

PROPOSAL FORM CYBER LIABILITY INSURANCE

Intermediary Type Agent / Broker / Direct	
Intermediary Name	
Intermediary Code	
MO Name	
MO Employee ID	
Branch Name	

GUIDELINES FOR COMPLETION OF THE FORM

Please answer all questions in this proposal form completely and accurately on behalf of all persons to be insured. Where any question does not apply, please mention 'NA' where 'Not Applicable' only. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

- ICICI Lombard General Insurance Company Limited (ILGIC) is under no obligation to accept any proposal for insurance. If ILGIC accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.
- Please note that the insurance is not effective until the proposal is accepted by ILGIC and premium received.
- If additional space is required to provide relevant information, whether as requested or otherwise in or along with this proposal form, please attach a separate sheet to this proposal form and return it to ILGIC.
- If there is any change in the information provided in the proposal form or otherwise before the date on which the policy is issued, please intimate ILGIC immediately.
- Please seek the advice of your insurance advisor or agent if you are unclear about any of the policy terms and conditions.

It is agreed and understood that information provided in this proposal form and documents submitted along with the proposal form will be the basis of any subsequent insurance policy that may be issued to you by ILGIC. You shall provide ILGIC with a full and frank disclosure of any and all facts that may be material to ILGIC's decision to grant a policy or the terms upon which it should be granted. If you fail to do so, it may result in the rejection of a claim and/or the avoidance of the policy.

CLIENT INFORMATION

Name of the proposer	
Name of the policyholder	
Address	
City / Town / Village	
State	Pin Code
Phone No.	Fax Number
E-Mail Address	
Website	
Contact Person	
Proposed Limit of Liability	
Proposed Policy Period	
Details of any existing Cyber insurance covers	
Insurer	
Limit of Liability	
Policy Period	

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 Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 / 602, 6th Floor, Interface Building No. 16,
New Link Road, Malad (West),
Mumbai - 400 064.

CIN : L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

PROPOSAL FORM CYBER LIABILITY INSURANCE
Toll free no : 1800 2666
Alternate no : 8655222666 (Chargeable)
E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com

PROFESSIONAL SERVICES

Please provide in detail the Professional services of the Policyholder

No.	Name of Subsidiary	Country of Incorporation	Policyholder's shareholding in the subsidiary(%)	Professional Services
1				
2				
3				

Year Established _____ Total Number of Employees _____

Please provide the following details about the subsidiaries

Please append an additional sheet if required

Have the Company's activities changed in the past 3 years or do you anticipate any major changes in these activities in the forthcoming twelve months YES ☐ NO ☐

If 'Yes' please provide full details _____

Please provide the Company's consolidated fee income by geographical segments

	Last Completed Year	Current Year Estimate	Forthcoming Year Estimate
Year End			
India			
Europe			
USA/Canada			
Rest of the World			
Total			

COMPUTER SYSTEMS PROTECTION

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person Y/N
Does the Company have an information security and privacy policy in place? <i>If 'Yes', how often is this policy reviewed?</i> _____	Y ☐ N ☐
Does the Company provide training for every employee on information security and privacy policy?	Y ☐ N ☐
Are all security threats and incidents logged and investigated?	Y ☐ N ☐
Is the Company's disaster recovery program formalized and tested?	Y ☐ N ☐
Is the Company's business continuity plan formalized and tested?	Y ☐ N ☐
Does the Company have antivirus software on all computer systems which are updated in accordance with the software providers' recommendations?	Y ☐ N ☐
Does the Company have firewalls and intrusion monitoring detection in force to prevent unauthorized access?	Y ☐ N ☐
Are all employees assigned specified rights, privileges and unique user ID and passwords, which are changed periodically?	Y ☐ N ☐
Does the Company terminate all associated computer system access and user accounts as part of the regular exit process when an employee leaves the company?	Y ☐ N ☐
Are connections from laptop, mobile devices, and remote users into the Company's system secured?	Y ☐ N ☐
Is all valuable and / or sensitive data backed-up by the Company every day? <i>If 'No', please describe exceptions:</i> _____	Y ☐ N ☐
How long are back-up tapes stored before being overwritten?	
Does the Company have and enforce policies concerning when internal and external communication should be encrypted?	Y ☐ N ☐
Is personally identifiable information stored on laptop computers and portable media (flash drives, back-up tapes) protected by encryption?	Y ☐ N ☐

