ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

Regd. Office: *ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhivinayak Temple, Prabhadevi, Mumbai 400 025*

PROPOSAL FORM FOR ICICI LOMBARD MSME Suraksha Kavach Package Policy– Advance

For Office Use Only

Agent/ Broker Name_____

Marketing Office Name _____

Branch Name _____ Received date & time by MO. Date: _____

Time: _____

Client ID No. _____ Group ID No. _____

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly where any question does not apply, please mention clearly that the same is not applicable.
2. 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.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information has been withheld by the proposer or any one acting on his behalf to obtain any benefit under this policy.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

Customers Information

Name of Insured	
Insured Address/ Mailing Address City/Town State Pincode	
Contact No: _____ STD Code:_____	Tel. No. _____ Fax No. _____ Mobile No._____
E-mail ID	_____
Period of Insurance	

CKYC	
Policy period	☐ Short Term Policy* Please specify the number of months :_____ ☐ Annual policy ☐ Long Term Policy** Please specify the number of years :_____ Note : *The duration of the policy is below 12 months. **The product can be offered for long term upto a maximum of 5 years
Nominee Details   <

Occupational Details (In case of Individual)	Salary ☐ Self employed/Business ☐ Others (Please specify) _____
Occupational Details (In case of an Entity / Business)	Non Resident Entity ☐ Foreign company registered in India ☐ Foreign LLP ☐ Government Department ☐ Hindu Undivided Family ☐ LLP Partnership ☐ Local Authorities ☐ Partnership ☐ Private Limited Company ☐ Proprietorship ☐ Public Ltd Co ☐ others ☐ Unincorporated Association or Body ☐ Of Individuals ☐ Trust / Foundation ☐ NGO / NPO ☐
Customer Type:	General ☐ EOU/STP/EHTP ☐ Government ☐ Overseas ☐ Related parties ☐ SEZ ☐
Are you or any of the proposed applicants 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*	Yes ☐ No ☐

corporations and important political party officials;"	
Paid Up Capital of the Enterprise (Rs.)	_____
Annual Turnover (Rs.)	_____
Bank Account Details	Bank Branch MICR IFSC* Account Number Account Type: *Please enclose cancelled cheque along with the Proposal Form for direct payment in the account.
*Registered GST : (One Policy One Invoice) Yes ☐ No ☐ PAN No.	If Yes, then please provide GSTIN _____ Address (Registered under GST): _____
One Policy Multiple Invoice: Yes ☐ No ☐	If yes, it can be taken as an Annexure to Proposal Form as detailed below State-wise GSTIN | Address Registered under respective GSTIN | | | | **Note**: In all above cases, complete address of the customer is required to be taken.

INSURANCE DETAILS

Policy to be issued in favour of (list out all the parties who have insurable interest including financial institutions/banks and please leave a space between parties)

_____
_____
_____
_____
_____
_____

.

Do you wish to avail physical policy documents? Yes No

Period of Insurance from _____ to _____

Address of the Risk Location:

_____
_____
_____
_____
_____

City/Town:_ _____ State: _____ Country: _____ Pin Code:_____
(In case of Multiple risk locations, please attach a separate sheet)

Hypothecation Details:

_____
_____

This policy covers the following sections (**To avail the policy Section 1 is compulsory**). Please tick the sections that you wish to avail of and fill in the details against that section:

Section	Coverage	Please Tick
1.	MSME Suraksha Kavach (Complete Fire Insurance)	Mandatory
2.	Consequential Loss (Fire)	
3.	Burglary	
4.	Money Insurance	
5.	Fidelity Guarantee	
6.	Plate Glass	
7.	Boiler and Pressure Plant	
8.	Electronic Equipment	
9.	All Risk	
10.	Machinery Breakdown	
11.	Public Liability Insurance under PL Act, 1991	
12.	Public Liability (Industrial Risks)	

13.	Public Liability(Non-Industrial)	
14.	Directors & Officers Liability	
15.	Group Personal Accident	
16.	Employee's Compensation Insurance Policy	
17.	Cyber Liability Insurance	

