

Bajaj General Cyber Protect Premium –

**DIGITAL BUSINESS AND
DATA PROTECTION INSURANCE**

PROPOSAL FORM

DARPAN DETAILS

Constitution Details

Proprietorship Firm ☐ Yes ☐ No Partnership Firm ☐ Yes ☐ No Limited Liability/Partnership Firm ☐ Yes ☐ No Company ☐ Yes ☐ No

NGO/NPO- ☐ Yes ☐ No

If Yes Specify Constitution Trust ☐ Yes ☐ No Society ☐ Yes ☐ No Section 8 Company ☐ Yes ☐ No

Provide DARPAN Portal Registration, if applicable Others (Please specify)

Please note that you are to disclose in the proposal form fully and faithfully all facts that you know or ought to know which may affect the insurance cover being applied for. Otherwise the policy issued may be void or you may risk losing all cover or part of the cover under the policy.

All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer(s) or the Insurer(s) to complete a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

This is a Proposal Form for a Policy relating to claims made against the Insured during the Policy Period.

1. GENERAL INFORMATION

- (a) Name of Policyholder
- (b) Address of Principal Office
- (c) Country of incorporation of the Policyholder
- (d) Date of establishment.
- (e) Website address

2. BUSINESS INFORMATION

- (a) Please provide a clear description of the business activities

- (b) Please provide the following information for your Company

	INDIA	USA	EU ¹	ROW ²
Employee Numbers				
Turnover				
Turnover from Web based trading				
Estimate of customer numbers				
Total Assets				

¹ European Union

² Rest of World

3. INSURANCE PROGRAMME

Please provide the following information

	Limit Re- quested	Deductible Requested	Current In- surer	Current Premi- um	Current Retention
Standard Cyber Covers					
Business Interruption					

Bajaj General Cyber Protect includes the following coverage as standard

- Privacy and data breach
- Network security
- Media liability
- Regulatory costs
- Regulatory fines & penalties
- Hacker theft
- Cyber extortion
- Crisis communication
- Consultant services
- E-payment contractual penalties

Some covers may have additional terms and conditions imposed and sub-limits applied.

4. POLICIES AND PROCEDURES

(a) Has data security and information technology risk in general been added to your company risk register?

☐ YES ☐ NO

If **"NO"**, please provide details:

(b) Do you have a written data protection/information security policy?

☐ YES ☐ NO

If **"NO"**, please provide details:

(c) Does the policy (or in the absence of a policy do you) provide guidance on;

	Yes	No	Comments
Responsibilities of the Information Security Officer or equivalent	☐	☐	
Network security (access rights, passwords, encryption etc)	☐	☐	
Mobile device security (inc. laptops, smart phones and memory devices)	☐	☐	
Use and storage of personally identifiable information & notification in case of a breach.	☐	☐	
Employee's use of social networking websites	☐	☐	
Use of unsecured WiFi networks	☐	☐	
Data backup procedures (please comment on how often backup takes place and whether this is offsite)	☐	☐	

(d) Are all employees trained and/or made aware of the requirements of the policy?

☐ YES ☐ NO

If **"NO"**, please provide details:

(e) Are the security standards set by the policy tested, has this involved a qualified security assessor?

☐ YES ☐ NO

Please briefly describe:

(f) Is the policy reviewed and updated on a regular basis?

☐ YES ☐ NO

If so how frequently?

(g) Do you maintain up to date (generally accepted) data security techniques?

☐ YES ☐ NO

If you comply with any industry standards e.g. ISO 27001, please briefly describe:

5. PAYMENT CARD INFORMATION

(a) Do you collect credit/debit or any other type of payment information?

☐ YES ☐ NO

(b) Do you process payments on behalf of any other individual or organisation?

☐ YES ☐ NO

If **"YES"**, please provide details:

(c) Are you fully compliant with the applicable Payment Card Industry Data Security Standards (PCI DSS)?

☐ YES ☐ NO

Is compliance self certified?

