HDFC ERGO General Insurance Company Limited



CYBER SECURITY INSURANCE - PROPOSAL FORM

The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company.

Completing the Proposal Form:

- Please answer all questions in full leaving no blank spaces
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that whenever used in this proposal form, the term Applicant shall mean the Organization and all its Subsidiaries and the definition of the terms 'Claims', 'Policy Period', 'Defence Costs', 'Director' or 'Officer' are in accordance with the policy.
- The headings in this proposal are solely for convenience.

Insuring Clauses A through E of the Cyber Security Policy provides first party coverage.

Insuring Clause F of the Cyber Security Policy is written on a claim made basis. Insuring Clause A covers only Claims first made during the Policy Period or any Extended Reporting Period. The limit of liability to pay damages or settlements will be reduced and may be exhausted by the payment of Defence Costs or Legal Representation Expenses.

GENERAL INFORMATION														
Name of Applicant:	(First Name)	(Middle Name)	(Last Name)											
Applicant Address:														
City/Town:	District:		Pin Code:											
State:		[#] Mobi	le											
Email:														
Nature of Applicant's Activities:														

How long has the Applicant continuously carried on business?

Names and dates under which the Applicant's business was formerly carried on:

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

SPECIAL INFORMATION												
	Prior Year	Current Year	Projected Year									
Number of Employees												
Number of on-line Customers												
Total Number of IP Addresses Assigned												
Total Number of Active IP Addresses												
Total Assets												
Gross Revenues												
Gross Revenues from on-line sales or services												
		•										

POTENTIAL CHANGES

Whether or not such discussions or proposals have been made public, does the Applicant or any individual proposed for coverage anticipate establishing or entering into any ventures If "ves", please attach details, which are a material change in operations? Yes No

SECURITY

Does the Applicant have a formal, documented information security policy approved by the Applicant's Board of Directors or persons with substantially similar	responsibilities?	
If the answer to 4 is "yes"	Yes	No
a) Does the security policy identify and stipulate the types and levels of protection for all of the Applicant's information assets, whether electronic or otherwise	e and whether held	by the
 Applicant or by a person or organization providing services to the Applicant? b) Does the Applicant test the security required by the security policy at least annually? c) Does the Applicant regularly identify and assess new threats and adjust the security policy (and protection procedures) to address the new threats? d) Does the Applicant have a formal, written incident response plan that addresses: 	Yes Yes Yes	No No No
(i) Unauthorized access to the Applicant's computers, system, network or any of the Applicant's information assets:	Yes	No
(ii) denial of service attacks and other forms of network or system outages:	Yes	No
(iii) extortion demands:	Yes	No
(iv) corruption of, or damage to, data:	Yes	No
If the answer to 4.(d) (i), (ii), (iii) or (iv) is Yes:		
A. Has the plan been reviewed and approved by the Applicant's Board of Directors or persons with substantially similar responsibilities?	Yes	No
B. Does the security incident response plan include a review by the Applicant's legal counsel of any laws or regulations that may affect the Applicant's response or other standards with which the Applicant may have to comply?	Yes	No
C. Does the Applicant conduct a full test of the security incident response plan at least annually and address or correct any issues or problems identified in the tests?	Yes	No

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license... UIN: Cyber Security Insurance - IRDAN125RP0005V01201112.

