

INDUSIND CYBER INSURANCE POLICY - PROPOSAL FORM

IMPORTANT: 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.

PLEASE NOTE:

1. This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to "claims" made against the Insured and notified to IndusInd General Insurance Company Ltd during the period of insurance.
2. 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.
3. Some sections of the application will not apply to you. Please mark Not Applicable (N/A) where this is the case.
4. Please attach a separate sheet if space indicated in the proposal form is insufficient.

Name of the Intermediary: Mr. Ms. Mrs. F I R S T M I D D L E L A S T

SECTION I: COMPANY INFORMATION PROPOSER'S BASIC INFORMATION: (To be filled in BLOCK LETTERS)

1. Name of Insured:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	F I R S T M I D D L E L A S T
Address		
Flat/Building	Road/Street / Sector	
Area	City	
Pin Code	State	
Country		
Phone	Mobile	
Email	Fax	
PAN No.:	UID Aadhaar No.	
Do you have a GST Registration Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please specify		
2. Website Address		
3. Date of Establishment		
4. Please describe your business operations and activities:		
5. Source of Funds	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others	
6. Monthly Income	<input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above	



7. Does Insured have a subsidiary, affiliate or representative in the USA?
If yes, please provide Name and Addresses of such affiliation:

8. Geographical Exposure:

Year	USA/Canada/ Australia	UK/Europe	Rest of the World	India
Projected				
Current				
Last Year				

SECTION II: COVERAGE'S

1. Limit of Liability:

2. Policy Period:

3. Retrodate:

5. Optional Extensions in cover

Multimedia Liability

Cyber/ Privacy Extortion

Network Interruption

SECTION III: NETWORK SECURITY

A. SYSTEMS

1. Does the Company have a designated Chief Security Officer as respects computer systems?

Yes No

If No, please indicate what position is responsible for computer security:

2. Does the Company have a formal program in place to test or audit network security controls?

Yes No

a. How often are internal audits performed?

b. How often are outside/third party audits performed?

3. Does the Company use firewall technology?

Yes No

4. Does the Company use anti-virus software?

Yes No

l. Is anti-virus software installed on all of the Company's computer systems, including laptops, personal computers, and networks?

Yes No

5. Does the Company use intrusion detection software to detect unauthorized access to internal networks and computer systems?

Yes No

6. Are systems compliant with ISO 27001 or equivalent?

Yes No



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7. How will the Insured deal with a DDoS attack and what processes are in place with the vendors to maintain network performance?	
8. How quickly does the Company remediate when server vulnerabilities after they are discovered?	
9. Is it the Company's policy to upgrade all security software as new releases or improvements become available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the Company provide remote access to its network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Is remote access restricted to Virtual Private Networks (VPNs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is a multi-factor authentication process (multiple security measures used to reliably authenticate/verify the identity of a customer or other authorized user) or a layered security approach required to access secure areas of Company's website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe authentication/verification methods used:	
12. Does the Company send or accept financial transactions intended for deposit, via the use of remote deposit capture technology (e.g. RDC – Remote Deposit Capture)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. With respect to computer systems functionality, does the Company have:	
a. A disaster recovery plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. A business continuity plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. An incident response plan for network intrusions and virus incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often are such plans tested?	
14. Does the Company have secondary computer system or site available if the primary resource becomes inoperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. How long before the secondary resources become operational?	
b. What percentage of normal system operations can be handled via the secondary resources?	
15. Is all valuable/sensitive data backed-up by the Company on a daily basis? If No, please describe exceptions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Personnel, Policies And Procedures	
1. Does the Company conduct training regarding security issues and procedures for employees that utilize computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the Company publish and distribute written computer and information systems policies and procedures to its employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Does the Company terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the Company have a formal documented procedure in place regarding the creation and periodic updating of passwords used by employees or customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No



