bank & Branch- _____

MICR Code(9 digit)- _____

IFSC Code (11 character code) _____

(g) Nomination details:

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	_____%	_____%	_____%	_____%
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				
Permanent Address				
Details of authorised person in case if the nominee is a minor-				

Bank account details of the nominee-

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Account no.:				
Account Type- Saving/Current:				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %:

(h) Do you wish to avail a physical copy of your policy documents? ☐ Yes ☐ No.

Please provide the following details in respect of your principals or directors:

Name	Qualifications	Yearqualified	Years practicing as principal Thisfirm	Previousfirm
		/ /		
		/ /		
		/ /		
		/ /		

Business details

Please detail the sector in which your business operates and describe the operations performed by your business.

Please supply total numbers of

Partners/principals/directors		Programmers	
Professional staff		Sales & marketing	
Consultants		Administration / supports	
System analysts / designers		Other (please specify)	
		Total	

In the past five(5) years

(a) Has the name of the business changed?	Yes	No
(b) Have you purchased or merged with any other business?	Yes	No
(c) Have you sold or demerged from any other business?	Yes	No
(d) Do you require cover for any subsidiary, joint venture or associated company?	Yes	No
(e) Do you expect any significant change to your operations or the development and release of new services /products over the next twelve (12)months?	Yes	No

If 'yes' to any of the above, please supply details:

Financial details

Please supply details of your total revenue (include fee income,net profit/loss(before tax),gross wage roll)from the countries in which you conduct business:

Country	Currency	Revenue last financial year	Revenue current financial year(forecast)	Revenue next financial year (forecast)
	Total		0	0

Please provide the percentage of total gross revenue that is assigned to the IT budget:

Please provide the percentage of gross revenue derived from e-commerce:

Please state the approximate percentage of your activities (based on revenue current financial year-forecast) applicable to eac h region:

India	Australia	USA/Canada	Europe	Rest of the world	Total
%	%	%	%	%	0 %

IT operations

Which management positions are assigned within your organisation? (Please tick where appropriate)

- Chief information officer ☐
- IT director ☐
- IT manager ☐
- Chief risk officer ☐
- IT/information security manager ☐
- Chief information security officer ☐
- Chief privacy officer ☐
- Chief compliance officer ☐
- Other/additional ☐

Please provide numbers of:

Computer users: Servers: PC's: Portables (laptops,smart phones etc): Physical server locations:

Please confirm which (if any) of your IT functions are outsourced:

	In-house	Partially outsourced	Totally outsourced	To what level are you indemnified by the outsourcer?	Outsourcing vendor (please provide names)
IT services support	☐	☐	☐		
Infrastructure -telecoms	☐	☐	☐		
Infrastructure - network	☐	☐	☐		
Business applications	☐	☐	☐		
Website hosting	☐	☐	☐		
Other	☐				

IT operations(continued)

Please detail your risk management of third-party IT vendors (please tick where appropriate)

	Always undertaken	Ad-hoc basis	Never undertaken
Data security due diligence	☐	☐	☐
Audits performed	☐	☐	☐
Contract requires security incident to be reported to you	☐	☐	☐

Controls

Do you have a governance framework/policy supporting a consistent and structured approach to information security? ☐ Yes ☐ No

Are all staff regularly updated on security best practice and the latest applicable privacy,data and security legislation? ☐ Yes ☐ No

Please detail your training processes for staff in respect of potential cyber threats and fraud:

Have you conducted a vulnerability scan and/or penetration test in the last 12months?(If any area of concern were highlighted ,please detail how these were/are to be addressed):

Do you carry out background screening on:

	Yes	No	Working towards
Staff with access to personally identifiable information	☐	☐	☐
Staff with privileged systems access	☐	☐	☐

Please provide further details in the box below:

Please detail the checks for the authorisation of payments above INR 100,000 to third-parties:

Controls(continued)

Please provide details of your system controls:

(a) Are there restrictions on staff's ability to download and install software? ☐ Yes ☐ No

(b) Are there restrictions on staff's access to confidential data dependent on their position in your company? ☐ Yes ☐ No

(c) Is a central risk log in place for all cyber-incidents? ☐ Yes ☐ No

(d) Does your system have anti-malware, firewall protection and automatic virus scans of computer systems? ☐ Yes ☐ No

(e) Do you undertake regular intrusion detection and user activity monitoring? ☐ Yes ☐ No

(f) Do you monitor networks in real-time for possible intrusions or abnormalities? ☐ Yes ☐ No

If 'no' to any of the above, please provide details:

Business impact

If a business critical cyber-incident were to occur(a hacking event preventing the use of critical business systems for example),how long would it be before you were to suffer a loss of net profit?

