



# CyberEdge Insurance 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 / Subsidiaries \_\_\_\_\_

2. Web site \_\_\_\_\_

3. Principal address of Proposer / Subsidiaries \_\_\_\_\_

4. Business Description \_\_\_\_\_

5. Geographical Exposure:

	Prior	Current
Total Gross Revenue (Local Currency)		
Geographical Split of the Company's Total Gross Revenue (%)		
Singapore		
United States / Canada		
UK /European Union		
Australasia		
Rest of World (Please provide details of the countries)		

6. Desired Coverage:

- Cyber Edge    
 Cyber Extortion    
 Media Content    
 Network Interruption



# CyberEdge Insurance Proposal Form

## 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 comply?

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 jurisdictions 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) Has the Company's U.S. Subsidiary(ies) (if any) signed-up for, and are compliant with, the Safe Harbor Program between the United States of America and the European Union?  N/A  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 monitoring and advising on data protection related matters?  Yes  No

If "No" who is responsible for data protection related matters?

---



# CyberEdge Insurance Proposal Form

## 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:

---



## CyberEdge Insurance Proposal Form

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.)?

If "Yes", please describe where or how such encryption is used:

---

---

i) Does the Company have and maintain backup and recovery procedures for all:

i) mission critical systems?

Yes  No

ii) data and information assets?

Yes  No

If "Yes" is it encrypted?

Yes  No

j) Does the Company perform background checks on all employees and independent consultants?

Yes  No

k) Does the Company require remote users to be authenticated before being allowed to connect to internal networks and computer systems?

Yes  No

### Outsourcing Activities

---

a) Does the Company outsource any part of its network, computer system or information security functions?

Yes  No

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  No

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  No

d) Does the Company require indemnification from Outsourcers for any liability attributable to them?

Yes  No

e) How does the Company select and manage Outsourcers?

---

f) Does the Company require all Outsourcers to comply with the terms of the Company's data protection policy?

Yes  No



# CyberEdge Insurance Proposal Form

## 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 No

If "Yes", please provide full details:

---

b) Has the Company ever been subject to a Data Subject Access Request? Yes No

If "Yes", please provide full details:

---

c) 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:

---

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 No

---

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



# CyberEdge Insurance Proposal Form

## 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 on the company and will form the basis of the data protection insurance policy concluded with AIG Asia Pacific Insurance Pte. Ltd.

**This Proposal Form is subject to final approval by AIG Asia Pacific Insurance Pte. 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:

I/We agree that any information collected or held by AIG Asia Pacific Insurance Pte. Ltd. (whether contained in the Application or otherwise obtained) may be used and disclosed by AIG Asia Pacific Insurance Pte. Ltd to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which AIG Asia Pacific Insurance Pte. Ltd. believes may be of interest to me/us, and to communicate with me/us for any purpose.