

ETIQA SME CYBER INSURANCE PROPOSAL FORM

Notes to Proposer

- Please answer all questions as fully as possible.
- If there is insufficient space to complete any of your answers, please continue on your headed paper.
- If you have a company brochure, please forward it with this proposal.
- If cover is required for any subsidiary companies, please provide information relating to the subsidiaries by completing the remainder of the form, including Claims and Incident History.
- This form must be signed and dated by a Director of the Company.

A. COMPANY INFORMATION

1. Company Name	:			
2. Date of Incorporation	:			
3. Principle Address	:			
4. Corporate Website Addresses	:			
5. Subsidiary(ies) to be insured	:	Company Name	Country	
		(a)		
		(b)		
		(c)		
6. Description of the Company's business operations, including that of subsidiaries to be covered	:			
7. Annual Revenue	:	Singapore	SGD	Rest of the world
				SGD
8. Does the Company have a website that provides e-commerce or online services?		YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
If YES,				
what percentage of the online business contributes to the Company's Annual Revenue?		_____ %		

9. Type of information the Company collect, process and store: *(please tick whichever is applicable)*

- | | |
|---|---|
| <input type="checkbox"/> Basic Personal Information | <input type="checkbox"/> Financial Account Information |
| <input type="checkbox"/> Sensitive Personal Information | <input type="checkbox"/> Health Related Information |
| <input type="checkbox"/> Payment Card Information | <input type="checkbox"/> Third Part Corporate Information |
| <input type="checkbox"/> Employee Personal Information | |

10. How many laptops, desktop computers and servers does the Company have?

Laptops: Desktops: Servers:

B. INFORMATION SECURITY AND CONTROLS

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 11. Does the Company have firewalls in place within its network and anti-virus software installed on all systems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the Company enforce software update process with the installation of software patches within 30 days of release? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are users required to update passwords regularly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is 2-factor authentication utilized for all remote access (e.g.VPN) to the internal network? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the Company have a Disaster Recovery Plan or Business Continuity Plan taking cyber perils into consideration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the Company back up valuable or sensitive data on a daily basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| If NO , how frequent is the data backed up? | | |
| <input type="text"/> | | |
| 17. Does the Company outsource any information system function(s) or application(s) to third parties? | | |
| (a) Desktop Management | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Server Management | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Network Management | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Network Security Management | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Application Management | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Use of Cloud Computing Software-as-a-Service | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Use of Cloud Computing Platform-as-a-Service | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Use of Cloud Computing Infrastructure-as-a-Service | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, please provide names of the service providers and indemnification provisions under contract.

18. If a business critical cyber-event were to occur within the Company, how long would it be, before it has a negative financial impact on the Company's business operations?

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than 1 Hour | <input type="checkbox"/> Between 1-6 Hours | <input type="checkbox"/> Between 6-12 Hours |
| <input type="checkbox"/> Between 12-24 Hours | <input type="checkbox"/> Between 24-48 Hours | <input type="checkbox"/> More than 48 Hours |

C. INSURANCE HISTORY

YES

NO

19. Does the Company currently have in place cyber insurance?

☐
☐

If **YES**, please provide details:

20. In the past three years, has an insurer declined a proposal, cancelled or not renewed any similar cyber insurance?

☐
☐

D. CLAIMS AND INCIDENTS HISTORY

YES

NO

21. In the past three years, has the Company suffered any loss or made any claim or faced any regulatory investigation brought against the Company, its director(s), officer(s) or employee(s) with regards to the coverage sought?

☐
☐

If **YES**, please provide details:

22. In the past 3 years, has the Company sustained any system intrusion, tampering, malware (including virus) attack, loss of data, loss of portable media, hacking incident, extortion attempts, data theft or similar?

☐
☐

If **YES**, please provide details:

23. Does the Company, its directors, officers or employees have knowledge or information of any fact, circumstances, situation or event which may give rise to a claim under the proposed Etiqa SME Cyber Insurance? ☐ ☐

If **YES**, please provide details:

E. COVER REQUIRED

24. Please select the Policy Limit required:

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> SGD100,000 | <input type="checkbox"/> SGD200,000 | <input type="checkbox"/> SGD300,000 |
| <input type="checkbox"/> SGD400,000 | <input type="checkbox"/> SGD500,000 | <input type="checkbox"/> Above SGD500,000 |

DECLARATION

- (a) I/We accept that the completion of this proposal form does not bind the Company or Etiqa Insurance Pte Ltd (Etiqa) to effect a contract of insurance.

(b) I/We agree that, if an insurance policy is issued, this proposal and any other information supplied prior to inception of the insurance policy, shall form the basis of the contract of insurance effected hereon and shall be incorporated therein.

(c) I/We hereby declare that I am authorised to complete this proposal on behalf of the Company, that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy. I have not omitted, suppressed or misstated any material facts which may be relevant to underwriters' consideration of the proposal.

(d) I/We undertake to inform Etiqa of any material change to any fact contained herein that occurs prior to the inception of the contract of insurance.

Director's Name:

Title:

Signature:

Date: