

PROPOSAL FORM

CYBER DEFENSE INSURANCE



SURAKSHA AUR BHAROSA DONO

You are to provide SBI General Insurance Co. Ltd. (the Company) with a full disclosure of any and all facts that may be material to our decision to offer a policy or the terms upon which the policy is to be granted. It is therefore important that on behalf of all proposed insured persons you answer fully and accurately all of the questions contained in this proposal, that you provide us with any and all information that may be relevant, and you inform us in writing if there is a change in the information provided herein or otherwise between now and the date when the Policy is issued.

If you are in any doubt about the information to be given, please seek the advice and guidance of a licensed Agent or Broker. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

We are under no obligation to accept any proposal for insurance. The issuance of this form by the Company does not amount to acceptance of the proposal. The actual liability of the Company does not commence until this proposal has been accepted by the Company through the issuance of the Policy Document and the premium has been realized in full. If we accept any proposal, it shall be subject to the policy terms, conditions and exclusions.

If there is insufficient space on this form, please use an attachment page

YOUR DETAILS (* Mandatory Fields)

NEW CLIENT

EXISTING CLIENT

1. Full legal name of each natural person, incorporated body (including any subsidiary) to be insured as well as any unincorporated business or trading names:

Date Established:

2. Principal Address :

Plot No/Door No. and building name

Road name Area

City Pin code State

Phone No. E-mail Id

Website

3. PAN*: / Form 60/61 (if Available): 4. Aadhaar Card No.:

5. Are You or any of the proposed applicants are Politically Exposed Person? Yes No

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.

YOUR BUSINESS ACTIVITIES

6. State fully your business activities:

REVENUE & GENERAL INFORMATION

7. Please state your gross revenue/turnover (including fees and sales income) for the last 12 months.

Currency: INR / USD / Other

| | Prior Year | | Current Year | | Projected year | |
|--|------------|--------|--------------|--------|----------------|--------|
| | US | Non US | US | Non US | US | Non US |
| Gross turnover/revenue | | | | | | |
| Gross turnover/revenue created online e.g. from E-Commerce | | | | | | |

8. Please state the number of Employees:

9. Please state the number of individual IT devices (e.g. server, desktops, laptops, mobile devices) you have deployed:

10. List all website domain names (which are addressable from the internet) that should be covered by this insurance

OVERSEAS WORK (OUTSIDE INDIA)

11. Have you ever undertaken, or are you likely to undertake, work overseas? Yes No

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Cyber Defense Insurance, UIN: IRDAN144CP002V01201819 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Please provide the following details of such work.

| Country | Type of work | Dates of commencement | Annual revenue/turnover |
|---------|--------------|-----------------------|-------------------------|
| | | | |
| | | | |

RISK MANAGEMENT

12. a. Is all personally identifiable and confidential information that is removed from your premises in any electronic format encrypted? (e.g. USB, flash memory, disk hard drive, tape or other means?) Yes No
- b. Do you regularly update (at least monthly) firewalls and virus protection software in place within your networks? Yes No
- c. Do you have a Business Continuity Plan (BCP) which includes back-ups stored off-site, in place that is tested atleast annually? Yes No

VENDOR MANAGEMENT

Please identify your critical vendors:

| Type of Vendor | No | Yes | Name of Vendor |
|---|--------------------------|--------------------------|----------------|
| Cloud / Back-up / Web Hosting | <input type="checkbox"/> | <input type="checkbox"/> | |
| Internet Service Provider (ISP) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Business Critical Software Provider | <input type="checkbox"/> | <input type="checkbox"/> | |
| Data Processors (e.g. payment processing) | <input type="checkbox"/> | <input type="checkbox"/> | |
| POS Hardware Provider | <input type="checkbox"/> | <input type="checkbox"/> | |
| Managed Security Services | <input type="checkbox"/> | <input type="checkbox"/> | |

(e.g. firewall, intrusion detection, anti-virus)

COVER REQUIRED

13. Please indicate which policy limit(s) you would like a quote for:

INSURANCE HISTORY

14. Do you currently have in place cyber insurance (or) have you ever purchased cyber insurance? Yes No

Please complete the table below.

| Name of Insurer | Period Insured | Policy Limit | Excess |
|-----------------|----------------|--------------|--------|
| | | | |
| | | | |
| | | | |

15. Have you ever had an insurer decline a proposal, decline to renew, cancel your insurance, or impose special terms? Yes No

Please provide details:

CLAIMS AND CIRCUMSTANCES

16. Please answer the following questions after enquiry within your organisation.

a. During the past 5 years has any claim been made, or have any circumstances which may give rise to a claim, against any entity or individual to be insured by this insurance, been notified to insurers? Yes No

Please give details

| Year notified | Insurer | Claimant | Nature of claim or circumstances | Amount paid and/ or Outstanding |
|---------------|---------|----------|----------------------------------|---------------------------------|
| | | | | |
| | | | | |

b. Are there any circumstances not already notified to insurers which may give rise to a claim against any entity or individual to be insured by this insurance? Yes No

Please give details

| Name of entity or individual | Claimant | Nature of circumstances | Estimate |
|------------------------------|----------|-------------------------|----------|
| | | | |
| | | | |

c. Has any principal or staff member ever been subject to disciplinary proceedings, regulatory action, or investigation by any Government, regulatory or administrative agency? Yes No

Please give details

| Name of entity and principal/staffmember | Regulator/agency | Nature of circumstances |
|--|------------------|-------------------------|
| | | |
| | | |

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company/ies has/have right to call for documents to establish source of funds. 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 statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian Non-Indian Non-resident Indian(NRI) Others

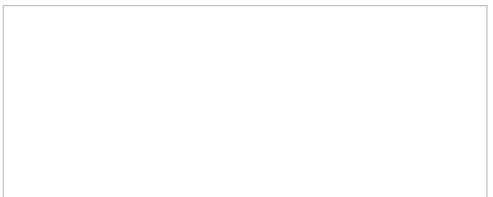
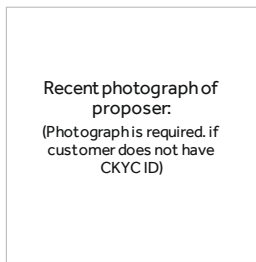
If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

Type of Organisation (Only applicable if policy issued on Group Basis):

- Corporation Government Non-Governmental Organisation Society Trust
 Partnership International Organisation Cooperative Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes No. Customer can submit CKYC form for updation.



Signature of Proposer

DECLARATION

I/We hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and that I/We have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and SBI General Insurance Co. Ltd.

I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

I/We understand that SBI General Insurance Co. Ltd. have the right to call for documents to establish sources of funds.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd immediately and in such event it shall be at the discretion of the Company as to whether to continue with the cover as may be granted.

SBI General Insurance Co. Ltd 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 statutes, directly or indirectly governing the prevention of money laundering in India.

Date: Place:



Signature of Proposer

PAYMENT INFORMATION

Mode of Payment Cheque DD / P.O Saving Bank A/C Credit Debit card

Cheque No. Demand Draft No.

Drawn On Bank A/C No.

Credit/Debit card No: Date of Expiry

Name as reflected on the Card:

Dated PAN No.

Premium Amount In words _____

Nationality: Indian Non - Indian

If Non-Indian, please specify the Country: _____

GST details:

Sources of funds: Salary Business Others (please specify)

(Please tick appropriate box)

Insurance is subject matter of solicitation. For more detailed risk factors, terms & conditions, please read sales brochure carefully, before concluding a sale.

SBIGI does not accept Cash for Premium Payments against the Policy.

DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and the SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date: Place:

Signature of Proposer

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, 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 vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No.: _____

Date: Place:

Signature of the Agent

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Cyber Defense Insurance and related information in: Physical Format e-Format (electronic)

I have eIA Number:

I would like to apply for eIA with:

NSDL Data Management CSDL Insurance Repository Ltd Karvy Insurance Repository Ltd CAMS Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (if available):

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I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

DECLARATION (IF SIGNED IN VERNACULAR LANGUAGE / IF YOU HAVE AFFIXED THUMB IMPRESSION ABOVE)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____ (Relation with the Proposer/Primary insured) _____

_____ adult and inhabitant of (city) and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Place: _____

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 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.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

AML Declaration as per AML Master Guideline 2022:

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

| Sr. No | Name of Ultimate Beneficial Owner | Percentage (%)* | Remarks, if any |
|--------|-----------------------------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |

***Notes:**

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - 1. **“Controlling ownership interest”** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
 - 2. **“Control”** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) 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.**
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) 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 no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) 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.

Date:

Signature of Policyholder: