ICICI Lombard General Insurance Company Ltd.
ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai-400025
UIN: IRDAN115CP0006V01202021

I-ELITE GROUP CYBER LIABILITY INSURANCE - PROPOSAL FORM

Guidelines for completion of Proposal

1. Please answer all questions on this Proposal completely, accurately and correctly. For all questions that do not apply, please mention clearly that the question is Not Applicable (Note: all questions answered "NA" will be considered to be answered as Not Applicable).
2. This Proposal must be SIGNED, STAMPED and DATED by an authorised signatory of the proposed policyholder.
3. Insurance is a contract of Utmost Good Faith which requires the proposed policyholder to disclose all material facts in relation to this Proposal in respect of the proposed policyholder and each proposed Insured and to also not suppress any material facts in relation to this Proposal while responding to the questions in the Proposal. If You believe that any fact/information/documentation is material to this Proposal then You must disclose it to the Insurer. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non- disclosure in any material particular in the Proposal/personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
4. If You require additional space to answer any question on this Proposal, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains.
5. Kindly contact the Insurer's Offices or Agents or Your broker for any queries or clarifications that You may have on the Proposal or the questions contained therein.
6. The proposed policyholder will be referred to in this Proposal as "proposed policyholder", "You" or "Your".

Note: The liability of the Insurer in relation to the subject matter of this Proposal shall not commence until this Proposal has been accepted by the Insurer through issuance of the Policy Document/Cover Note and subject to the receipt of premium by the Insurer.

Customer Information

Name of Policyholder _____

Address _____

_____

Contact Number _____

Email Address _____

Date of incorporation: _____(dd/mm/yyyy)

Place of incorporation: _____

PAN: _____

Registration No. (E.g. CIN):

GST No. _____

CKYC NO:

ICICI Lombard General Insurance Company Ltd.
ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai-400025
UIN: IRDAN115CP0006V01202021

Status (please tick any one):

☐ Private Limited Co. ☐ Public Ltd. Co. ☐ Unincorporated Association or Body of Individuals

☐ Individual ☐ MSME/SME ☐ Trust/ Foundation

☐ Partnership/LLP ☐ Government

☐ NGO/NPO (If yes, obtain DARPAN Portal Registration number.....)

☐ Others (please specify) _____

Nature of Business: _____

ADDRESS DETAILS

1. **Address for correspondence/principal place of business:**

_____City/town/ village_____Pin Code: _____State: _____Country: _____

2. **Contact Details:** Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____Fax: _____Email id: _____

3. Specify the *proof of address submitted for correspondence address:

_____***(For address proof, please refer the list at Annexure A)***

4. Registered Address (if different from above): ___

City/town/village: _____Pin Code: _____

State: _____Country: _____

OTHER DETAILS (Authorized Signatory)

1. **Name:**

2. **Current residential address:**

3. **Any officially valid document containing photographs of Authorized**

Signatory:

4. **PLEASE TICK, IF APPLICABLE:**

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs *?

Yes ☐ No ☐

If yes, please give details (Nature of relationship and position held by PEP) ……
"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials;".

D. Details of Beneficial Owner*

Mention the details of individual persons who has/have the Beneficial Ownership in the captioned entity:

Sr. No	**Particular**						
	Full name	**Date of birth**	**Nationality**	**Address**	**% share holding**	**PAN**	****Politically Exposed Person(PED) Declaration**
							☐ PEP ☐ Related to PEP ☐ No
							☐ PEP ☐ Related to PEP ☐ No
							☐ PEP ☐ Related to PEP ☐ No
							☐ PEP ☐ Related to PEP ☐ No

Important note:-

(*) The beneficial owner shall be determined as follows:

(a) where the client is a company, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest (more than ten percent of shares or capital or profits of the company) or who exercises control through other means

(b) where the client is a partnership firm, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than ten percent of capital or profits of the partnership or who exercises control through other means

"Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision;"

(c) where the client is an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals

(d) where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership

(e) where no natural person is identified under (a) or (b) or (c) or (d) above, the beneficial owner is the relevant natural person who holds the position of senior managing official

RISK Details

Coverage to be selected	***Selected (Yes /No)***	***Limit per cover***
Theft of Funds		
Identity Theft		
Data Restoration / Malware Decontamination		
Cyber Bullying, Cyber Stalking and Loss of Reputation		
Cyber Extortion		
Social Media and Media Liability		
Online Shopping		
Online Sales		
Network Security Liability		
Privacy Breach and Data Breach Liability		
Privacy Breach and Data Breach by Third party		
Smart Home		
Liability for Intentional Misbehaviour of Underage Persons		
Lost wallet cover		
Loss due to physical loss/theft of Your mobile devices/computer systems		

Limit of Liability

ICICI Lombard General Insurance Company Ltd.
ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai-400025
UIN: IRDAN115CP0006V01202021

Premium details: _____

Premium Amount: Rs. _____

DD /Cheque Amount: Rs. _____

DD/Cheque No. / In case of NEFT please specify NEFT details: _____

Issuing Bank Name: _____

DD/Cheque ____/____ Date: /

Claim experience / previous policy history

DECLARATIONS:

a) I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal.

b) I agree that the information in this proposal form and the accompanying documentation submitted shall form the basis of the contract proposed between me and ILGIC.

c) I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured for the purpose of undertaking KYC.

d) I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

e) I/We understand that the Company has right to call for documents to establish source of funds

f) I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

g) In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Further, I/We understand that the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

_____

Name & Signature of the Authorised Signatory

Date: _____(dd/mm/yyyy) Place: _____

ICICI Lombard General Insurance Company Ltd.
ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai-400025
UIN: IRDAN115CP0006V01202021

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name :
Code/Functional Identity:
Contact No. of the branch:
Email ID of the branch:
Branch/Office:

STATUTORY WARNING: PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

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 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 prospectuses or tables of the insurer:

   Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.