SECTION IV: INFORMATION SECURITY

1. Does the Company conduct training regarding security issues and procedures for employees that utilize computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please indicate what type:	<input type="checkbox"/> Credit/Debit Card Data <input type="checkbox"/> Medical Information <input type="checkbox"/> Bank Accounts and Records <input type="checkbox"/> Social Security Numbers <input type="checkbox"/> Employee/HR Information <input type="checkbox"/> Intellectual Property of others <input type="checkbox"/> Customer Information <input type="checkbox"/> Others _____	
a. Does the Company have written procedures in place to comply with laws governing the handling or disclosure of such information, including any applicable Red Flag Rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Does the Company share private, sensitive, or personal information gathered from customers (by the Company or others) with third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. At any one time, approximately how many individual records containing one or more items of the information listed above does the Company have stored?	<input type="checkbox"/> 0 <1,000 <input type="checkbox"/> 1,000 to 10,000 <input type="checkbox"/> 10,001 to 100,000 <input type="checkbox"/> 100,001 to 500,000 <input type="checkbox"/> 500,001 to 1,000,000	<input type="checkbox"/> 1,000,001 to 3,000,000 <input type="checkbox"/> 3,000,001 to 5,000,000 <input type="checkbox"/> 5,000,001 to 7,000,000 <input type="checkbox"/> 7,000,001 to 10,000,000 <input type="checkbox"/> >10,000,000
3. Is user-specific, private, sensitive or confidential information stored on Company's server(s) encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is user-specific, private, sensitive or confidential information stored on portable communications equipment (e.g., laptops, BlackBerry devices, PDA's, USB Flash Drives, or other portable devices)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, does Company have a company policy or procedure for the secure care, handling and storage of private, sensitive or confidential information on portable communications devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If yes, what percentage of user-specific, private, sensitive or confidential information stored on portable communications devices is encrypted? _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Does the Company require service providers who may have access to the Company's confidential information or personally identifiable information to demonstrate adequate security policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Are service providers required by contract to indemnify the Company for harm arising from a breach of the provider's security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION V: OUTSOURCING ACTIVITIES

1. Does the Company outsource any part of its network, computer system or information security functions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" who is the security outsourced to? And does the Company periodically audit the functions of the outsourcer to insure that they follow the Company's security policies? _____	
2. Does the Company outsource any data collection and/or data processing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes", please provide details of the data collection or data processing functions which are outsourced: _____	
3. Does the Company require the entities providing data collection or data processing functions (Outsourcers) to maintain their own data protection liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Does the Company require indemnification from Outsourcers for any liability attributable to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No



5. How does the Company select and manage Outsourcers?

6. Does the Company require all Outsourcers to comply with the terms of the Company's data protection policy? Yes No

SECTION VI: CLAIMS INFORMATION

1. 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 No
If "Yes", please provide full details

2. Has the Company ever been subject to a Data Subject Access Request? Yes No
If "Yes", please provide full details:

3. Has the Company ever been subject to an Enforcement Notice / Enquiry / Investigation by a Data Protection Authority or any other regulator? Yes No
If "Yes", please provide full details:

4. 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 No
If "Yes", please provide full details:

Date of Occurrence description of Claim date of Claim amount Paid amount Reserved claim status

Date of Occurrence	Description of Claim	Date of Claim	Amount paid	Amount Reserved	Claim Status
					Open
					Closed
					Open
					Closed
					Open
					Closed

SECTION VII: PRIOR INSURANCE

1. Please provide details of expiring policy:
- | Insurer | Limit of Liability | Premium* | Deductible |
|---------|--------------------|----------|------------|
| | | | |



PROPOSER'S BANK DETAILS

Name of the Bank Account Holder	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	F I R S T	M I D D L E	L A S T
Bank Account No.:	Account:	<input type="checkbox"/> Saving <input type="checkbox"/> Current		
Name of the Bank				
Branch				
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)				
IFSC Code (11 character code appearing on your cheque leaf)				
<input type="checkbox"/> I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*				
*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.				

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (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 (As per 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).

AML Guidelines

1. 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 offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer



GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

DECLARATION BY PROPOSER

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief.

It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance. I/We agree and undertake to convey to IndusInd General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

I/We further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Authorized Signatory

Company Stamp

Position in Your Company:

Place: _____

Date: _____

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

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 renewing 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.



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