

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

[illegible][illegible]

City/Town: District: Pin Code:

State:

[illegible]

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: _____

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 which are a material change in operations? ☐ Yes ☐ No If "yes", please attach details.

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 and whether held by the Applicant or by a person or organization providing services to the Applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Does the Applicant test the security required by the security policy at least annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Does the Applicant regularly identify and assess new threats and adjust the security policy (and protection procedures) to address the new threats? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Does the Applicant have a formal, written incident response plan that addresses: | | |
| (i) Unauthorized access to the Applicant's computers, system, network or any of the Applicant's information assets: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) denial of service attacks and other forms of network or system outages: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) extortion demands: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) corruption of, or damage to, data: | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

SECURITY INCIDENT AND LOSS HISTORY

Has the Applicant had any computer or network security incidents during the past two (2) years? ☐ Yes ☐ No

"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) including whether the Applicant reported the incident to law enforcement authorities and/or its insurer.

ATTACHMENTS AND DOCUMENTS

If available, please enclose with this proposal form: ☐ Yes ☐ No

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? ☐ Yes ☐ No

If "yes", please attach details.

(b) Does the Applicant currently have cyber security or similar insurance? ☐ Yes ☐ No

If "yes", please provide the following details:

Insurer	Limits	Deductible	Policy Period
	₹	₹	

PRIOR KNOWLEDGE/WARRANTY

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 of facts or circumstances which might give rise to a claim that would fall within the scope of that cover? ☐ Yes ☐ 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

(ii) indicate the probability of any such claim(s)? ☐ Yes ☐ No

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 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.

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 ₹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 the Instrument

Date

Print Name of Signatory and Signature