

CYBER+
INSURANCE

- PROPOSAL FORM -



General Insurance Company Ltd.

CYBER+ POLICY PROPOSAL FORM

This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. Liability of the company does not commence until the proposal has been accepted and the premium has been received in accordance with the provisions of section 64VB of the insurance act, 1938.

The Company is under no obligation to accept any proposal for insurance. If the Company accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

If insufficient space on this form, please use an attachment page.

1. COMPANY INFORMATION

1.1. Name of Proposer:

1.2. Address: Server locations

1.3. Type of Organisation:

Corporations Governments Non Governmental Organizations Society
International Organization Trust Partnership Cooperatives Section 25 Company

1.4. PAN Number:

1.5. Website:

1.6. Business Description:

1.7. Number of Years in continuous Business:

1.8. Exposure:

	Prior Year	Current Year (estimated)
Number of Employees		

Number of online Customers		
Total Assets		
Total Revenues (INR)		
Revenues from online sales/ services		

Geographical Split of the Company's Total Gross Revenue (%)	Prior Year	Current Year (estimated)
European Union		
United States		
Rest of World		

2. SECURITY

2.1. Does the Proposer have a documented Data Protection / Information Security Policy approved by the Proposer's Board of Directors or persons with substantially similar responsibilities.

Yes No

If the answer to point 2.1 is "yes":

a) Does the Proposer test the security required by the Data Protection / Information Security Policy

annually quarterly monthly No

b) Does the Proposer regularly identify and assess new threats and adjust the Data Protection / Information Security Policy (and protection procedures) to address the new threats?

annually quarterly monthly No

c) Does the Proposer have a Board of Directors approved Incident Response Plan:

Yes No

2.2. Are all employees provided with a copy of the Company's Data Protection / Information Security Policy which they are required to confirm with?

Yes No

2.3. Which member of staff is responsible for IT and information security (including data protection and IT officer)?

Position	Organisational entity	Qualification/certification

2.4. Are there special/sensitive areas/departments in the company whose IT and/or data need to be protected specifically? If so, please describe.

Yes No

2.5. Does the Proposer uses third party service providers for administrating and operating your IT systems?

Yes No

If so, please list them.

3. DATA

3.1. Please provide us with a short overview regarding the implementation of IT security measures.

IT security measures	Short description of implemented measures and updating

Protection of information systems (e.g. anti-virus software, encryption, firewalls, etc.)	
Network security (e.g. maintenance access, access from mobile devices, etc.)	
Detection of external access (e.g. log files analysis, penetration test, etc.)	
Identity management and access control (e.g. account and password management, etc.)	
Reaction to business interruption (e.g. business continuity plans, IT service continuity management, etc.)	
Physical security (e.g. access and entry control, etc.)	
Security awareness of the employees (e.g. training, reaction to breach, etc.)	

3.2. Backup Management: Does the Proposer has a backup management?

Yes

No

If so, please describe it shortly.

4. SECURITY INCIDENTS AND LOSS HISTORY

4.1. Has the Proposer had any computer or network security incidents during the past?

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 4.1. 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.

4.2. Has the Proposer had any PCI-DSS non-compliance incident during the past

Yes No

If the answer to question 4.2. 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.

4.3. Has the Proposer notified any claims or circumstances within the last 5 years under a liability policy (e.g. Cyber Liability, General Liability, D&O Liability, E&O etc.) or any other insurance policy (property, BI etc.) arising from a breach of privacy, loss or theft of personal or commercial information or the unauthorized access of your computer network.

Yes No

If so, please describe it shortly.

5. Prior Insurance

Does the Proposer already have a Cyber Insurance?

Yes No

If yes, please provide the following details:

Insurer	Policy Period	Limits	Deductible	Premium
		INR	INR	INR

6. Cyber+

6.1. Date of Inception

6.2. Retroactive Date

6.3. Desired Limits

Premium Payment Details:											
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash											
Cheque /DD/ PO /UTR No. <input type="text"/>											
Date <input type="text"/>				IFSC <input type="text"/>				<input type="text"/>			
Amount in Rs. <input type="text"/>											
Bank Account No. <input type="text"/>											
Bank Name <input type="text"/>						Branch <input type="text"/>			<input type="text"/>		
PAN Number <input type="text"/>											
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>											
GST Registered										Yes/ No	
GSTIN Number										<input type="text"/>	
GST State										<input type="text"/>	

Declaration

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, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and Magma HDI.

Signature(s): _____ Date: _____

Title: _____

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 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.

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

Please enclose one document of 'Proof of Identity' and one document as 'Proof of Address' with this application. The following documents are accepted as:

Proof of Identity:	Proof of Address:
For Individuals	
1. Passport 2. PAN Card 3. Driver's License 4. Voter's Identity Card 5. Letter from Recognized Public Authority	1. Telephone/Mobile bill not older than six months on the date of commencement of insurance 2. Bank A/c Statement with Residential address not older than six months on the date of commencement 3. Electricity Bill 4. Ration Card 5. Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk 6. Employer's Certificate 7. Letter from Recognized Public Authority
For Companies	
1. Certificate of Incorporation and Memorandum and Articles of Association. 2. Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account. 3. Power of Attorney granted to its managers, officers or employees to transact business on its behalf. 4. Copy of PAN allotment letter	

For Partnership Firms
<ol style="list-style-type: none">1. Registration Certificate2. Partnership Deed3. Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf.4. An officially valid document identifying the partners and the persons holding the Power of Attorney and their address.
For Trusts and Foundations
<ol style="list-style-type: none">1. Certificate of registration, if registered.2. Power of Attorney granted to transact business on its behalf.3. Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/directors and their address.4. Resolution of the founding body of the foundation/trust/association.