

**PROPOSAL FORM -
CYBER SECURITY INSURANCE**



Registered and Corporate Office : Unit No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai 400 093.
Tel. : 022-41659800 / 69639900, Email : contactus@universalsompo.com

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

Instruction to fill the proposal form

Please ensure that the details furnished in the proposal form are correct and complete in all respects. The company's decision for acceptance of the risk will be on the basis of information provided below.

- 1.This proposal must be completed, signed and dated by a Principal, Partner or Director.
 - 2.You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach additional sheets
- If You have any questions concerning this proposal, please contact your insurance advisor or the Company to discuss.

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

Section 1: Company Details

1. Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured Company:	
Contact Name:	
Address:	
Telephone:	
Email Address:	
Website:	
Address Proof	Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>
CKYC No	

I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.

Do you have an EIA Account? If Yes, Account Details : _____
If No, I would like to apply for EIA with _____ Karvy CAMS NSDL CSDL

Are you a Politically Exposed Person? Yes No
(Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials".
"Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")

2. Please state when was your Company established? _____

3. How many directors, officers, partners are there in the Company? _____ Please provide details as below

Name	Years in position	Years Experience	Qualifications

4. Please state the number of employees?	
5. How many customers do you have?	
6. What percentage of these are commercial customers?	
7. Do you have any risk management system against cyber risks in place? If yes, please provide details.	
8. Please provide below details for past three financial years	

	Last complete Financial Year	Estimate for current Financial Year	Estimate for next Financial Year
Domestic Turnover			
USA Turnover			
Other Territory Turnover			
Total Turnover			
Gross Profit			
Payroll			

Day of Financial Year ending _____

Section 2: Activities

1. Please describe briefly nature of your business activities (If you have a brochure, or company literature, please attach to this form)

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2. Please provide breakdown of your total turnover by activity: The total of all activities listed here should equal 100%

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3. Please detail which of the following data types you collect:

Credit or debit card details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driving Licence Number	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical/ Health Records	Yes <input type="checkbox"/> No <input type="checkbox"/>
Customer Bank Records	Yes <input type="checkbox"/> No <input type="checkbox"/>
Third Party Corporate Confidential Data	Yes <input type="checkbox"/> No <input type="checkbox"/>
Individual Name and Address	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employee Bank Records	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Please indicate which of the following activities you engage in (if any)

Print Advertising	Yes <input type="checkbox"/> No <input type="checkbox"/>
Television or Radio Advertising	Yes <input type="checkbox"/> No <input type="checkbox"/>
Online Advertising	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Media Marketing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Print Publications	Yes <input type="checkbox"/> No <input type="checkbox"/>
Event/ conference organising	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bulk e-mail marketing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Client/ Supplier Remote Access	Yes <input type="checkbox"/> No <input type="checkbox"/>
Re-Sale of private data	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Please indicate which of the following are managed internally (INT), which are outsourced to third party providers (OUT) and which do not exist (NONE)

Public Facing Web Servers:		Database Servers:	
Web/email content filtering:		Vulnerability Scanning:	
Intranet Web Services:		Desktop:	
Firewalls:		VoIP telephony:	
Virtual Private Networks:		IT Support/ helpdesk:	
E-mail services:		Internet Service provision:	
File Servers:		Payment Processing:	
Penetration Testing:			

6. Please provide detail in relation to your network size, where exact number are unknown please provide your best estimate:

Approx no. of servers:	
Approx no. of desktops:	
Approx no. of portable devices:	
Number of server locations:	
Average daily web unique visits:	

7. In the event of a system interruption (including web downtime), what is your maximum daily financial loss? Note: This figure will set the maximum limit for your Network Interruption cover.	
8. How quickly will you realise a financial loss in the event of a system outage (most critical system)?	
9. How you got a fully documented and tested business continuity plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have your systems been subject to a third party security audit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. If answer to the above question is yes, then have all high risk recommendations from your most recent security audit been implemented?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have your systems been audited as being compliant with ISO or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

13. Do your internal IT systems comply with all minimum security requirements detailed below?

Anti-virus software must be installed on all desktops and servers (excl database servers) and updated on at least a weekly basis
All external network gateways must be protected by a firewall
All critical data must be backed up on at least a weekly basis
All back-ups should be stored in a secure location offsite or in a fireproof safe The integrity of all back-ups should be verified on at least a monthly basis.