Please fill in the details of the relevant sections opted. (Location wise Sum Insured details for each section will have to be provided)

Section 1: MSME Suraksha Kavach (Complete Fire Insurance)

A. Business and Location of Business

3	Business of Insured	
4	Location of risk/business to be covered - full postal address with Pin Code	

Sr. No.	Address	Pin Cod	Occupancy	Age	Floor
1					
2					
*Floor: Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor					

B. Details about business covered at the insured location

1	The Insured property is	Please tick in the space below :
	• Offices, shops, hotels etc.	Yes / No
	• Industrial/ manufacturing risks	Yes / No
	• Storage outside Industrial/ manufacturing risks	Yes / No
	• Tanks /gas holders outside industrial/ manufacturing	Yes / No
	• Utilities located outside Industrial/manufacturing risks	Yes / No
	• Boundary wall	Yes / No
	• Basement storage	Yes / No If, yes value stored SI: ₹……
	• Others (please specify)	
2	Pls give a list of good stored or manufacture at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable)	
3	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
4	Fire Protection devices installed	Please Tick the correct answer in the box below. • Fire Extinguishers • Hydrant System • Sprinkler System

		• Fire Alarm System • Others, please specify below. _____
5	Construction details	
	a) Please state material used	Please tick the correct answer
	Walls	Kutcha /Pucca
	Floor	Kutcha /Pucca
	Roof	Kutcha /Pucca
	Note: Kutcha: Building's having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Pucca: Building's other than Kutcha are treated as Pucca constructions	
	b) Number of Floors	
	c) Age of the Building	Less than 5 years 5-10 years 10-20 years Above 20 years
6	Distance between the risk to be covered and nearest Fire Brigade	
7	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)	
8	Whether Insurance was declined by any other Company (Give details)	
9	Premium / Claim details for the past 36 months excluding the expiring policy period	Year / Premium / Claims ₹ / ₹ ₹ / ₹ ₹ / ₹

C. Sum Insured and Other details of Insured Property

Indicate Sum Insured on the following basis:

- *For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents:* ***Reinstatement Value;***
- *For raw material:* ***Landed Cost;***
- *For stock in process:* ***Input cost;***
- *For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.*

Contract Price *is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).*

1	**Description of Block**	**Building including plinth, Basement, and additional structures**	**Plant & Machinery**	**Furniture & Fixtures, Fittings and other equipment**	**Raw Material**	**Stock in Process**	**Finished Stock**	**Other Contents (Please specify)**	**Total**

D. Add-ons and Endorsements (strike off what is not applicable)

Addons		
1.	Do You want to opt for Floater Cover (for stocks at various locations)?: Yes/No. If yes, give details:	<table><tr><td>Location (Postal Address with Pin Code)</td><td>Sum Insured (in ₹)</td></tr><tr><td></td><td rowspan="3"></td></tr><tr><td></td></tr><tr><td></td></tr></table> Maximum value at any one location: ₹_____ Whether stocks stored in open: Yes / No
2.	Do You want to opt for Declaration Policy? Yes/No If yes, give details below: Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):	
3.	Do you want to Opt for terrorism Damage Cover?	Yes/No
4.	Do you want to Opt for Riot, Strike & Malicious Damage?	Yes/No
5.	Do you want to Opt for Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation?	Yes/No
6.	Do you want to Opt for Earthquake, Volcanic eruption or other convulsion of nature?	Yes/No
7.	Do you want to Opt for Loss of Income?	Yes/No
8.	Do you want to Opt for Parametric Cover?	Yes/No
Endorsements/ Conditions		

1.	Do you want to Opt for First Loss Basis Cover?	Yes/No
2.	Are you interested in Risk Assessment and Mitigation Services Subscription Assistance?	Yes / No If yes, please select any one from below: One time ☐ ☐ Up to 12 months (As per policy schedule)

Section 2: Consequential Loss (Fire)

i. Indemnity Period required :
Please specify number of months following the damage

(Note: Indemnity period is the maximum period beginning with the occurrence of the damage, for which cover for Loss of Gross Profit is required and should reflect the maximum period anticipated for reinstatement of the damaged property.)

ii. Sum Insured

a) Gross profit (Net profit and standing charges): Rs.
b) Please specify the standing charges to be covered, in detail:

Serial No.	Description of standing charges	Amount (Rs)
1		
2		
3		
4		

iii. Please indicate the basis of indemnity required:

Turnover basis ☐ Output basis ☐ Revenue basis ☐

Extensions Required:

Please indicate the extensions required with the Limits desired.