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PRIVACY EXPOSURES

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person Y/N
Does the Company collect, maintain or process personal information of clients as part of its professional services? If 'Yes', please indicate the type of information which is collected and stored: Social Security Numbers Personal Health Data Credit Card Information Bank Account Information Employee Information Other (Please Describe)	Y ☐ N ☐
Does the Company have a designated privacy officer who has responsibility for meeting the Company's worldwide obligation under privacy and data protection laws? If 'No', who is responsible for management of, and compliance with the Company's privacy policies? _____	Y ☐ N ☐
Does the Company share personal information gathered from customers with Consultants or third parties?	Y ☐ N ☐
If 'Yes', is explicit consent of the customers taken before sharing such information?	Y ☐ N ☐
Does the Company conduct regular reviews of the consultant and third party service providers to ensure that they meet the company's requirement for personal information in their custody?	Y ☐ N ☐

MEDIA

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person Y/N
Does the Company have a designated officer who has responsibility for monitoring the content of the website from a legal perspective?	Y ☐ N ☐
Does the Company have a formal procedure for editing or removing controversial, offensive or infringing material? If 'Yes', please provide details _____	Y ☐ N ☐
Does the Company offer chat-room or user group discussion facilities through its website?	Y ☐ N ☐
Does the Company have a review process in place to screen material displayed on its website for copyright/trademark infringement and slander/libel?	Y ☐ N ☐
Does the Company display material created by third parties (e.g. videos, music, and blogs)?	Y ☐ N ☐

BUSINESS INTERRUPTION

How fast is the Company likely to incur a loss of profit as a result of an IT network compromise and a total system downtime?

Immediately ☐ 1 to 12 Hours ☐
 12 to 24 Hours ☐ 24 to 48 hours ☐ Greater than 48 hours ☐

In case of a non-scheduled closure of the Company's IT Networks, Please estimate the daily loss of profit for the Company _____

US EXPOSURE

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person Y/N
Is the Company subject to any of the following? HIPAA privacy and security rules?	Y ☐ N ☐
PCI security standards?	Y ☐ N ☐
The Gram, Leach, Biley Act?	Y ☐ N ☐
Red Flag Rules?	Y ☐ N ☐
Safe Harbor Program between the United States of America and the European Union?	Y ☐ N ☐

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CLAIMS INFORMATION

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person Y/N
Has the Company ever been investigated in respect of the safeguards for personal information? If 'Yes', please provide details: _____	Y ☐ N ☐
Has the Company ever received complaints about how someone's personal information is mis-handled?	Y ☐ N ☐
Has the Company sustained any unscheduled network outage or interruption or denial of service attack in the last thirty-six months? If 'Yes', please provide details	Y ☐ N ☐
Is there any existing or pending claim against the Company?	Y ☐ N ☐

If 'Yes', please provide details for at least the past 5 years

Nature of Claim	Amount of Loss	Current Status	Remedial Measures

Please provide details of settlement if any, in the past 5 years:

Is any person proposed for cover aware of any facts or circumstances which might afford grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any future claim(s)?

YES ☐ NO ☐

If 'Yes', please provide details: _____

It is agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage.

DOCUMENTS REQUIRED

Please provide copies of the following documents to ICICI Lombard General Insurance Company Ltd.

- Expiring Cyber Policy Copy (If it is not ILGIC policy)
- Network Security Policy
- Business Interruption Policy

DECLARATION

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 through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

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.

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. 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 ICICI Lombard General Insurance Company Limited

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

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.

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.

Place :

Date : / /

Designation

Authorized Signatory Signature & Stamp

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STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of 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.

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