☐ YES ☐ NO

If no, who carries out certification

6. THIRD PARTY SERVICE PROVIDERS

(a) Does the firm use any third-party service providers to remotely host any activities (e.g web site maintenance, data backup, payment services etc)?

☐ YES ☐ NO

If **"YES"**, please provide details:

(b) Describe the due diligence carried out by or on behalf of the firm to ensure the service provider's security arrangements are adequate.

(c) Does the contract ensure that the third party service provider has a contractual liability for any losses suffered by the insured for the failure of the service provide to adequately protect the insured's data?

☐ YES ☐ NO

If **"YES"**, please provide details:

Is this liability limited, if so at what level?

7. CRISIS MANAGEMENT

(a) Do you have a written crisis management plan that address breaches of data and network security?

☐ YES ☐ NO

(b) How often is this reviewed and updated?

(c) Have you identified third party service providers to help you with crisis management and response?

☐ YES ☐ NO

If **"YES"**, please provide details:

8. HISTORICAL LOSSES AND INCIDENTS

In the last 5 years;

- (a) Have you notified any claims or circumstances under a liability policy (e.g. Cyber liability, general liability, D&O liability, E&O etc) or any other insurance policy (property, B.I etc) arising from a breach of privacy, loss or theft of personal or commercial information or the unauthorised access of your computer network?

☐ YES ☐ NO

If **"YES"**, please provide details:

- (b) Has a regulator or recognised industry body ever investigated you in respect of personally identifiable information or requested information from you in this regard?

☐ YES ☐ NO

If **"YES"**, please provide details:

- (c) Have you ever received a complaint from a customer, employee or service provider in respect of their personally identifiable (or corporate) information?

☐ YES ☐ NO

If **"YES"**, please provide details:

- (d) Have you been the subject of a targeted attack on your computer system?

☐ YES ☐ NO

If **"YES"**, please provide details:

- (e) Has your computer network/system been suspended or interrupted (voluntarily or otherwise) for any reason (e.g targeted or generalised attack, loss of data etc)?

☐ YES ☐ NO

If **"YES"**, please provide details:

- (f) How long did the suspension or interruption last?

- (g) Was there a loss of profits or an increase of costs associated with the suspension or interruption?

☐ YES ☐ NO

If **"YES"**, please provide details:

9. DISCOVERY PERIOD OPTED:

- ☐ 60 Days
☐ 90 Days
☐ 120 Days
☐ 180 Days
☐ 365 Days

10. WAITING PERIOD UNDER BUSINESS INTERRUPTION LOSS:

- ☐ 6 hours
☐ 12 hours
☐ 18 hours
☐ 24 hours
☐ 36 hours

11. WARRANTY STATEMENT

(a) Are you aware, after inquiry of any facts or circumstances that may give rise to a claim under the proposed policy?

☐ YES ☐ NO

If "YES", please provide details:

12. DO YOU WISH TO LIMIT THE PRIOR ACTS COVERAGE BY ADDING A RETROACTIVE DATE TO THE POLICY ☐ YES ☐ NO

If "YES", please provide Retroactive Date:

☐ I/We understand and agree that any information provided herein and/or in any other related document may be provided to third parties in relation to the insurance cover applied for including without limitation, vendors, reinsurers and professional advisers. For the avoidance of doubt, such consent applies to all information provided by the undersigned for and/or on behalf of the proposed insured(s), where applicable.

I DECLARE that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been misstated or suppressed after reasonable enquiry. I undertake to inform insurers of any material alteration to those facts occurring before inception of the insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed
Chairman/Chief Executive/Managing Director

(This form must be signed by the Chairman, Chief Executive or Managing Director)

Company

Date

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 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 ten lakhs rupees.

DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP* or a close relative of PEP*?
If yes, please share the details
“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials etc.” ☐ Yes/ ☐ No
- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.
- 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 hereby give voluntary consent to Bajaj General/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person ☐ in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ Yes / ☐ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, WhatsApp Service (Say "Hi" on WhatsApp-+917507245858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-careforyou@bajajgeneral.com, website-<https://www.bajajgeneralinsurance.com/general-insurance.html>, contact your agent or nearest branch.