48hours+	Between 24-48hours	Between 12-24 hours	Between 1-12hours	< 1 hour
☐	☐	☐	☐	☐

How much net profit per day would you expect to lose if such a cyber-incident were to occur?

Do you employ the following (for the purposes of network interruption/privacy breach):

(a) An incident response plan or disaster recovery plan ☐ Yes ☐ No

(b) A business continuity plan ☐ Yes ☐ No

Ifyes,has either of these plans been tested in the last 12months? ☐ Yes ☐ No

(c) A manual work around to mitigate loss in the event of network outage? ☐ Yes ☐ No

(d) Daily backup of sensitive data ☐ Yes ☐ No

If yes, are backups stored in an off-site location? ☐ Yes ☐ No

(e) Fail-overtoa"hotsite"intheeventyourmainhostingsitegoesdown(ownedorthirdparty) ☐ Yes ☐ No

What is your expected recovery time after suffering a cyber-incident or experiencing down time of critical business systems?

48hours+	Between 24-48hours	Between 12-24 hours	Between 1-12hours	Immediately
☐	☐	☐	☐	☐

Please detail your deletion/destruction procedures for data including limits on time held on systems:

Please provide details of your patching policy including testing and the ability to roll back to previous versions:

Use, storage and protection of personal data

Please provide details of personal data stored and/or processed in the table below(please note that employee records should be separately outlined in the final row of thetable):

	Stored on system *Including cloud storage (please answer yes/no)		Number of records stored	Processed annually (please answer yes/no)		Number of records processed	Are these records encrypted?	
Basic information (names, addresses etc)	☐ Yes	☐ No		☐ Yes	☐ No		☐ Yes	☐ No
Government document numbers (drivers licence number, passport number etc)	☐ Yes	☐ No		☐ Yes	☐ No		☐ Yes	☐ No
Financial account information (account numbers, sort-codes,credit/ debitcardnumbersetc)	☐ Yes	☐ No		☐ Yes	☐ No		☐ Yes	☐ No
Health records	☐ Yes	☐ No		☐ Yes	☐ No		☐ Yes	☐ No
Employee records including previous employees (if still held)	☐ Yes	☐ No		☐ Yes	☐ No		☐ Yes	☐ No

What is the highest proportion of data stored in any one location?

Do you segregate critical data (financial account information, health records etc.) in an isolated environment?

Do you sell/share confidential data (including PII) to/with third-parties (please tick)? ☐ Sell ☐ Share

If so, is this expressly stated in the contracts/terms and conditions of those individuals whose data is sold or shared? ☐ Yes ☐ No

Where confidential data is sold and/or shared with a third-party,do they indemnify you for thei run authorized use of this information? ☐ Yes ☐ No

Do you store personally identifiable records in respect of US residents? ☐ Yes ☐ No

Encryption and regulation

Please tick where appropriate to illustrate your encryption processes:

	Always encrypted	Sometimes encrypted	Never encrypted
Laptops, tablets & smart phones	☐	☐	☐
Removable media (USB sticks, CD's etc)	☐	☐	☐
E-mails and defined folders on the system	☐	☐	☐

Pleasedetailencryptionmethodsinplaceforconfidentialdata,ifnone,pleasedetailanyprocessesinplacetoprotecthelddata(e.g.encrypted or tokenised):

Please detail your level of compliance with the Payment Card Industry (PCI) data standards:

Level1 ☐ Level2 ☐ Level3 ☐ Level4 ☐ Noncompliant ☐

Which other industry standards are you compliant with?

