ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Regd. Office: 21, Patullos Road, Chennai 600 002.
Corporate Office: "Vishranthi Melaram Towers",2/319, Rajiv Gandhi Salai,
Karapakkam, Chennai 600 097.
Ph: 91-44-7117 7117, 1860 425 0000.
Email:customer.services@royalsundaram.in
Website:www.royalsundaram.in
IRDA Regn. No. 102|CIN-U67200TN2000PLC045611

PROPOSAL FORM

Royal Commercial Cyber Insurance

UIN: IRDAN102CPLB0009V01202526

Instruction to fill the proposal form

Please ensure that the details furnished in the proposal form are correct and complete in all respects. The company's decision for acceptance of the risk will be on the basis of information provided below: -

1. *Before completing this proposal form, read the prospectus/policy wordings to understand the meaning of the terms used herein.*
2. *Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.*
3. *It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.*
4. *This proposal must be completed, signed and dated by a Principal, Partner or Director.*
5. *Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.*

If You have any questions concerning this proposal, please contact your insurance advisor or the Company to discuss.

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhaar No./PAN		Policy Issuing Office Address & Code	

Intermediary Details:

Policy sourced through (Select One)

☐ Corporate Agent ☐ Broker ☐ Web Aggregator ☐ Insurance Marketing Firm (IMF) ☐ Common Public Service Centre (CPSC)

Details of the Person Who Sold the Policy

- Name
- Functional ID
- Branch Mobile Number
- Branch Email Address

If Sold through a Digital Platform

- Principal Officer's Telephone Number
- Principal Officer's Email Address

Section 1: Proposer (Company) Details

1. Please state the name and address of the insured organization for whom this insurance is required. Cover is also provided for the subsidiaries of the company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

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Name of the Insured Orgar	
Contact Name:	
Address :	
Telephone:	
Email Address:	
Website:	
Address Proof	Card Driving License Passport Voter ID Others
CKYC No	

I confirm that there is no change in my existing CKYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.

Do you have an EIA Account? If Yes, Account Details:_____
If No, I would like to apply for EIA with Karvy CAMS NSDL CSDL

Are you a Politically Exposed Person? Yes No
(Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")

Proposer type (please tick whichever is applicable)

MSME	☐	Non MSME	☐	NGO	☐
Registration No.				Darpan ID	

2. Please state when was your Company (insured organization) established? _____

3. How many directors, officers, partners are there in the Company (insured organization)? _____

Please provide details as below:

Name	Years in position	Years' Experience	Qualifications

4. Please state the number of employees?	
5. How many customers do you have?	
6. What percentage of these are commercial customers?	
7. Do you have any risk management system against cyber risks in place? If yes, please provide details.	
8. Please provide below details for past three financial years	

	Last complete Financial Year	Estimate for current Financial Year	Estimate for next Financial Year
Domestic Turnover			

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USA Turnover			
Other Territory Turnover			
Total Turnover			
Gross Profit			
Payroll			

Day of Financial Year ending _____

Section 2: Activities

1. Please describe briefly nature of your business activities (If you have a brochure, or company literature, please attach to this form)

2. Please provide breakdown of your total turnover by activity: The total of all activities listed here should equal 100%

3. Please detail which of the following data types you collect:

Credit or debit card details	YES ☐	NO ☐
Driving Licence Number	YES ☐	NO ☐
Medical/ Health Records	YES ☐	NO ☐
Customer Bank Records	YES ☐	NO ☐
Third Party Corporate Confidential Data	YES ☐	NO ☐
Individual Name and Address	YES ☐	NO ☐
Email Address	YES ☐	NO ☐
Employee Bank Records	YES ☐	NO ☐
Any other – please mention		

4. Please indicate which of the following activities you engage in (if any)

Print Advertising	YES ☐	NO ☐
Television or Radio Advertising	YES ☐	NO ☐
Online Advertising	YES ☐	NO ☐
Social Media Marketing	YES ☐	NO ☐
Print Publications	YES ☐	NO ☐
Event/ conference organising	YES ☐	NO ☐
Bulk e-mail marketing	YES ☐	NO ☐
Client/ Supplier Remote Access	YES ☐	NO ☐
Re-Sale of private data	YES ☐	NO ☐
Any other activity – please mention		

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5. Please indicate which of the following are managed internally (INT), which are outsourced to third party providers (OUT) and which do not exist (NONE)

Public Facing Web Servers:		Servers:	
Web/email content filtering:		Vulnerability Scanning:	
Intranet Web Services:		Desktop:	
Firewalls:		VoIP telephony:	
Virtual Private Networks:		IT Support/ helpdesk:	
E-mail services:		Internet Service provision:	
File Servers:		Payment Processing	
Penetration Testing:		Any other Activity – please mention	

6. Please provide detail in relation to your network size, where exact number are unknown please provide your best estimate:

Approximate no. of servers:	
Approximate no. of desktops:	
Approximate no. of portable devices:	
Number of server locations:	
Average daily web unique visits:	

7. In the event of a system interruption (including web downtime), what is your maximum daily financial loss? Note: This figure will set the maximum limit for your Network Interruption cover.	
8. How quickly will you realise a financial loss in the event of a system outrage (most critical system)?	
9. How you got a fully documented and tested business continuity plan in place?	YES ☐ NO ☐
10. Have your systems been subject to a third party security audit?	YES ☐ NO ☐
11. If answer to the above question is yes, then have all high risk recommendations from your most recent security audit been implemented?	YES ☐ NO ☐
12. Have your systems been audited as being compliant with ISO or equivalent?	YES ☐ NO ☐

13. Do your internal IT systems comply with all minimum security requirements detailed below?

Anti-virus software must be installed on all desktops and servers (excluding database servers) and updated on at least a weekly basis
All external network gateways must be protected by a firewall
All critical data must be backed up on at least a weekly basis
All back-ups should be stored in a secure location offsite or in a fireproof safe The integrity of all back-ups should be verified on at least a monthly basis.

