



Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company.

Completing the Proposal Form:

- Please answer all questions in full leaving no blank spaces
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that whenever used in this proposal form, the term Applicant shall mean the Organization and all its Subsidiaries and the definition of the terms 'Claims', 'Policy Period', 'Defence Costs', 'Director' or 'Officer' are in accordance with the policy.
- The headings in this proposal are solely for convenience.

Insuring Clauses A through E of the Cyber Security Policy provides first party coverage.

Insuring Clause F of the Cyber Security Policy is written on a claim made basis. Insuring Clause A covers only Claims first made during the Policy Period or any Extended Reporting Period. The limit of liability to pay damages or settlements will be reduced and may be exhausted by the payment of Defence Costs or Legal Representation Expenses.

DETAILS ABOUT PROPOSER

Name of Proposer :

Present Address of Proposer :

City District

State Pin Code

Is your present address same as your permanent address? Yes No

If no, please state your permanent address along with pin code:

City District

State Pin Code

Address proof (document & number): _____

Phone No.: Mobile

Landline

Email:

Identity proof (document & number): _____

Occupation: Salaried Professional Self Employed Student Housewife

Retired Other (Please specify) _____

Industry Type: Jewellery import-export mining shipping scrap dealing real estate
agriculture stock broking BFSI manufacturing others (Please specify): _____

Income (Annual): 0-2.5 lakh 2.5 - 5 lakh 5 - 20 lakh 20-30 lakh 30 lakh and above

Income proof: _____

PAN (document & number): _____

Existing KYC Number, if any: _____

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions

Period of Insurance: From To

Nomination: Yes No

If yes, please provide the below details:

Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

Nature of Applicant's Activities: _____

How long has the Applicant continuously carried on business? _____

Names and dates under which the Applicant's business was formerly carried on: _____

SPECIAL INFORMATION

	Prior Year	Current Year	Projected Year
Number of Employees			
Number of on-line Customers			
Total Number of IP Addresses Assigned			
Total Number of Active IP Addresses			
Total Assets			
Gross Revenues			
Gross Revenues from on-line sales or services			

POTENTIAL CHANGES

Whether or not such discussions or proposals have been made public, does the Applicant or any individual proposed for coverage anticipate establishing or entering into any ventures which are a material change in operations?

Yes No

If "yes", please attach details. _____

SECURITY

A. Does the Applicant have a formal, documented information security policy approved by the Applicant's Board of Directors or persons with substantially similar responsibilities? Yes No

If the answer to 4 is "yes"

a) Does the security policy identify and stipulate the types and levels of protection for all of the Applicant's information assets, whether electronic or otherwise and whether held by the Applicant or by a person or organization providing services to the Applicant? Yes No

- b) Does the Applicant test the security required by the security policy at least annually? Yes No
- c) Does the Applicant regularly identify and assess new threats and adjust the security policy (and protection procedures) to address the new threats? Yes No
- d) Does the Applicant have a formal, written incident response plan that addresses:
- (i) Unauthorized access to the Applicant's computers, system, network or any of the Applicant's information assets: Yes No
- (ii) denial of service attacks and other forms of network or system outages: Yes No
- (iii) extortion demands: Yes No
- (iv) corruption of, or damage to, data: Yes No
- If the answer to 4.(e) (i), (ii), (iii) or (iv) is Yes:
- B. Has the plan been reviewed and approved by the Applicant's Board of Directors or persons with substantially similar responsibilities? Yes No
- C. Does the security incident response plan include a review by the Applicant's legal counsel of any laws or regulations that may affect the Applicant's response or other standards with which the Applicant may have to comply? Yes No
- D. Does the Applicant conduct a full test of the security incident response plan at least annually and address or correct any issues or problems identified in the tests? Yes No

SECURITY INCIDENT AND LOSS HISTORY

Has the Applicant had any computer or network security incidents during the past two (2) years? 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.

Yes No

If the answer to question 5 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. Yes No

ATTACHMENTS AND DOCUMENTS

If available, please enclose with this proposal form: Yes No

- Risk assessment of Applicant performed by an organization other than the Applicant.

PRIOR INSURANCE

(a) Has the Applicant ever been refused cyber security or similar insurance or had a similar policy cancelled? If "yes", please attach details. Yes No

(b) Does the Applicant currently have cyber security or similar insurance? If "yes", please provide the following details: Yes No

Insurer	Limits	Deductible	Policy Period
	₹	₹	

PRIOR KNOWLEDGE/WARRANTY

- a) Has the Applicant or any person proposed for coverage given notice under the provisions of any prior or current cyber security policy or similar insurance of facts or circumstances which might give rise to a claim that would fall within the scope of that cover? Yes No
- b) Have any loss payments been made on behalf of any Applicant or any person proposed for coverage under any cyber security policy or similar insurance? Yes No
- c) Is any person proposed for coverage cognisant of any facts or circumstances which:
- (i) he or she has reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage? Yes No
- (ii) indicate the probability of any such claim(s)? Yes No

It is agreed that if such facts or circumstances exist, any claim, action or proceeding arising there from is excluded from the proposed coverage.

If the answer to any one of the questions in 8. is “yes”, please attach details.

REQUESTED LIMIT

Amount: _____

OTHER INFORMATIONS

FRAUD WARNING:

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

DATA PROTECTION REQUIREMENT:

I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

ANTI- MONEY LAUNDERING:

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE:

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

PREMIUM DETAILS

PREMIUM DETAILS:

Amount (INR) _____

GST (INR) _____

Premium including tax (INR) _____

Rupees in words _____

PAYMENT DETAILS:

Cheque NEFT

Instrument No. _____ Instrument Date: _____

Bank Account No. _____

Account Type: Savings / Current / Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Bank details for refund of premium in case of cancellation to be considered as above Yes No

If No, please provide additional bank details in below provided space:

Bank Account No. _____

Account Type: Savings Current Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

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

Are you a Political Exposed Person or related to Political Exposed Person: Yes No (appropriate tick) If Yes, give details _____

Note: Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials.

Type of Organization

Corporation: _____ Governments: _____

Society: _____ Private Organizations: _____

International Organization: _____ Partnership: _____

Trust: _____ Others: _____

Sources of Fund:

Salary _____ Business _____ Other _____

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/ incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.

Insurance is the subject matter of the solicitation**DECLARATION BY INSURED/REPRESENTATIVE (IN CASE PROPOSER IS DISABLED)**

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance

- 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 as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.

Date : _____

Place : _____

Signature of the Proposer _____

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: _____

Place: _____

Date: _____

Signature of the Translator

Name of the Proposer: _____

Place: _____

Date: _____

Signature of the Proposer

INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/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 response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in 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 favor 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.

Signature of Intermediary _____ Date _____

Time _____ Place _____

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.