

## ETIQA SME CYBER INSURANCE PROPOSAL FORM

### Notes to Proposer

- a. Please answer all questions as fully as possible.
- b. If there is insufficient space to complete any of your answers, please continue on your headed paper.
- c. If you have a company brochure, please forward it with this proposal.
- d. 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.
- e. This form must be signed and dated by a Director of the Company.

### A. COMPANY INFORMATION

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

**B. INFORMATION SECURITY AND CONTROLS**

**YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 8. Does the Company have firewalls in place within its network and anti-virus software installed on all systems?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the Company enforce software update process with the installation of software patches within 30 days of release?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are users required to update passwords regularly?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is 2-factor authentication utilized for all remote access (e.g.VPN) to the internal network?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the Company have a Disaster Recovery Plan or Business Continuity Plan taking cyber perils into consideration?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the Company back up valuable or sensitive data on a daily basis?<br>If <b>NO</b> , How frequently is the data backed up? | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 14. 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.

**C. INSURANCE HISTORY**

**YES NO**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 15. Does the Company currently have in place cyber insurance?<br>If <b>YES</b> , please provide details: | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

16. 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**

17. 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:

18. 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:

19. 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**

20. Please select the Policy Limit required:

- SGD100,000       SGD200,000       SGD300,000  
 SGD400,000       SGD500,000       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:**