

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 Athrough 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 INFORMA	TION	
Name of Applicant:			
	(First Name)	(Middle Name)	(Last Name)
Applicant Address:			
City/Town:	District:		Pin Code:
State:			#Mobile
Email:			
Nature of Applicant's Activities:			
How long has the Applicant continuously carried on busing	ness?		
Names and dates under which the Applicant's business v	was formerly carried on:		
*Please provide correct mobile number of the proposed in	•	v servicing and premium acknowledgeme	nt.
Trouble provide correct medic number of the proposed in	SPECIAL INFORMAT		
	SPECIAL INFORMAT	ION	
	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 CHANG	SES	
Whether or not such discussions or proposals have been			tablishing or antoring into any ventures
which are a material change in operations?	No If "yes", please attach details.	idual proposed for coverage anticipate es	tablishing of entering into any ventures
Tes	SECURITY		
Does the Applicant have a formal, documented information		Roard of Directors or persons with subst	antially similar responsibilities?
If the answer to 4 is "yes"	on security policy approved by the Applicants	board of Directors of persons with substi	Yes No
a) Does the security policy identify and stipulate the type	es and levels of protection for all of the Applica	ant's information assets, whether electron	
Applicant or by a person or organization providing se		,	Yes No
b) Does the Applicant test the security required by the se	ecurity policy at least annually?		Yes No
c) Does the Applicant regularly identify and assess newd) Does the Applicant have a formal, written incident res		tection procedures) to address the new t	hreats? Yes No
(i) Unauthorized access to the Applicant's computer		oformation assets:	Yes No
(ii) denial of service attacks and other forms of netwo		normation account	Yes No
(iii) extortion demands:	,g		
(iv) corruption of, or damage to, data:			Yes No
If the answer to 4.(d) (i), (ii), (iii) or (iv) is Yes:			Yes No
A. Has the plan been reviewed and approved by the Ap	oplicant's Board of Directors or persons with s	ubstantially similar responsibilities?	Yes No
D. De alle a conflict in the form of the first term of the Analysis to the Analysis to the Analysis to the Analysis to			
response or other standards with which the Applicant may have to comply?			
C. Does the Applicant conduct a full test of the security	incident response plan at least annually and	address or correct any issues or	Yes No
problems identified in the tests?			100

Has the Applicant had any computer or network security incidents during the past two (2) years?						
"Incident" 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 system; intentional disruption, corruption or destruction of electronic data, programs or applications; or any other incidents similar to the foregoing.						
If the answer to question 5 is "yes", please attach	a complete description of the incident(s) includi	ing whether the Applicant reported the incident to	o law enforcement authorities and/or its insurer.			
	ATTACHMENTS A	AND DOCUMENTS				
If available, please enclose with this proposal for			Yes No			
 Risk assessment of Applicant performed by a 		SUBANCE				
PRIOR INSURANCE (a) Has the Applicant ever been refused cyber security or similar insurance or had a similar policy cancelled? Yes						
(a) Has the Applicant ever been refused cyber security or similar insurance or had a similar policy cancelled? Yes No If "yes", please attach details.						
(b) Does the Applicant currently have cyber security or similar insurance? If "yes", please provide the following details:						
Insurer	Limits	Deductible	Policy Period			
	₹	₹				
	PRIOR KNOW! E	INGE/MARRANTY				
a) Has the Applicant or any person proposed for coverage given notice under the provisions of any prior or current cyber security policy or similar insurance Yes No						
	rise to a claim that would fall within the scope		Similar insurance 103 No			
b) Have any loss payments been made on behalf of any Applicant or any person proposed for coverage under any cyber security policy or similar insurance?						
c) Is any person proposed for coverage cognisant of any facts or circumstances which:						
(i) he or she has reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage? (ii) indicate the probability of any such claim(s)?						
(ii) indicate the probability of any such claim(s)? It is agreed that if such facts or circumstances exist, any claim, action or proceeding arising there from is excluded from the proposed coverage.						
If the answer to any one of the questions in 8. is "yes", please attach details. REQUESTED LIMIT						
Amount:	DECLARATION A	AND SIGNATURE				
The undersigned authorised officers of the Applicant de given should any of the above information alter between Applicant, to effect insurance, the undersigned agree the issued. I/we authorize HDFC ERGO General Insurance	sclare that to the best of their knowledge and belief the n the date of this proposal and the proposed date of inc nat this proposal and all attachments and schedules h	e statements set forth herein and all attachments and ception of the insurance. Although the signing of the prereto and the said statements herein shall be the basis	roposal does not bind the undersigned, on behalf of the			
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. Rupees						
SOURCES OF FUND						
Salary Business Other (Please Specify)						
	MODE OF	PAYMENT				
Bank Account No.	Name of Bank					
Branch Name and Address						
Instrument No.		Date of	f the Instrument			
	-					
Date D M M Y Y Y						
		Print Name of	Signatory and Signature			

SECURITY INCIDENT AND LOSS HISTORY