

## PROPOSAL FORM: CYBER LIABILITY & DATA PROTECTION INSURANCE

### IMPORTANT NOTICE

PLEASE READ THE FOLLOWING ADVICE BEFORE COMPLETING THIS PROPOSAL FORM

Please note that this proposal form is being completed by the PROPOSER on behalf of all Insureds (as defined in the policy).

The term "PROPOSER" shall mean the Company listed below and all Subsidiaries of the Company for which coverage is proposed under this proposal form.

#### When completing this Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the PROPOSER to provide all information that is requested in the proposal form as well as to add additional relevant facts.
- A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Cyber Liability & Data Protection Insurance who acts as a PROPOSER.

**This proposal form DOES NOT BIND the PROPOSER or the Insurer to complete the insurance but will form part of any insurance policy incepted.**

#### Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of its business, ought to know; or
- As to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

Insured by:



## Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure or misrepresentation is fraudulent, the Insurer may also have the option of avoiding the contract in its entirety. It is therefore vital that you make sufficient enquiries BEFORE you complete this proposal form and BEFORE you sign any declaration that there has been no change in the information provided.

## Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

## Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

## Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us;

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Singapore;
- any other company carrying out insurance or reinsurance related business in or out of Singapore;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807.

Nothing in this statement shall limit your rights under the relevant laws and regulations.

## SECTION 1: DETAILS OF THE PROPOSER

Insured Name: \_\_\_\_\_

Address of Head Office: \_\_\_\_\_

Web Address: \_\_\_\_\_

Place of Incorporation: \_\_\_\_\_

Date Established: \_\_\_\_\_

Business Description (Please provide a detailed description of your business activities which is required to be covered by this policy. Please also include business activities which is required to be covered by this policy. Please include business activities of your subsidiaries if these differ):

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## SECTION 2: TURNOVER AND EMPLOYEE INFORMATION

1. Please provide breakdown of:

	Past Year	Current Year	Estimated Next Year
Total Turnover (SGD\$)			
% of Turnover Derived from Online Sales			

2. Please provide % breakdown of turnover derived in the respective territories for the current financial year:

Singapore	Asia	Australia / NZ	USA / Canada	Europe	UK	Others
%	%	%	%	%	%	%

3. Please provide total number of employees of:

Principal / Partner / Directors		Information Technology	
Professional Staff		Cyber / Information Security	
Administration / Support		Other, please specify	

### SECTION 3: DATA SECURITY DETAILS

1. Do you secure remote access to your network and data (SSL, IPSec, SSH, etc.)? Yes  No

2. Do you implement industry grade security measures for either:

Firewalls  Antivirus  Other, please specify: \_\_\_\_\_

If None of the above, please explain: \_\_\_\_\_

3. Do you enforce a policy of auditing and managing computer and user accounts? Yes  No

4. Do you password protect all mobile devices and back up media? Yes  No

If No, please explain: \_\_\_\_\_

5. Do you encrypt all mobile devices and back up media? Yes  No

If No, please explain: \_\_\_\_\_

6. Are you PCI compliant, if applicable? If not applicable, leave blank. Yes  No

7. How often do you back up sensitive, confidential, critical or valuable data?

8. Is all sensitive, confidential, critical or valuable data encrypted? Yes  No

If Yes, which of the following?

At rest on the network

In transit

In back-up

9. Are staff trained on cyber security? Yes  No

If Yes, how often?

Quarterly  Half Yearly

Yearly  Other, please specify \_\_\_\_\_

10. Do you distribute written cyber security training materials to your staff? Yes  No

If Yes, how often?

Quarterly  Half Yearly

Yearly  Other, please specify \_\_\_\_\_

11. Do you require staff to update passwords regularly? Yes  No

12. Do you have the following in place?

A data breach response plan / incident response plan

A business continuity plan / disaster recovery plan

An IT security policy / framework

If Yes, please provide a copy.

13. Have you performed penetration and/or social engineering testing? Yes  No

If Yes, please provide a copy.

