

Cyber Protect Group Insurance Policy Proposal Form



Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | <u>www.magmainsurance.com</u> | E-mail: <u>customercare@magmainsurance.com</u> | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Cyber Protect Group Insurance Policy| Product UIN: IRDAN149RP0001V01202324 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (PF.CPG.ver10.12.24)



MAGMA GENERAL INSURANCE LTD. **Proposal Form – Cyber Protect Group Insurance Policy**

- 1. Please answer all questions in full and if not applicable insert "N/A"
- 2. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet along with the proposal form.
- 3. This proposal forms part of the Policy Documents. The liability of the Company does not commence until the proposal has been accepted by the Company and the same has been duly conveyed to the Applicant.
- 4. The liability of the Company does not commence until the acceptance of premium has been realized by the Company.

GENERAL INFORMATION

Name of the Group Policyholder (Entity/Organization/ Group Manager Proposing for Insurance):	
Group Policyholder (Proposer) Complete Address:	
Contact Number:	
Email:	
Business of Group Policyholder	
(Entity/Organization/ Group Manager	
Proposing for Insurance) whose member are	
being covered under the policy:	
Type of Organization:	
Relationship between Group Members and	
Group Policyholder (Group	
Manager/Entity/organization):	
PAN number:	
Website:	
Expected number of people being covered	
under the policy:	
Details of each insured covered under the	To be attached as an annexure
policy:	

GROUP POLICY PERIOD

From (DD/MM/YYYY):	To (DD/MM/YYYY):	
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LIMIT OF LIABILITY

Limit of Liability required – Select any one option from the following. [Tick on the option required.]

[note - this section will have the list of various limit of liability options available]

COVERAGE

Select for the coverage and sub-limits opted from the following table.

Covers	Required (Yes/No)	Sublimit Opted (Select anyone option for each of the covers opted for)							
Insuring Clause		2.5%	5%	10%	20%	25%	50%	75%	100%
Identity Theft Cover	Yes No 🗌								
IT Theft/ Theft of Funds/ Financial	Yes 🗌 No 🗌								
Loss Cover									
Cyberbullying Cover	Yes No 🗌								
E-mail Spoofing Cover	Yes No 🗌								
Malware Cover	Yes No 🗌								
Media Liability Claims Cover	Yes No 🗌								
Cyber Extortion Cover	Yes No 🗌								
Privacy and Data Breach First	Yes 🗌 No 🗌								
Party Cover									
Privacy and Data Breach (of Third	Yes No 🗌								
Party) Liability Cover									
Counselling Services	Yes No 🗌								
IT Consultant Services Cover	Yes No 🗌								
Endorsements									
Family Cover	Yes No								
Online Sales Cover	Yes No								
Online Shopping Cover	Yes No 🗌								
Replacement of Hardware	Yes No								
Cover									
Consequential Loss (Theft of	Yes No								
Funds) Cover									
Liability arising due to	Yes No								
Underage Dependent Children									
Network Security Liability	Yes No								
Smart Home Cover	Yes No								
Unauthorized Physical									
Transactions									



Note -

- It is mandatory to select sublimits for covers opted for. If not selected, then 25% sub-limits shall apply and premium shall be charged accordingly.
- Sub-Limits are part of and are not in addition to the Limit of Liability.
- Details of other endorsements available with this product can be made available on demand and can be opted and attached along with the proposal form.
- Details of Coverage/Sublimits can be provided as attachment to this Proposal form as required for various categories of the groups in the policy.

FAMILY COVER

Do you want to cover family members in this policy?					
If "Yes" Please select any one from the following options – [Tick the applicable option]					
Group member plus one Adult (Two Insureds) [Self plus any one from Spouse and Children]					
Group member plus two Adults (Three Insureds) [Self plus any two from Spouse and Children]					
Group member plus three Adults (Four Insureds) [Self+Spouse+2 Children]					

PRIOR INSURANCE

Does the Applicant currently have cyber risk insurance or similar insurance?	Yes	No 🗌
If "Yes" Please provide/attach details.		
Has the Applicant ever been refused cyber risk or similar insurance or had a similar policy cancelled?	Yes	No 🗌
If "Yes" Please provide/attach details.		

GROUP POLICY CLAIMS HISTORY

Note - Details of past claims history and experience of the group to be attached as part of this Proposal form

ELECTRONIC INSURANCE DETAILS

Do you wish to have this Policy credited to an eIA? (Please select anyone)

□ No, I do not have an eIA and do not wish to open one □ Yes, Credit this Policy to my e-Insurance account



If yes, please share existing e-Insurance Account No _____

Please select Insurance Repository Name (you have opened your account with)

□ M/s NSDL Database Management Limited □ M/s Karvy Insurance Repository Limited

□ M/s Central Insurance Repository Limited □ M/s CAMS Repository Services Limited (Please select any one) Or

□ I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (elA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available):

Representative Details (only if elA is to be opened for any other person other than Proposer and primary Insured)

First Name Middle Name Last Name Gender DOB PAN Address Line 1 Address Line 2 Address Line 3 Pin code **Telephone Number** Mobile Number Relationship Other Relationship Email Id UID Landmark State City Country

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)



Yes

Premium Payment Details:								
Kindly select : Cheque	🗌 DD 🗌 NEFT 🗌	Cash						
Cheque /DD/ PO /UTR No.								
Payee Name/ Account Holder Name :								
Date	IFSC							
Amount in Rs.								
Bank Account No.								
Bank Name	Branch							
PAN Number								
Documents to be attached as per requirement for fulfillment of KYC Norms.								
GST Registered Yes/ No								
	GSTIN Number							
	GST State							

PEP DECLARATION

Are you or any of the proposal applicant are PEPs* or a close relative of PEPs*? No

If yes, please share the details "Politically Exposed Persons" (PEPs) :

*(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.

INTERMEDIARY DECLARATION

Intermediary PAN number:

Intermediary Aadhaar number:

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: _____

DECLARATION BY INSURED

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 realization 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 finalized 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.

Place Date Signature of Proposer

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 or continuing 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 liable for a penalty which may extend to ten lakhs rupees.

Annexure -

S. No.	Name Member Insured	of /	Date Birth	of	Complete Address	PEP (Yes/No)	Family members covered (no.)	Mobile Number	E-mail	ID Type	ID Number

Note – Additional details and declarations from Insured may be obtained for Family Cover/Device Information/Activity/ Security Incident and Loss History and other declarations as mentioned in the proposal form.