Serial No.	Extension Name	Limit of Indemnity
1		
2		
3		
4		

Premium for this section is INR : _____

Section 3 : Burglary

If cover is required on First Loss basis, state the total value at risk and proposed

First Loss sum insured in the following format:

Total Sum Insured (Rs.)	**First loss sum insured (Rs.)**

Are the premises guarded by exclusive 24 hours watchman Yes ☐ No ☐

Whether any special safety devices installed, if so details of the same _____

Are the valuables secured in safe(s) outside business hours? Yes ☐ No ☐

Extensions Required:

First Loss Yes ☐ No ☐

Theft Yes ☐ No ☐

RSMD Yes ☐ No ☐

Premium for this section is INR : _____

Section 4 : Money

(i) Cash in safe

Item II	**Description of Cash**	**Maximum amount of money held at one time (in Rs.)**
(a)	Cash whilst on the Proposer's premises during the business hours or whilst secured in locked safe(s) or in strong room on the Proposer's premises as specified in the schedule outside business hours, against risks of burglary, house breaking, dacoity, robbery and hold up.	
(b)	Money in counter / in specified premises during business hours against the risk of hold-up	

Are the premises guarded round the clock? Yes ☐ No ☐

(ii) Cash in Transit

Item I	**Description of Money**	**Transit**		**Limit of any one loss (AOL) (Rs.)**
		From	To	
(a)	Money in transit, from the bank to specified premises.			

(b)	Money in transit from the specified premises to the bank for remittance			
(c)	Money in transit to the specified premises or bank and in personal custody of Proposer or his employee for a period not exceeding 48 hours from time of collection.			

What is the Estimated Annual amount of money in Transit (EAT)? Rs.
How is the money carried (i.e. whether in bags, trunks etc.)?
What is the designation of the employee handling money?
Do you want to include Riot & Strike cover? Yes ☐ No ☐

Premium for this section is **INR : _____**

Section 5 : Fidelity Guarantee

What is the basis of insurance?

Named ☐ Designation ☐ Floater ☐

Please provide details of the employees to be guaranteed in the following format:

Names/ Designations	Class (I/ II/ III)	Since when in service (DDMMYYYY)	Place of employment	Total remuneration (annual)(Rs.)	Amount to be insured (Rs.)	Any security taken
Total						

Risk Category

I	**Managers, Executives, Officers and Clerks including cashiers**
II	**Cash Collectors and travelers**
III	**Office boys, peons**

Note:

Please provide names or specific designation for identification purposes.

Please provide the estimate of maximum amount held by any employee on your behalf in the following format:

Description	Amount (Rs.)	Period held (days)
Money		
Stocks		

Premium for this section is INR : _____

Section 6 : Plate Glass Insurance

Please provide the description of the property to be insured in the following format:

S. no.	Type of glass	Whether in front return door, fanlight, counter case shelf or mirror and whether glass is fixed.	Position of glass	Size Height x Width (in cms)	Value of ornamental work/Lettering/Painting	Value of glass	Others (please specify)
	Plain Glass						
	Ornamental Glass						
	Corner Glass						
	Special type of glass*: please elaborate						

Premium for this section is INR : _____

Section 7 : Boiler and Pressure Plant:

1. DETAILS OF BOILER AND PRESSURE PLANT –

Sr. No	Location	Description of Items including Maker's Names, Maker's No. & Capacity, Type of Boiler	Registration No.	Year of Make	Sum Insured Rs.
2. SURROUNDING PROPERTY OF THE INSURED INCLUDING PROPERTY HELD IN TRUST OR COMMISSION.					
3. LEGAL LIABILITIES TO THIRD PARTIES -					

