

CYBER DEFENSE INSURANCE(UIN: IRDAN144CP0002V01201819)

PROPOSAL FORM

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

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

Email address

Website address:

YOUR BUSINESS ACTIVITIES

3. State fully your business activities:

REVENUE & GENERAL INFORMATION

4. 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						

5. Please state the number of Employees:

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

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

OVERSEAS WORK (OUTSIDE INDIA)

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

Please provide the following details of such work.

Country	Type of work	Dates of commencement	Annual revenue/turnover

RISK MANAGEMENT

9. 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?) No Yes

b. Do you regularly update (at least monthly) firewalls and virus protection software in place within your networks? No Yes

c. Do you have a Business Continuity Plan (BCP) which includes back-ups stored off-site, in place that is tested atleast annually? No Yes

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

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

INSURANCE HISTORY

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

Please complete the table below.

Name of Insurer	Period Insured	Policy Limit	Excess

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

Please provide details:

CLAIMS AND CIRCUMSTANCES

13. 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? No Yes

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? No Yes

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?

No Yes

Please give details

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

AML Guidelines

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 understand that the Company has the right to call for the documents to establish sourced of funds. The Insurance company has 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/indirectly governing the prevention of money laundering in India.

Nationality Indian Non-Indian, If Non-Indian please specify the Country.....

Type of Organization

- Corporations Governments Non-Government Organization Society Trust Partnership
 International Organization Cooperatives Section 25 Company

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.

Signature (s):

Title:

Date: Click or tap to enter a date.

PAYMENT INFORMATION

MODE OF PAYMENT:

Cheque /DD Cheque No.:

Drawn No. Dated:

Bank A/C No.

Amount in Figures:

Amount in Words:

Nationality: Indian Non - Indian

If Non-Indian, please specify the Country:

PAN card number:

GST details

Sources of funds: Please tick appropriate box

Salary Business Others (please specify)

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

INSURANCE ACT 1938, SECTION 41 – PROHIBITION OF REBATES

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

Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.