ISO27001 ☐ Other (please detail)

Online communications

Please complete the table below outlining controls of online communications including social media and websites:

	Standard practice	Ad-hoc basis	Not practiced	N/A
User generated content monitored (including chat rooms, bulletins etc)	☐	☐	☐	☐
Permission from third parties to use their content	☐	☐	☐	☐
Procedures in place to flag and remove inappropriate content	☐	☐	☐	☐
Legal review of content published online	☐	☐	☐	☐

Do you operate any external facing platforms which are used by customers? ☐ Yes ☐ No

Previous insurance

Do you currently purchase cyber insurance? If YES, please confirm: ☐ Yes ☐ No

Name of insurer:	
Renewal date:	
Limit of indemnity:	
Excess:	
Premium:	

Have you ever been refused this type of insurance,had special terms imposed by insurers or had a similar insurance cancelled? ☐ Yes ☐ No

If YES, please provide full details:

Your insurance requirements

Cover	Currency	Limit of Indemnity	Excess/Deductible
Third party cover			
Section 1 - Cyber, data security and multimedia cover			
First party cover			
Section 2 - Data breach notification costs cover			
Section 3 - Information and communication asset rectification costs cover			
Section 4 - Regulatory defence and penalty costs cover			
Section 5 - Public relations costs cover			
Section 6 - Forensics costs cover			
Section 7 - Credit monitoring costs cover			
Section 8 - Cyber business interruption cover			
Section 9 - Cyber extortion cover			

Claims &circumstances

Withinthelast5yearshaveyousustainedanysystemsintrusion, tampering, virus or malicious code attack, loss of data, loss of portable media, hacking incident, extortion attempts, data theft or similar? ☐ Yes ☐ No

Withinthelast5yearshaveyoureceivedanyclaimsorcomplaintswithrespecttoallegationsofinvasionoforinjurytoprivacy, identity theft, theft of information, breach of information security, content infringement or been required to provide notification to individuals due to an actual or suspected disclosure of personal information? ☐ Yes ☐ No

If 'Yes', please provide details:

Have you ever suffered a business outage that has lasted more than 6 hours? ☐ Yes ☐ No

If'Yes',please provide details including date of claim and amounts paid or reserved by insurers and/or details of any business outages suffered

If 'Yes', what steps have been taken to prevent a reoccurrence:

Are there any potential claim(s) or circumstance(s) that are likely to give rise to a claim or loss against your company that would fall within the scope of this insurance? ☐ Yes ☐ No

If 'Yes', please provide details including estimated cost of claim/loss:

Have you been involved in any dispute or arbitration concerning products, services or intellectual property rights? ☐ Yes ☐ No

Have you sustained any loss from the suspected dishonesty or malice of any employee? ☐ Yes ☐ No

If 'Yes' to any of the above, please provide details below:

Declaration for compliance with anti money laundering regulations

I the undersigned, after enquiry declare as follows:

1. I am authorized by each of the other entities to be insured to complete this proposal form.
2. I have read and understood the notice to the proposed insured at the back of the proposal form.
3. I have read this proposal form and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform RQBE of any change in the particulars or statements contained in this proposal form or in the accompanying documents.
5. I declare that statements and particulars in this proposal form are true and no material facts have been misstated or suppressed after full enquiry. I agree that this proposal, together with any other information supplied shall form the basis of the contract of Insurance affected thereon. I undertake to inform Insurers of any material alteration to those facts occurring before the completion of the contract of Insurance.
6. I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
7. I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
8. I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
9. I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, *complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.*
10. Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? YES / NO

    If yes, please give details:.....

    *Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads

of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate:

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Data protection requirement

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

Sharing of information clause

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

Name of Proposer _____ Name of Witness_____

Signature of Proposer _____ _____ Signature of Witness_____

Date: _____ Place: _____

Relationship with Proposer:_____

Address of Witness:_____

_____

I hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and that I have not withheld any information material to this Proposal. I agree that this Proposal Form, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and the Company.Name of business

Signed: Partner, principal or director _____ Date _____

Raheja QBE General Insurance Company Limited

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out renew or continue an insurance in respect of any kind of risks relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking our or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.