

PROPOSAL FORM

Note to the Proposer

Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing to complete this insurance.

Please provide by addendum any supplementary information which is material to the response of the questions herein, and/or complete answers to the listed questions if they do not fit in the space provided on the application.

For the purpose of this proposal form, "Proposer" means the entity stated in 1. below and all its subsidiaries to be covered.

All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provide separately on your headed paper.

Company Information

1. Name of Proposer _____

2. Web site _____

3. Principal address of Proposer _____

4. Business Description _____

5. Geographical Exposure:

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

6. Desired Coverage:

Cyber/Privacy Extortion
 MultiMedia Liability
 Network Interruption

Data Protection Procedures

a) Is there a written data protection policy and privacy policy that applies to the Company? Yes No

If "No", please provide details regarding data protection procedures for the Company _____

b) Are all employees provided with a copy and any update of the Company's data protection policy which they are required to confirm compliance with? Yes No

If "No" please explain why not: _____

c) When was the Company's data protection policy last reviewed and by whom? _____

d) Does the Company's data protection policy comply with the data protection and privacy legislation applicable to all jurisdiction and Industry standards/requirements, in which the Company operates? Yes No

If "No" please provide an explanation regarding non-compliance in all applicable jurisdictions: _____



e) Have the Company's U.S. Subsidiary(ies) signed-up for, and are they compliant with, the Safe Harbor Program between the United States of America and the European Union? Yes No
 If "No" please provide an explanation regarding non-compliance with the Safe Harbor Program: _____

f) Does the Company employ a Chief Compliance Officer, Data Protection Officer and/or In-house Counsel responsible for data protection related matters? Yes No
 If "No" who is responsible for data protection related matters? _____

Data Access & Recovery

a) Does the Company use firewalls to prevent unauthorized access connections from external networks and computer systems to internal networks? Yes No
 If "Yes" are all computer systems, mobile devices and websites Firewalled or have intrusion prevention systems on them?

b) Does the Company use anti-virus protections and procedures on all desktops, e-mail systems and mission critical servers to protect against viruses, worms, spyware and other malware? Yes No
 If "Yes," how often are such protections and procedures updated:
 Daily Weekly Monthly Other (Please Specify) _____

c) Does the Company have in place procedures to identify and detect network security weaknesses? Yes No

d) Does the Company monitor its network and computer systems for Breaches of Data Security? Yes No

e) Does the company have physical security controls in place to prohibit and detect unauthorized access to their computer system and data centre? Yes No

f) Does the Company collect, store, maintain or distribute credit card or other sensitive personally identifiable data?
 Credit Card Personally identifiable data
 If "Credit Card" is selected above, does the company comply with Payment Card Industry Data Security Standards? Yes No
 If either is selected, is the access to such sensitive data restricted? Yes No
 Who has access? _____

g) Does the Company process payments on behalf of others, including eCommerce transactions? Yes No
 If "Yes" please provide the number of clients you process such payments for and an estimated number of transactions per client:

h) Does the Company have encryption requirements for data-in-transit data-at-rest to protect the integrity of Sensitive Data including data on portable media (e.g., laptops, DVD backup tapes, disk drives, USB devices, etc.)? Yes No
 If "Yes", please describe where such encryption is used:

Cyber Risk Protector Insurance UIN: IRDAN108CP0026V01201819

i) Does the Company have and maintain backup and recovery procedures for all:		
i) mission critical systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii) data and information assets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" is it encrypted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j) Does the Company perform background checks on all employees and independent consultants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k) Does the Company require remote users to be authenticated before being allowed to connect to internal networks and computer systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Outsourcing Activities

a) Does the Company outsource any part of its network, computer system or information security functions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" who is the security outsourced to? And does the Applicant periodically audit the functions of the outsourcer to insure that they follow the Applicant's security policies?		

b) Does the Company outsource any data collection and/or data processing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please provide details of the data collection or data processing functions which are outsourced:		

c) Does the Company require the entities providing data collection or data processing functions (Outsourcers) to maintain their own data protection liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Does the Company require indemnification from Outsourcers for any liability attributable to them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) How does the Company select and manage Outsourcers?	_____	
e) How does the Company select and manage Outsourcers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Does the Company require all Outsourcers to comply with the terms of the Company's data protection policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Claims Information

a) Has the Company been the subject of any investigation or audit in relation to data protection by a Data Protection Authority or other regulator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please provide full details: _____		
b) Has the Company ever been subject to a Data Subject Access Request?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please provide full details: _____		
c) Has the Company ever been subject to an Enforcement Notice by a Data Protection Authority or any other regulator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please provide full details: _____		
d) Is the Company after due inquiry aware of any actual or alleged fact or circumstance which may give rise to a claim under this policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Cyber Risk Protector Insurance UIN: IRDAN108CP0026V01201819

Additional Details:

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

Type of Organization

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

PAN card number (10 character number): _____

Sources of funds: Please tick appropriate box Salary Business Others (please specify) _____

Section 41 of Insurance Act 1938 (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 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."
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

AML declaration

1. I/we hereby confirm that all premiums paid / payable in future will be 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.
2. I/we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

Contact details of TAGIC and TAGIC CIN

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.
24x7 Toll Free No: 1800 266 7780 | Visit us at www.tataaig.com | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

IRDA Approved Product Name & Product UIN no. IRDAN108P0003V01201314

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

The undersigned, authorized to sign and bind alone on behalf of the company, hereby declares that the statements and particulars in this Proposal Form are true and no material facts have been misstated or suppressed. A material fact is one that would influence the acceptance or assessment of the risk.

The undersigned agrees that this Proposal Form, and any attachment or any information submitted therewith and any and all other information supplied or requested, shall form the basis of any insurance agreement effected thereon. The undersigned further undertakes to inform the insurer of any material alteration to any information, statements, representations or facts presented in this proposal form, occurring before or after the inception date of the insurance agreement.

This Proposal Form is binding for the company and will form the basis of the data protection insurance policy concluded with Tata AIG General Insurance Co Ltd.

This Proposal Form is subject to final approval by Tata AIG General Insurance Co Ltd

The undersigned confirms to have been fully informed about all coverage details including all applicable sublimits. He/she further confirms to have received, carefully read and understood the standard data protection insurance policy wording.

Signature: _____ Date: _____ Name: _____ Title/Function: _____