Has the Applicant had any computer or networ	the Applicant had any computer or network security incidents during the past two (2) years?														
	cident" includes any unauthorized access or exceeding of authorized access to any computer, system, data base or data; intrusion or attack; the denial of use of any computer or sys entional disruption, corruption or destruction of electronic data, programs or applications; or any other incidents similar to the foregoing.														
the answer to question 5 is "yes", please attach a complete description of the incident(s) including whether the Applicant reported the incident to law enforcement authorities and/or its in															
	ATTACHMENTS AND DOCUMENTS														
f available, please enclose with this proposal form: Risk assessment of Applicant performed by an organization other than the Applicant.															
PRIOR INSURANCE															
(a) Has the Applicant ever been refused cyber security or similar insurance or had a similar policy cancelled? If "yes", please attach details.															
 Does the Applicant currently have cyber security or similar insurance? "yes", please provide the following details: 															
Insurer	Limits	Deductible	Policy Period												
Insurer	Limits	Deductible ₹	Policy Period												
	₹	₹	Policy Period												
	₹ PRIOR KNOWLE	₹ EDGE/WARRANTY													
a) Has the Applicant or any person proposed	₹ PRIOR KNOWLE	₹ EDGE/WARRANTY s of any prior or current cyber security policy or		No											
a) Has the Applicant or any person proposed	₹ PRIOR KNOWLE for coverage given notice under the provisions rise to a claim that would fall within the scope	₹ EDGE/WARRANTY of any prior or current cyber security policy or of that cover?	similar insurance	No											
 a) Has the Applicant or any person proposed of facts or circumstances which might give 	₹ PRIOR KNOWLE for coverage given notice under the provisions rise to a claim that would fall within the scope half of any Applicant or any person proposed f	₹ EDGE/WARRANTY of any prior or current cyber security policy or of that cover?	similar insurance												
 a) Has the Applicant or any person proposed of facts or circumstances which might give b) Have any loss payments been made on be c) Is any person proposed for coverage cogni 	₹ PRIOR KNOWLE for coverage given notice under the provisions rise to a claim that would fall within the scope half of any Applicant or any person proposed f sant of any facts or circumstances which:	₹ EDGE/WARRANTY of any prior or current cyber security policy or of that cover?	similar insurance Yes similar insurance? Yes												
 a) Has the Applicant or any person proposed of facts or circumstances which might give b) Have any loss payments been made on be c) Is any person proposed for coverage cogni (i) he or she has reason to suppose might (ii) indicate the probability of any such clair 	₹ PRIOR KNOWLE for coverage given notice under the provisions rise to a claim that would fall within the scope half of any Applicant or any person proposed f sant of any facts or circumstances which: afford valid grounds for any future claim(s) su m(s)?	₹ EDGE/WARRANTY s of any prior or current cyber security policy or of that cover? for coverage under any cyber security policy or ch as would fall within the scope of the propose	similar insurance Yes similar insurance? Yes ed coverage? Yes Yes	No											
 a) Has the Applicant or any person proposed of facts or circumstances which might give b) Have any loss payments been made on be c) Is any person proposed for coverage cogni (i) he or she has reason to suppose might (ii) indicate the probability of any such clair It is agreed that if such facts or circumstances 	₹ PRIOR KNOWLE for coverage given notice under the provisions rise to a claim that would fall within the scope half of any Applicant or any person proposed f sant of any facts or circumstances which: afford valid grounds for any future claim(s) su m(s)? exist, any claim, action or proceeding arising t	₹ EDGE/WARRANTY s of any prior or current cyber security policy or of that cover? for coverage under any cyber security policy or	similar insurance Yes similar insurance? Yes ed coverage? Yes Yes	No											
 a) Has the Applicant or any person proposed of facts or circumstances which might give b) Have any loss payments been made on be c) Is any person proposed for coverage cogni (i) he or she has reason to suppose might (ii) indicate the probability of any such clair 	₹ PRIOR KNOWLE for coverage given notice under the provisions rise to a claim that would fall within the scope half of any Applicant or any person proposed f sant of any facts or circumstances which: afford valid grounds for any future claim(s) su m(s)? exist, any claim, action or proceeding arising t is "yes", please attach details.	₹ EDGE/WARRANTY s of any prior or current cyber security policy or of that cover? for coverage under any cyber security policy or ch as would fall within the scope of the propose	similar insurance Yes similar insurance? Yes ed coverage? Yes Yes	No											

SECURITY INCIDENT AND LOSS HISTORY

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DECLARATION AND SIGNATURE

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal

This proposal must be signed by the Applicant's Chairman of the Board, Managing Director or Chief Executive Director.

ANTI REBATING WARNING

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk 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 out 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. Violation of Section 41 of the Insurance Act 1938 as amended shall be punishable with a fine which may extend to f₹10 Lakhs.

	PREMIUM DETAILS																																					
Amount Rs.																																						
SOURCES OF FUND																																						
Salary Business Other (Please Specify)																																						
MODE OF PAYMENT																																						
Bank Account No.]	I	Nam	e of	Ban	k [
Branch Name and Address																																						
Instrument No.																								D)ate	of tl	he In	stru	ment	t	D	D	М	Μ	Y	Y	Y	Y
Date D D M M Y	YY	Y																																				
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