4. ADDITIONAL COVERS: a) Express freight (excluding airfreight), Overtime and Holiday rates of wages. b) Airfreight. c) Additional Customs Duty. d) Escalation clause	LIMITS OF LIABILITY IN Rs. _____

NOTE - The term `Boiler' where used in the above schedule includes fittings, integral super heaters and integral economisers but does not include steam or feed water piping, separate super heaters, separate economisers, such items being covered by the policy only if specifically listed in the Schedule.

Premium for this section is INR : _____

Section 8 : Electronic Equipments Cover:

SECTION 1 – LIST OF EQUIPMENTS

Item No.	Quantity	Description of Items	Year of Mfg.	Sum Insured (Rs.)

In case of computers, the term equipment shall include the entire computer system comprising of CPU, Key boards, Monitors, Printers, Stabilisers, UPS, System Software etc.

SECTION 2 – EXTERNAL DATA MEDIA

	Sum Insured
i) Data Media (type and quantity) ii) Expenses for Reconstruction and re-recording of information.	
TOTAL SUM INSURED . . .	

Is there a Valid Maintenance Contract in force Yes ☐ No ☐

If yes, whether the contract is with the Manufacturer ☐ With External Agency ☐

ADDITIONAL COVERS:

a) Owners Surrounding Property Yes ☐ No ☐
b) Third Party Liability Yes ☐ No ☐
c) Express freight (excluding airfreight), Overtime and Holiday rates of wages. Yes ☐ No ☐
d) Airfreight. Yes ☐ No ☐
e) Additional Customs Duty. Yes ☐ No ☐

f) Escalation clause Yes ☐ No ☐

Premium for this section is INR : _____

Section 9 : All Risk

SECTION 1 – LIST OF EQUIPMENTS

Item No.	Quantity	Description of Items	Year of Mfg.	Sum Insured (Rs.)

Additional Coverages under the Policy:

Terrorism Damage Yes No ☐

Electrical and Mechanical Breakdown Yes ☐ No ☐

Worldwide Coverage Yes ☐ No ☐

Premium for this section is INR : _____

Section 10 : Machinery Breakdown:

Details of the Machinery Proposed to be covered

Sr. No	Quantity (Nos.)	Description, Type, Model, Capacity of Machine / Serial No / HP / KVA, Volts, Amps, RPM	Maker's Name & Country of origin	Standby(S) / Portable(P) / Open(O)	Year of Manufacturing	Sum Insured (Rs.)
1						
2						
3						
4						

Separate value for foundations, masonry and brickwork or oil in transformers and other electrical equipments are to be specified if cover is required.

ADDITIONAL COVERS:

a) Owners Surrounding Property Yes ☐ No ☐
b) Third Party Liability Yes ☐ No ☐
c) Express freight (excluding airfreight), Overtime and Holiday rates of wages. Yes ☐ No ☐
d) Airfreight. Yes ☐ No ☐
e) Additional Customs Duty. Yes ☐ No ☐

Premium for this section is INR : _____

Section 11 : Public Liability Insurance (under PLI ACT, 1991)

(i) Please provide a list of all the hazardous substances handled by you

Sr. No	Name of substance	Location	Quantity

(Attach separate sheet if necessary)

(ii) Limit of Indemnity required in respect of Any One Accident ☐☐☐☐☐☐☐☐

Note

(a) Public Liability Insurance Act, 1991 (the Act) provides that the Indemnity limit for Any One Accident should not be less than the paid-up capital of the undertaking and not more than the amount, as may be prescribed by rules framed under the Act. The rule currently stipulates that Insurer is liable to pay not more than Rs 50 Million for any one accident and not more than Rs 150 Million for any one-year

(b) The Any One Year Limit will be three times the Any One Accident limit

(iii) Please provide the details of annual turnover in the following format

	(Amount in Rs,)
Estimated for proposed Policy Period	
Actual for previous Policy Period	

(iv) What is the number of workmen employed?

