

ZURICH CYBER SOLUTIONS

Proposal Form – Micro

(This Proposal Form is for organizations in the micro-SME sector.)

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

Policy issuing office:

Policy servicing office:

Intermediary/Agent Name:

Intermediary License no /Agent code.:

Intermediary/Agent Contact No.:

1. Name of Proposer: _____

Street Address: _____

City: _____

Website: _____

2. Country of Registration: _____

3. Date of incorporation/formation: _____

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

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

4. Name of each entity to be included as an insured _____

How are these entities related to your business? _____

Proposer is: Corporation Partnership Individual

6. Year full time operation began: _____

7. Limit(s) of Liability & Jurisdiction(s) being requested: _____

8. Applicable Law:

9. Policy Period:

10. Territorial Scope of Cover required:

11. Retention (each Wrongful Act): _____

12. Revenue Details:

Revenue: Previous Year	
Revenue: Projected (Current Year)	
Revenue: Projected (Upcoming Year)	

Territory	Percentage Split of Revenue
Home Country	
UK	
Europe	
USA	
Australia/New Zealand	
Rest of the World	

13. No of Employees: _____

No of IT Employees: _____

No of Cybersecurity employees: _____

Company IT budget (annual): _____

Cybersecurity budget (annual): _____

14. Company's CKYC Identifier / Number (Generated by CERSAI):

PAN (mandatory):

GSTIN:

15. Please share the below details for the Authorised Signatory:

Name:

Designation:

PAN:

CKYC Identifier / Number (Generated by CERSAI):

16. Industrial Sector (Tick box interface)

- Accommodation and Food Services
- Administrative and Support and Waste Management and Remediation Services
- Agriculture, Forestry, Fishing and Hunting
- Arts, Entertainment and Recreation
- Construction
- Educational Services
- Energy
- Finance and Insurance
- Healthcare and Social Assistance
- Information
- Management of Companies and Enterprises
- Manufacturing
- Mining, Quarrying and Oil and Gas Extraction
- Professional, Scientific and Technical Services
- Public Administration
- Real Estate and Rental and Leasing
- Retail Trade
- Transportation and Warehousing
- Utilities
- Wholesale Trade
- Other:

Please give a short description of your business activity: _____

17. Information Security Questionnaire

17.1 Does the company have less than 100,000 data records (Personal Identifiable Information, Personal Health Information and Personal Credit Card Information) collected/protected/stored. Yes No

If not, please write down the number of records below.

Personal Identifiable Information (PII)	
Personal Health Information (PHI)	
Personal Credit Card Information (PCI)	

17.2 At least once a week back-ups of important business data are generated. Yes No Partially

17.3 Email security solution is in place to filter spam and phishing attempts. Yes No Partially

17.4 Company has a policy in which: latest patch-level of Windows operating systems, automated Operating System (OS) updates activated and regularly updated endpoint software. Yes No Partially

17.5 Antivirus solution enabled/installed on endpoint devices. Yes No Partially

17.6 All individual accounts have strong passwords that are not used privately and changed frequently. Yes No Partially

17.7 Awareness training is organized for all employees on at least an annual basis. Yes No Partially

17.8 Multifactor Authentication (MFA) is required for all remote access into company resources. Yes No Partially

17.9 The organization has a documented incident response plan (IRP) and playbooks. Yes No Partially

If there is any additional commentary on any specific question or response in this section, please provide below:

(please provide the number of the question you are referring to)

18 Supplemental Questionnaires

18.1 Operational Technology (OT)

18.1.1 Remote access to Operational Technology (OT) assets is obtained through an encrypted channel (e.g. Virtual Private Network, VPN) and requires Multifactor Authentication (MFA).
N/A Yes No Partially

18.1.2 Information Technology (IT) and Operational Technology (OT) environments are segmented.
N/A Yes No Partially

19 Applicant’s History

19.1 In the past three years, has the applicant been declined any similar Cyber insurance or has the applicant’s Insurer cancelled any previous Cyber insurance? Yes No

19.2 Has your company or any subsidiary experienced any system intrusion, business interruption, data theft or other data losses in the last five (5) years? Yes No

19.3 Are you or any other member of the Executive Board or management, aware of any circumstances (e. g. data breach) that could lead to a claim in connection with the insurance cover sought? Yes No

If yes, please provide details on incident date, description of incident(s), estimation of loss and/or costs, immediate measures taken, and measures taken to prevent a similar loss?

BANK ACCOUNT DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank
Cheque / D.D #	
Drawn Amount 	Account Number:
Drawn To 	IFSC/MICR Code:
Date IFSC/MICR Code	Bank Name:
Bank and Branch Name:	Account Holder name:
For Credit/Debit Card:	

DECLARATION:

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the "Zurich Kotak General Insurance Company (India) Limited"

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements. I / We would still want to receive a physical copy of the policy.

I / We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

AML DECLARATION

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

In case of entity, Type of Organization making the payment:

Limited Company Government Organization Non-Government Organization (NGO) Society
 Trust Partnership International Organization
Co-operatives Section 25 Company Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?* Yes No

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Are you a Non-Profit Organization?* (only in case of an entity) Yes No

“Non-profit organization” means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).”

*Place: _____

*Date: / /

*Signature and Stamp of Proposer

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the signature after fully understanding the features thereof.

Signature of Proposer

Signature & Stamp as applicable of the Insurance Advisor/ Specified person of Corporate Agent/Authorised Employee of Broker/ Sales person*

*Place: _____

*Date: / /

VERNACULAR DECLARATION:

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature above after fully understanding the contents thereof.

Signature of Proposer

Signature of Intermediary/ Sales Person*

*Place: _____

*Date: / /

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

- 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 punishable with fine, which may extend to Ten Lakhs Rupees.