



## UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO. 24, WHITES ROAD, CHENNAI – 600 014.

# UNITED CYBER SECURE POLICY - PROPOSAL FORM

### Note to the Proposer

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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

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1. Name of Proposer \_\_\_\_\_

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

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

4. Business Description -

5. Geographical Exposure:

	Prior	Current
Total Gross Revenue (Local Currency)		
Geographical Split of the Company's Total Gross Revenue (%)		
European Union		
United States		
Rest of World		

6. Desired Coverage:

Cyber/Privacy Extortion     MultiMedia Liability     Network Interruption

### Data Protection Procedures

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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

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b) Are all employees provided with a copy and any update of the Company's data protection policy which they are required to confirm compliance with? Yes/No

If "No" please explain why not:

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c) When was the Company's data protection policy last reviewed and by whom?

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d) Does the Company's data protection policy comply with the data protection and privacy legislation applicable to all jurisdiction and Industry standards/requirements, in which the Company operates?

Yes/No

If "No" please provide an explanation regarding non-compliance in all applicable jurisdictions:

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e) Have the Company's U.S. Subsidiary(ies) signed-up for, and are they compliant with, the Safe Harbor Program between the United States of America and the European Union? Yes/No

If "No" please provide an explanation regarding non-compliance with the Safe Harbor Program:

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f) Does the Company employ a Chief Compliance Officer, Data Protection Officer and/or In-house Counsel responsible for data protection related matters? Yes/No

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

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**Data Access & Recovery**

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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?

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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?



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Yes/No

If “Yes,” how often are such protections and procedures updated:

- Daily                       Weekly                       Monthly                       Other (Please Specify)

The virus definitions are required to be updated  
daily

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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?

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**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:

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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 such encryption is used:

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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



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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

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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?

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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:

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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?

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f) Does the Company require all Outsourcers to comply with the terms of the Company's data protection policy? Yes/No

### Claims Information

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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:

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

If "Yes", please provide full details:

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c) Has the Company ever been subject to an Enforcement Notice by a Data Protection Authority or any other regulator? Yes/No



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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

### 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

PAN card number (10 character number):

Sources of funds: Please tick appropriate box

Salary  Business  Others (please specify)

Declaration:

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 offence listed in Prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. 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.

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

### 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 for the company and will form the basis of the data protection insurance policy concluded with United India Insurance Co. Ltd.

**This Proposal Form is subject to final approval by United India Insurance Co. 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:



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### **Section 41 of Insurance Act, 1938 – Prohibition of Rebates**

- a. 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 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 prospectus or tables of the Insurers.
- b. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees