

Cyber+ Insurance Policy (Commercial) Proposal Form

PROPOSAL FORM

This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. Liability of the company does not commence until the proposal has been accepted and the premium has been received in accordance with the provisions of section 64VB of the insurance act, 1938.

The Company is under no obligation to accept any proposal for insurance. If the Company accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

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

1. COMPANY INFORMATION

1.1. Name of Proposer:

1.2. Address: Server locations

1.3. Type of Organisation:

Corporations
 Governments
 Non Governmental
 Organizations
 Society
 International Organization
 Trust
 Partnership
 Cooperatives
 Section 25 Company

1.4. PAN Number:

1.5. Website:

1.6. Business Description:

1.7. Number of Years in continuous Business:

1.8. Policy Period:

1.9. Exposure:

	Prior Year	Current (estimated)	Year
Number of Employees			

Number of online Customers		
Total Assets		
Total Revenues (INR)		
Revenues from online sales/ services		

Geographical Split of the Company's Total Gross Revenue (%)	Prior Year	Current Year (estimated)
European Union		
United States		
Rest of World		

2. SECURITY

2.1. Does the Proposer have a documented Data Protection / Information Security Policy approved by the Proposer's Board of Directors or persons with substantially similar responsibilities.

Yes No

If the answer to point 2.1 is "yes":

a) Does the Proposer test the security required by the Data Protection / Information Security Policy

annually quarterly monthly No

b) Does the Proposer regularly identify and assess new threats and adjust the Data Protection / Information Security Policy (and protection procedures) to address the new threats?

annually quarterly monthly No

c) Does the Proposer have a Board of Directors approved Incident Response Plan:

Yes No

2.2. Are all employees provided with a copy of the Company's Data Protection / Information Security Policy which they are required to confirm with?

Yes No

2.3. Which member of staff is responsible for IT and information security (including data protection and IT officer)?

Position	Organisational entity	Qualification/certification

2.4. Are there special/sensitive areas/departments in the company whose IT and/or data need to be protected specifically? If so, please describe.

Yes No

2.5. Does the Proposer uses third party service providers for administrating and operating your IT systems?

Yes No

If so, please list them.

3. DATA

3.1. Please provide us with a short overview regarding the implementation of IT security measures.

IT security measures	Short description of implemented measures and updating
Protection of information systems (e.g. anti-virus software, encryption, firewalls, etc.)	
Network security (e.g. maintenance access, access from mobile devices, etc.)	
Detection of external access (e.g. log files analysis, penetration test, etc.)	
Identity management and access control (e.g. account and password management, etc.)	
Reaction to business interruption (e.g. business continuity plans, IT service continuity management, etc.)	
Physical security (e.g. access and entry control, etc.)	
Security awareness of the employees (e.g. training, reaction to breach, etc.)	

3.2. Backup Management: Does the Proposer has a backup management?

Yes

No

If so, please describe it shortly.

4. SECURITY INCIDENTS AND LOSS HISTORY

4.1. Has the Proposer had any computer or network security incidents during the past?

Yes No

“Incident” includes any unauthorized access or exceeding of authorized access to any computer, system, data base or data; intrusion or attack; the denial of use of any computer or system; intentional disruption, corruption or destruction of electronic data, programs or applications; or any other incidents similar to the foregoing.

If the answer to question 4.1. is “yes”, please attach a complete description of the incident(s) including whether the Applicant reported the incident to law enforcement authorities and/or its insurer.

4.2. Has the Proposer had any PCI-DSS non-compliance incident during the past

Yes No

If the answer to question 4.2. is “yes”, please attach a complete description of the incident(s) including whether the Applicant reported the incident to law enforcement authorities and/or its insurer.

4.3. Has the Proposer notified any claims or circumstances within the last 5 years under a liability policy (e.g. Cyber Liability, General Liability, D&O Liability, E&O etc.) or any other insurance policy

(property, BI etc.) arising from a breach of privacy, loss or theft of personal or commercial information or the unauthorized access of your computer network.

Yes No

If so, please describe it shortly.

5. Prior Insurance

Does the Proposer already have a Cyber Insurance?

Yes No

If yes, please provide the following details:

Insurer	Policy Period	Limits	Deductible	Premium amount (including GST)
		INR	INR	INR

6. Cyber+

6.1. Date of Inception

6.2. Retroactive Date

6.3. Desired Limits

Premium Payment Details:														
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> T <input type="checkbox"/> sh														
Cheque /DD/ PO /UTR No. <input type="text"/>														
Date <input type="text"/>					IFSC <input type="text"/>					<input type="text"/>				
Payee Name/ Account Holder Name <input type="text"/>														
Amount in Rs. <input type="text"/>														
Bank Account No. <input type="text"/>														
Bank Name <input type="text"/>										Branch <input type="text"/>				

PAN Number										
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>										
GST Registered										Yes/ No
	GSTIN Number									
	GST State									

"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 permitted modes for the purpose of undertaking applicable KYC."

INTERMEDIARY DETAILS

Intermediary code:

Intermediary name:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized 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 responses(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, or 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 premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

YES NO

If yes, please share the details of “Politically Exposed Persons”(PEPs):

* (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

Additional Information:

Nationality: Indian Non-Indian If, Non-Indian, please specify Country:-----

Source of Funds:

Business: ----- Salaried:----- Others (please specify)-----

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, 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 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 and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

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

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I hereby consent to and authorize Magma General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma General Insurance Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: Proposer's Signature_____

Company stamp

Date: (DD-MM-YYYY) Name: _____ Designation _____

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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.

Please enclose one document of 'Proof of Identity' and one document as 'Proof of Address' with this application. The following documents are accepted as:

Proof of Identity:	Proof of Address:
For Individuals	
1. Passport 2. PAN Card 3. Driver's License 4. Voter's Identity Card 5. Letter from Recognized Public Authority	1. Telephone/Mobile bill not older than six months on the date of commencement of insurance 2. Bank A/c Statement with Residential address not older than six months on the date of commencement 3. Electricity Bill 4. Ration Card 5. Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk 6. Employer's Certificate 7. Letter from Recognized Public Authority
For Companies	
1. Certificate of Incorporation and Memorandum and Articles of Association. 2. Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account. 3. Power of Attorney granted to its managers, officers or employees to transact business on its behalf. 4. Copy of PAN allotment letter	
For Partnership Firms	
1. Registration Certificate 2. Partnership Deed 3. Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf. 4. An officially valid document identifying the partners and the persons holding the Power of Attorney and their address.	
For Trusts and Foundations	
1. Certificate of registration, if registered. 2. Power of Attorney granted to transact business on its behalf. 3. Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/directors and their address. 4. Resolution of the founding body of the foundation/trust/association.	