☐☐☐☐☐☐☐

(v) What is the number of other employees?

☐☐☐☐☐☐☐☐

(vi) Number of Locations to be insured

☐☐☐

(vii) Address of Location(s) to be insured

1.

2.

Premium for this section is INR : _____

Section 12 : Public Liability (Industrial Risks):

(i) Please provide information about premises proposed for insurance in the following format (attach separate sheet if required):

Sr. No.	Name of unit	Address of Location	Description of Activity

(ii) Do you wish to also insure depots, warehouses, godowns, tank farms, offices etc., which are outside the manufacturing premises?

Yes ☐ No ☐

If yes, please provide information in the following format:

Sr. no.	Description of depots, warehouses, godowns, tank farms	Location	Turnover

Are the depots, warehouses, godowns, tank farms etc. solely owned by you or are they shared with/hired to other parties?

Yes ☐ No ☐

Note: Cover is available only if the premises are solely occupied by you.

(iii) Please provide the following information about your units:

Unit name	Total no. of staff employed	Estimated total annual wages (Rs.)	Actual sales turnover of last year (Rs.)	Estimated annual sales turnover for the policy period (Rs.)

(iv) Please indicate the amount of Indemnity required:

Any one Accident[1] (AOA) (Rs.)._____

(v) Please specify the ratio of AOA TO AOY[2] limits of indemnities:

1:1 ☐ 1:2 ☐

1:3 ☐ 1:4 ☐

☐

[1] AOA: Any One Accident relates to limit of liability in respect of any one accident
[2] AOY: Any One Year relates to limit of liability in respect of all accidents in any one year.
[3] Excess: First portion of any loss that the Insured will bear

(vi) Please indicate the voluntary excess[3] as % of limit of indemnity per accident, which shall entitle you to a discount in premium.

(vii) Please describe the surrounding areas unit-wise, in the following format (including those described in (viii) above):

Sr. no.	Name of the unit	Nature of industries within an approximate radius of 2 km.	Nature of agricultural activity within an approximate radius of 2 km.

(viii) Please specify whether there is a residential area within a radius of 2 kms. from the units proposed for Insurance

Yes ☐ No ☐

(ix) Do you handle gases, pressure-storage, explosives, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons?

Yes ☐ No ☐

If yes, please provide information in the following format for each unit:

Description of substance	Quantity stored	Storage handling	Precautions taken

Premium for this section is INR : _____

Section 13 : Public Liability (Non- Industrial Risks)

Please provide the following details of lifts, escalators etc (attach separate sheet if required)

Sr. No.	Make	Capacity

i. Are the premises or equipment or machinery in sound condition of operation and will they be maintained so?

Yes ☐ No ☐

ii. Please, state the retroactive date, i.e. the date from which policy was first incepted and continuously kept in force: _____

iii. Please indicate the amount of indemnity required:

Any One Accident (AOA) (Rs.) _____

iv. Please specify the ratio of limit of indemnity for any one accident (AOA) and Any One Year (AOY)

1:1 ☐ 1:2 ☐

1:3 ☐ 1:4 ☐

Premium for this section is INR : _____

Section 14 : Directors and Officers Insurance

I. Kindly provide following information
II. Limit of Liability Desired:
III. Date of Establishment of the Organization:

That the Institution, or anyone for whom this insurance is intended, is not involved in criminal proceedings in the past.	Agree ☐	Disagree ☐
That no claims ever been made against any past or present Director or Officer of the Institution	Agree ☐	Disagree ☐
That there been no allegation of fraud or dishonesty against any past or present directors or officers of the Institution	Agree ☐	Disagree ☐
That the policy holder organization or any of its directors and officers are not aware of any circumstances or incident which may give rise to a claim?	Agree ☐	Disagree ☐

Premium for this section is INR : _____

Section 15 : Group Personal Accident

Number of persons to be insured _____

Total Capital Sum Insured Rs. _____

Please provide the list of persons to be insured:

Name of the Insured person	Annual Income (Rs.)	Place of Employment	Name of the Nominee	Relationship of Nominee with the Insured person	Nominee Percentage	Risk Category I / II / III	Benefit Table	Capital Sum Insured (Rs.)

Risk Category

I – Doctors, Lawyers, and Persons engaged in clerical & Administrative staff etc.

II – Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual laborers etc.

III- Persons working in mines, explosive units, Electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo etc.

Benefit Table

A- Accidental Death

B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement

C- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement

D- **Temporary Total Disablement**

Additional Covers

Cover for Expenses related to Burns	Yes ☐ No ☐
Modification of residential accommodation & vehicle	Yes ☐ No ☐
Repatriation of Mortal Remains	Yes ☐ No ☐
Ambulance Charges	Yes ☐ No ☐
Transportation Allowance (Compassionate visit)	Yes ☐ No ☐
Travel expenses for medical treatment	Yes ☐ No ☐
Catastrophe Evacuation	Yes ☐ No ☐
Cost of clothing damage	Yes ☐ No ☐
Loss of Job cover	Yes ☐ No ☐
Improved Disability Benefit/ Dismemberment	Yes ☐ No ☐
Daily Cash Allowance	Yes ☐ No ☐
Carriage of Dead Body	Yes ☐ No ☐
On Duty Cover	Yes ☐ No ☐
Children's Education Grant	Yes ☐ No ☐
Accidental Hospitalization Expenses	Yes ☐ No ☐
Mysterious Disappearance	Yes ☐ No ☐

Treatment outside India (along with travelling cost & boarding & lodging of the attendant) Yes ☐ No ☐

Medical Expenses Yes ☐ No ☐
Out Patient Department (OPD) expenses Yes ☐ No ☐
Loss/damage to School Bag/Books Yes ☐ No ☐
Widowhood cover Yes ☐ No ☐
Purchase of blood Yes ☐ No ☐
Prosthesis & Artificial Limbs Yes ☐ No ☐
Broken Bones Yes ☐ No ☐
Legal Expenses Yes ☐ No ☐

Premium for this section is INR : _____

Section 16 : Employee's Compensation Insurance Policy Liability:

No. Of Workmen to be insured: _____

Description of Employees **1**	**Estimated Number of Employees** **2**	**Cash** **3**	**Living or other allowances if any)** **4**	**Total** **5**	**Insurance required. State Table A or B of prospectus** **6**	**Rate %o PREMIUM** **(For office use)** **7**
Workmen drawing monthly wages up to Rs.4000/-						
Clerical Staff						
Commercial Travellers						
Employees engaged with woodworking machinery including machinists and machinists labourers						
Others (specify)						
Workers drawing monthly wages over Rs.4000/-						
Clerical Staff						
Commercial Travelers						
Employees engaged with woodworking machinery including machinists and machinist's labourers						
Others (specify)						

The total amount of wages salaries and other earnings paid by you during the past twelve months was INR

Premium for this section is INR : _____

Section 17 : Cyber Liability

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

i. Does the Company have an information security and privacy policy in place? Yes No

ii. If 'Yes', how often is this policy reviewed?_____

iii. Does the Company provide training for every employee on information security and privacy policy? Yes No

iv. Are all security threats and incidents logged and investigated? Yes No

v. Is the Company's disaster recovery program formalized and tested? Yes No

vi. Is the Company's business continuity plan formalized and tested? Yes No

vii. Does the Company have antivirus software on all computer systems which are updated in accordance with the software providers' recommendations? Yes No

viii. Does the Company have firewalls and intrusion monitoring detection in force to prevent unauthorized access? Yes No

ix. Are all employees assigned specified rights, privileges and unique user ID and passwords, which are changed periodically? Yes No

x. 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? Yes No

xi. Are connections from laptop, mobile devices, and remote users into the Company's system secured? Yes No

xii. Is all valuable and / or sensitive data backed-up by the Company every day? Yes No