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If No, then please explain _____

14. Do you have a Service Level Agreement in place with all outsourcing suppliers?	YES ☐ NO ☐
15. Do you have an Internet and Email Acceptable Usage Policy that is incorporated into the contract of employment with all your staff?	YES ☐ NO ☐
16. Does your Company sell or share personally identifiable data to/ with third party?	YES ☐ NO ☐
17. Do you ensure all sensitive data is encrypted while standing and during transmission?	YES ☐ NO ☐
18. Do you have a privacy policy on your website and has it been legally reviewed?	YES ☐ NO ☐
19. Do you outsource the handling of sensitive data to any third party?	YES ☐ NO ☐
20. 20.Do you employ specific individual(s) with responsibility for information security?	YES ☐ NO ☐
(please provide details if answer is yes)	

Section 3: Coverage Details

I. Please indicate the cover that you require

Insuring clauses	Limit of liability (Rs.)	
A. Incident Response expenses		YES ☐ NO ☐
B. Restoration expenses		YES ☐ NO ☐
C. Extortion Cover		YES ☐ NO ☐
D. Business Interruption Cover		YES ☐ NO ☐
E. Legal Liability		YES ☐ NO ☐
F. Regulatory expenses		YES ☐ NO ☐
G. Media Liability		YES ☐ NO ☐
H. PCI liability (Payment Card Industry Data Security Standards)		YES ☐ NO ☐
I. Loss of Funds		YES ☐ NO ☐

II. Retroactive Date: _____

Section 4: Claims Experience and Insurance History

1. Please provide details of your current insurance policies

Type of Cover	Amount of Loss/ Damage	Expiry Date	Limit	Excess	Premium	Insurer

2. Are you aware of any loss or damage , whether insured or not, that has occurred to any of the Companies to be insured (or to any exiting or previous business of the partners or directors of any of the Companies to be insured) within last 5 years or	YES ☐ NO ☐
3. Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or directors thereof or	YES ☐ NO ☐
4. Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof or	YES ☐ NO ☐

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5. Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest, or fraudulent activity or been investigated by any regulatory body?	YES ☐ NO ☐
6. Has there ever been an unforeseen outage of your website for more than three hours?	YES ☐ NO ☐
With reference to questions 1, 2, 3, 4 and 5 above	YES ☐ NO ☐

If answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/ claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/ or by Insurers, and the dates of all developments and payments.

Premium Payment and Bank Details:

Payment Option: ☐ Cheque ☐ Demand Draft ☐ Fund Transfer ☐ Pay Order ☐ Debit Card ☐ Credit Card ☐ Cash

Premium Amount Rs.	Amount (In Words):

For Cheque/DD/PO (Payable in favour of Royal Sundaram General Insurance Co. Limited)

Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving Current	Other (Please Specify)
Fund Transfer/Wallet : Name of Bank/Wallet	Transaction No.
PAN Number :	TAN Number :

Note: As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE	
Name of Account holder:	
Bank Name & Branch:	
Bank Account Number:	
IFSC Code	

☐ **AML Declaration:**

1. I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002 and its subsequent amendments.
2. I understand that the Insurance company has the right to call for documents to establish the sources of funds.
3. The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India.
4. Nationality: Indian ☐ Non-Indian ☐ If Non-Indian, please specify the country_____

☐ **Declaration**

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1. I/We desire to insure with Royal Sundaram General Insurance Co. Limited and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
3. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Royal Sundaram General Insurance Co. Limited.
4. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.
5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Royal Sundaram General Insurance Co. Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
6. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance.

"In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".

7. I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.royalsundaram.in).
8. I/We hereby consent to receiving only the policy schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing.
9. I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
11. I/ We have read and understood the privacy Policy of our Company at www.royalsundaram.in and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time
12. I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.
13. I/We authorize the Insurance Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.

I hereby consent to and authorize Royal Sundaram General Insurance Co. Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Place:
Date: Signature of Proposer

Go Green - Royal Sundaram would like to protect our environment and would like to save paper sending all Policy and service-related communication to the email id as mentioned in this form. I would like to have the Policy document and related information In e-Format (electronic) as and when applicable	YES ☐ NO ☐
I would like to have the Policy document and related information in physical format as well as e-Format	YES ☐ NO ☐

Disability Declaration

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I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative: Signature of Representative:

CKYC Declarations

1. I _____hereby grant explicit consent to Royal Sundaram General Insurance Co. Limited for the retrieval and downloading of my CKYC record from the Central KYC records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Royal Sundaram General Insurance Co. Limited will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Place:
Date: Signature of Proposer

NOMINEE DETAILS

Name of the Nominee	
Date of Birth	
Relationship with the Proposer	
Mobile Number	
E-mail id	
Address of the Nominee	
Present address	
Permanent address ((if left blank, will be construed as being same as	
Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

DPDP ACT 2023 DECLARATION

I/We confirm that I/We have provided personal data for the purpose of securing Insurance policy/ policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the Insurance.

VERNACULAR DECLARATION (Certification in case the Proposer has signed in Vernacular/Thumbprint):

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

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I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness _____Relation with the Proposer/Primary insured)_____adult and inhabitant of (city) _____and residing at do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance policy from Royal Sundaram General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured
Date:

Signature/Thumb impression of the Proposer
Place:

AGENT'S DECLARATION

I, _____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non- disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated
by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.: _____
Date:

Signature of Agent
Place:

Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities' reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of

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misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Section 41 of Insurance Act, 1938

Prohibition of Rebates

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 in 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 table 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 lakh rupees.