If No, then please explain _____

14. Do you have a Service Level Agreement in place with all outsourcing suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do you have an Internet and Email Acceptable Usage Policy that is incorporated into the contract of employment with all your staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Does your Company sell or share personally identifiable data to/ with third party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Do you ensure all sensitive data is encrypted while standing and during transmission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Do you have a privacy policy on your website and has it been legally reviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Do you outsource the handling of sensitive data to any third party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Do you employ specific individual(s) with responsibility for information security?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(please provide details if answer is yes)	

Section 3: Coverage Details

1. Please indicate the cover that you require

1. Data Liability

Loss of Personal Information	Yes <input type="checkbox"/> No <input type="checkbox"/>
Loss of Corporate Information	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outsourcing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Network Security	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Administrative Obligations

Data Administrative Investigations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Data Administrative Fines	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Reputation and Response Costs

Pro-active Forensic Services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repair of Company's Reputation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repair of Individuals' Reputation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notification to Data Subjects	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monitoring	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electronic Data	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Please indicate the optional add-on covers that you require

Extension	Y/N	Additional Premium	Sublimit
Multimedia Liability			
Cyber/ privacy Extortion			
Network Interruption			

3. Limits and Sublimits of Liability

Coverage	Sublimit
Data Administrative Investigations:	
Data Administrative Fines:	
Pro-active Forensic Services:	
Repair of Company's Reputation	
Repair of Individual's Reputation	
Restoring, recreating or recollecting Electronic Data:	

4. Retroactive Date: _____

Section 4: Claims Experience and Insurance History

1. Please provide details of your current insurance policies

Type of Cover	Amount of Loss/ Damage	Expiry Date	Limit	Excess	Premium	Insurer

2. Are you aware of any loss or damage , whether insured or not, that has occurred to any of the Companies to be insured (or to any exiting or previous business of the partners or directors of any of the Companies to be insured) within last 5 years or	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or directors thereof or	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof or	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest, or fraudulent activity or been investigated by any regulatory body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Has there ever been an unforeseen outage of your website for more than three hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
With reference to questions 1, 2, 3, 4 and 5 above Yes <input type="checkbox"/> No <input type="checkbox"/>	

If answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/ claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/ or by Insurers, and the dates of all developments and payments.

Premium Payment and Bank Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	
Premium Amount Rs.	Amount (In Words):
For Cheque/DD/PO (Payable in favour of Universal Sompo General Insurance Company Ltd)	
Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Fund Transfer/Wallet : Name of Bank/Wallet	Transaction No.
PAN Number :	TAN Number :
Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.	
BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE	
Name of Account holder	
Bank Name & Branch:	
Bank Account Number	
IFSC Code	

AML Declaration:

1.I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002 and its subsequent amendments.
2.I understand that the company has the right to call for documents to establish the sources of funds.
3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India.
4.Nationality: Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the country_____

Declaration

1. I/We desire to insure with Universal Sompo General Insurance Company and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
3. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.
4. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.
5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
6. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".
7. I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsompo.com).
8. I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".
9. I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
10. **Go Green** - We would like to protect our environment and would like to save paper sending all Policy and service-related communication to the email id as mentioned in this form.

By choosing this option, You wish to avail Physical Policy Copy.

11. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time

12. I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.

13. I/We authorize the Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.

I hereby consent to and authorize Universal Sompo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPDR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Place:

Date:

Signature of Proposer

Disability Declaration

I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative:

Signature of Representative:

CKYC Declarations

1. I hereby give consent to Universal Sompo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

2. I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

Place:

Date:

Signature of Proposer

**USE IF FILLED BY SCRIBE
DECLARATION**

(APPLICABLE ONLY WHERE FORMS FILLED IN BY A SCRIBE* OR FOR FORMS SIGNED IN VERNACULAR LANGUAGES)

I _____ (Full Name), have explained to the Proposer, that the answers to the questions form the basis of the contract for _____ Policy between the Company and the Propose Policyholder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a nondisclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Propose Policyholder has signed / affixed his/her right thumb impression in my presence.

I, the Propose Policyholder declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

ADDRESS OF SCRIBE

City/Village: _____
State: _____
Place: _____
Pin: _____
Date: _____

Signature of the Scribe
*Scribe is a person not

Signature / Right Thumb Impression
of the Policyholder Proposer

Signature of Life Advisor
Broker as witness
Connected with the company

USE IF FILLED BY OTHER THAN SCRIBE

IN CASE THE PROPOSED INSURED/PROPOSER IS ILLITERATE OR IS SIGNING IN VERNACULAR OR IF FORM HAS BEEN FILLED BY AGENT/EMPLOYEE / SPECIFIED PERSON/ BROKER ON BEHALF OF THE PROPOSER/PROPOSED INSURED

I, (_____), (_____) hereby declare that I have read & explained the contents of the

Name of the Agent/Specified Person/Broker/Employee _____ Agent/Specified Person/Broker/Employee Code _____
proposal form to the Proposed Insured/ Proposer in language _____ and that I have read out to the Proposed Insured/ Proposer, the answers to the questions dictated by the Proposed Insured/Proposer. The information/answers filled in the proposal form by me on behalf of the Proposed Insured/ Proposer are exact replication of the information/answers provided to me by the Proposed Insured/Proposer and that the Proposed Insured/ Proposer has signed/affixed his/her thumb impression on the proposal form after fully understanding the contents thereof. I further declare that there is no addition/ deletion/alteration done by me to the information/answers provided by the Proposed Insured/ Proposer.

Signature of Agent/Specified Person/Broker/Employee

Signature/ Thumb Impression of Proposed Insured/ Proposer

Witness Details:

Name: _____
Signature: _____
ID Proof Type: _____
ID Proof Number: _____

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

1. 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 or 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Universal Somp General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708
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Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.
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