Are software patches installed within 30 days of release? Yes  No

14. Is there two factor authentication for all remote logins? Yes  No

15. Are you ISO 27001 (InfoSec Management) Compliant? Yes  No

16. Do you have an online platform? Yes  No

If Yes, are you on HTTPS Protocol? Yes  No

#### SECTION 4: BUSINESS INTERRUPTION

1. Does the Disaster Recovery Plan or Business Continuity Plan take Cyber perils into consideration? Yes  No

2. Network Dependency, after how long will your business be impacted by a loss to your site/systems?

0 to 6 hours     6 to 12 hours     12 to 24 hours     Above 24 hours

3. Please provide the following Gross Profits:

For the last financial year SGD\$ \_\_\_\_\_ Estimated for current financial year SGD\$ \_\_\_\_\_

#### SECTION 5: OUTSOURCING

1. Do you outsource any primary business functions to third parties? Yes  No

If Yes, please describe:

Name of Service Provider	Type of Business Function

2. Do you outsource any IT functions to third parties? Yes  No

If Yes, please describe:

Name of Service Provider	Type of IT Functions

3. Do you periodically audit the functions of the outsourcers to ensure that they are align with your risk management and security policies? Yes [ ] No [ ]

If Yes, how often?

- [ ] Quarterly [ ] Half Yearly  
 [ ] Yearly [ ] Other, please specify \_\_\_\_\_

4. Do you waive your rights of recourse against the services provided by the outsourcers? Yes [ ] No [ ]

5. How do you select and manage outsourcers? \_\_\_\_\_

6. Do you require the outsourcers to carry professional indemnity or errors or omission insurance? Yes [ ] No [ ]

7. Do you have written agreements in place between yourself and the outsourcers defining each party's responsibilities? Yes [ ] No [ ]

If No, please explain: \_\_\_\_\_

## SECTION 6: PERSONAL DATA

1. How many records of personally identifiable information do you hold? \_\_\_\_\_

2. Please provide % breakdown of records in the respective territories:

Singapore	Asia	Australia / NZ	USA / Canada	Europe	UK	Others
%	%	%	%	%	%	%

3. What type of personal data do you hold?

- [ ] Bank Details, including Banking/Saving Accounts, Debit Card and/or Credit Card  
 [ ] Healthcare information  
 [ ] Tax records, including Tax File Numbers  
 [ ] Personal (Email Address, Physical address, Telephone/Mobile Number)  
 [ ] Date of birth  
 [ ] Identification Numbers, including Identification Card, Drivers Licence and/or Passport  
 [ ] Others, please describe: \_\_\_\_\_

4. Please provide number of records in these categories:

Bank Details	Healthcare Information	Tax records	Personal	Date of birth	Identification Numbers	Others

5. Please provide % breakdown of records stored by:

- a. Owned Network \_\_\_\_\_%
- b. Third Party Network \_\_\_\_\_%

6. What is the estimated maximum number of records currently residing on:

- a. One Server \_\_\_\_\_
- b. One Centralized Location \_\_\_\_\_

## SECTION 7: REGULATORY ISSUES

1. Have you ever been investigated in respect of personally identifiable information, including but not limited to payment card information, or your privacy practices? Yes [ ] No [ ]
2. Have you been asked to supply any regulator or similar body with information relating to personally identifiable information or your privacy practices? Yes [ ] No [ ]
3. Have you ever been asked to sign a consent order or equivalent in respect of personally identifiable information or your privacy practices? Yes [ ] No [ ]
4. Have you ever received a complaint relating to the handling of someone's personally identifiable information? Yes [ ] No [ ]

If Yes, please specify details (attach additional information if required): \_\_\_\_\_

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## SECTION 8: CLAIMS DETAILS

1. Have you suffered any loss or has any claim whether successful or not ever been made against you? Yes [ ] No [ ]
2. Are you aware of any matter which is likely to lead to you suffering a loss or a claim being made against you? Yes [ ] No [ ]

If Yes, please specify details (attach additional information if required): \_\_\_\_\_

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## SECTION 9: INDEMNITY LIMIT

1. Do you have any Cyber Liability and Data Protection Insurance Cover currently in place?

Yes [ ]

No [ ]

If Yes, please provide details:

Name of Insurer:	
Limit of Indemnity:	
Deductible:	
Expiry Date of Policy:	
Retroactive Date of the Policy:	

2. Please select the amount of Indemnity required:

SGD\$ 1,000,000 [ ]                      USD\$ 1,000,000 [ ]

SGD\$ 3,000,000 [ ]                      USD\$ 3,000,000 [ ]

SGD\$ 5,000,000 [ ]                      USD\$ 5,000,000 [ ]

Other (please state): \_\_\_\_\_

## SECTION 10: DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY PARTNER / DIRECTOR OR PRINCIPAL OR EQUIVALENT

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.