If No', please describe exceptions _______

How long are back-up tapes stored before being overwritten_____

xiii. Does the Company have and enforce policies concerning when internal and external communication should be encrypted? Yes No

xiv. Is personally identifiable information stored on laptop computers and portable media (flash drives, back-up tapes) protected by encryption? Yes No

PRIVACY EXPOSURES

i. Does the Company collect, maintain or process personal information of clients as part of its professional services? Yes No
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)

ii. Does the Company have a designated privacy officer who has responsibility for meeting the Company's worldwide obligation under privacy and data protection laws? Yes No
If 'No', who is responsible for management of, and compliance with the Company's privacy policies?

iii. Does the Company share personal information gathered from customers with Consultants or third parties? Yes No
If 'Yes', is explicit consent of the customers taken before sharing such information?

iv. 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? Yes No

MEDIA

i. Does the Company have a designated officer who has responsibility for monitoring the content of the website from a legal perspective? Yes No

ii. Does the Company have a formal procedure for editing or removing controversial, offensive or infringing material? Yes
No
If 'Yes', please provide details:

iii. Does the Company offer chat-room or user group discussion facilities through its website? Yes No

iv. Does the Company have a review process in place to screen material displayed on its website for copyright/trademark infringement and slander/libel? Yes No

v. Does the Company display material created by third parties (e.g. videos, music, and blogs)? Yes No

BUSINESS INTERRUPTION

i. 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

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

Premium for this section is **INR : _____**

Total Premium for the section (before applicable taxes) **INR : _____**

Whether you have any insurance covering any of the above risk with any other insurance company with the same type of coverage? **Yes** **No**

If so, give the following details (attach separate sheet if required)

Policy number	Insurer	Description of property	Date of commencement of cover (DDMMYY)	Date of expiry of cover (DDMMYY)	Sum insured (Rs.)

Has any insurance company,

a) Declined to insure any of the property now proposed? Yes No

b) Required an increased premium or imposed special conditions? Yes No

c) Requested for repairs or made other special stipulations for risk improvement? Yes No

If yes to any of the above, please provide details.

Previous Policies and Claim Details

Please provide details of past insurance with respect to the property proposed to be covered and the claims details thereof:

S. No	Section	Name & Address of Previou	Policy Numbers	Insurance		Claims History (for the past 3 yrs)			
				From	To	No. of Claims	Premium paid	Claim Amount	Remarks (if any)

		s **Insurer**							
1	MSME Suraksha Kavach								
2	Consequential Loss (Fire)								
3	Burglary								
4	Money								
5	Fidelity Guarantee								
6	Plate Glass								
7	Boiler and Pressure Plant								
8	Electronic Equipment								
9	All Risk								
10	Machinery Breakdown								
11	Public Liability Insurance under PL Act, 1991								
12 & 13	Public Liability(Industrial Risks/ Non-Industrial)								
14	Directors & Officers Liability								
15	Group Personal Accident								
16	Workmen's Compensation								
17	Cyber Liability								

Mode of Payment

- ☐ Cheque No.: _____ dated ____/____/_____
  Drawn on _____
- ☐ DD No.: _____ dated ____/____/_____
  Drawn on _____

ANY ADDITIONAL INFORMATION RELEVANT TO THE POLICY APPLIED FOR

Declaration

I/We declare that the quality of construction of the building is satisfactory.

I/We agree that the Company may at any time during the validity of the Policy or at the time of processing any claim under this Policy, if any, in its sole discretion, require me/us to provide proof, documented or otherwise, that insurable interest proportionate to my/our status as declared under the Section "Property Details of this proposal exists, and that I/We shall promptly comply with such requirement of the Company at all such times.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any established fraud, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal, declarations and Annexure hereto (if any) shall be the basis of contract between me/us and the Company and I/We agree to accept the Policy subject to the conditions prescribed by the Company under intimation to me/ us.

I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.

- I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof 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/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 and not later than 30 days.
- In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, 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.

Place: _____ Insured's Signature/Seal/Stamp _____

Date: __/__/____

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____(Name)_____<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
(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.

2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh rupees.