

## LIBERTY CYBER SAFE INSURANCE POLICY Proposal Form

Liability of Liberty General Insurance Limited commences only after the proposal has been accepted and the premium has been received  
 (Please read instructions on the last page of the proposal form before you start filling it in)

Please note that you are to disclose in the proposal form fully and faithfully all facts that you know or ought to know which may affect the insurance cover being applied for. Otherwise the policy issued may be void or you may risk losing all cover or part of the cover under the policy.

All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer(s) or the Insurer(s) to complete a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

This is a Proposal Form for a Policy relating to claims made against the Insured during the Policy Period.

### 1. GENERAL INFORMATION

- a. Name of Policy Holder : \_\_\_\_\_
- b. Address of Principal Office : \_\_\_\_\_
- c. Country of incorporation of the Policy Holder : \_\_\_\_\_
- d. Date of Establishment : 

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- e. Website Address : \_\_\_\_\_

### 2. BUSINESS INFORMATION

- a. Please provide a clear description of the business activities

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- b. Please provide the following information for your Company

Particulars	USA	EU	India	Rest Of the World
Employee Numbers				
Turnover (INR)				
Turnover from Web based trading (INR)				
Estimate of customer numbers				
Total Assets (INR)				
Profit / Loss for the Financial Year (INR)				

### 3. INSURANCE PROGRAMME

Please provide following information

Particulars	Limit Requested(INR)	Deductible Requested (INR/hours)	Current Insurer	Current Premium
Standard Cyber Covers				
Business Interruption				

IRDAN150CP0008V01201819

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### 4. POLICIES AND PROCEDURES

a. Has data security and information technology risk in general been added to your company risk register?  Yes  No  
 If "NO", please provide details: \_\_\_\_\_

b. Do you have a written data protection/information security policy?  Yes  No  
 If "NO", please provide details: \_\_\_\_\_

c. Does the policy (or in the absence of a policy do you) provide guidance on;

Particulars	Yes	No	Comments
i) Responsibilities of the Information Security Officer or equivalent			
ii) Network security (access rights, passwords, encryption etc.)			
iii) Mobile device security (including laptops, smart phones and memory devices)			
iv) Use and storage of personally identifiable information & notification in case of a breach.			
v) Employee's use of social networking websites			
vi) Use of unsecured Wi-Fi networks			
vii) Data backup procedures (please comment on how often backup takes place and whether this is offsite)			

d. Are all employees trained and/or made aware of the requirements of the policy?  Yes  No  
 If "NO", please provide details: \_\_\_\_\_

e. Are the security standards set by the policy tested, has this involved a qualified security assessor?  Yes  No  
 Please briefly describe: \_\_\_\_\_

f. Is the policy reviewed and updated on a regular basis?  Yes  No  
 If so how frequently? \_\_\_\_\_

g. Do you maintain up to date (generally accepted) data security techniques?  Yes  No  
 If you comply with any industry standards e.g. ISO 27001, please briefly describe: \_\_\_\_\_

h. Does the company perform Penetration and Intrusion testing on regular basis?  Yes  No

i. Does the company maintain regular log review of abnormalities?  Yes  No

j. Please provide total number of active Internet Protocol (IP) addresses assigned?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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### 5. PAYMENT CARD INFORMATION

- a. Do you collect credit/debit or any other type of payment information?

Yes  No

- b. Do you process payments on behalf of any other individual or organization?

Yes  No If "YES", please provide details: \_\_\_\_\_

- c. Are you fully compliant with the applicable Payment Card Industry Data Security Standards (PCI DSS)? If yes, at what level?

Yes  No Level : \_\_\_\_\_

Is compliance self-certified?

Yes  No If "NO", who carries out certification: \_\_\_\_\_

### 6. THIRD PARTY SERVICE PROVIDERS (OUTSOURCING)

- a. Does the firm use any third-party service providers to remotely host any activities (e.g. web site maintenance, data backup, payment services etc)?

Yes  No If "YES", please provide details: \_\_\_\_\_

- b. Describe the due diligence carried out by or on behalf of the firm to ensure the service provider's security arrangements are adequate.

\_\_\_\_\_  
\_\_\_\_\_

- c. Does the contract ensure that the third-party service provider has a contractual liability for any losses suffered by the insured for the failure of the service provided to adequately protect the insured's data?

Yes  No If "YES", please provide details: \_\_\_\_\_

Is this liability limited, if so at what level?

\_\_\_\_\_

### 7. CRISIS MANAGEMENT

- a. Do you have a written crisis management plan / Business Continuity plan / Disaster recovery plan that address breaches of data and network security?

Yes  No If, yes please provide a copy of the same \_\_\_\_\_

- b. How often is this reviewed and updated?

Yes  No

- c. Have you identified third party service providers to help you with crisis management and response?

Yes  No If "YES", please provide details: \_\_\_\_\_

### 8. HISTORICAL LOSSES AND INCIDENTS

**In the last 5 years;**

- a. Have you notified any claims or circumstances under a liability policy (e.g. Cyber liability, General liability, D&O liability, Errors & Omission etc) or any other insurance policy (property, Business Interruption 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 "YES", please provide details: \_\_\_\_\_

- b. Has a regulator or recognized industry body ever investigated you in respect of personally identifiable information or requested information from you in this regard?

Yes  No If "YES", please provide details: \_\_\_\_\_

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- c. Have you ever received a complaint from a customer, employee or service provider in respect of their personally identifiable (or corporate) information?  
 Yes  No If "YES", please provide details: \_\_\_\_\_
- d. Have you been the subject of a targeted attack on your computer system?  
 Yes  No If "YES", please provide details: \_\_\_\_\_
- e. Has your computer network/system been suspended or interrupted (voluntarily or otherwise) for any reason (example: - targeted or generalized attack, loss of data etc)?  
 Yes  No If "YES", please provide details: \_\_\_\_\_
- f. How long did the suspension or interruption last?  
 Yes  No
- g. Was there a loss of profits or an increase of costs associated with the suspension or interruption?  
 Yes  No If "YES", please provide details: \_\_\_\_\_

### 9. WARRANTY STATEMENT

- a. Are you aware, after inquiry of any facts or circumstances that may give rise to a claim under the proposed policy?  
 Yes  No If "YES", please provide details: \_\_\_\_\_

I/we understand and agree that any information provided herein and/or in any other related document may be provided to third parties in relation to the insurance cover applied for including without limitation, vendors, reinsurers and professional advisers. For the avoidance of doubt, such consent applies to all information provided by the undersigned for and/or on behalf of the proposed insured(s), where applicable.

I DECLARE that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been misstated or suppressed after reasonable enquiry. I undertake to inform insurers of any material alteration to those facts occurring before inception of the insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed.....  
Chairman/Chief Executive/Managing Director  
Company .....  
Date .....

(This form must be signed by the Chairman, Chief Executive or Managing Director)

### 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 the premium shown on the policy, nor shall any person taking out or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

INSURANCE IS A SUBJECT MATTER OF SOLICITATION