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Unit 8E Golden Sun Centre 59-67 Bonham Strand West

PROPOSAL FORM: CYBER LIABILITY & DATA PROTECTION INSURANCE

IMPORTANT NOTICE

PLEASE READ THE FOLLOWING ADVICE BEFORE COMPLETING THIS PROPOSAL FORM

Please note that this proposal form is being completed by the PROPOSER on behalf of all Insureds (as defined in the policy).

The term "PROPOSER" shall mean the Company listed below and all Subsidiaries of the Company for which coverage is proposed under this proposal form.

When completing this Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the PROPOSER to provide all information that is requested in the proposal form as well as to add additional relevant facts.
- A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Cyber Liability & Data Protection Insurance who acts as a PROPOSER.

This proposal form DOES NOT BIND the PROPOSER or the Insurer to complete the insurance but will form part of any insurance policy incepted.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of its business, ought to know; or
- As to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

Insured by: MSIG

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure or misrepresentation is fraudulent, the Insurer may also have the option of avoiding the contract in its entirety. It is therefore vital that you make sufficient enquiries BEFORE you complete this proposal form and BEFORE you sign any declaration that there has been no change in the information provided.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

Privacy Policy

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at www.msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for obligatory purpose or voluntary purpose. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The obligatory purposes for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The voluntary purposes for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by sending an email to 'dpo@hk.msig-asia.com'. In your notification, you must supply the same required information as listed below.

Full Name:	
Contact Number:	
HKID Number:	(for identification purpose)
Policy / Certificate / Acknowledgment Number (if you have one):	
NOTE: This instruction will override all previous instructions relating to dire	ct marketing that have been given to
MSIG.	

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law:
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and

• databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

SECTION 1: DETAILS OF THE PROPOSER
Insured Name:
Address of Head Office:
Web Address:
Place of Incorporation:
Date Established:
Business Description (Please provide a detailed description of your business activities which is required to be covered by this policy. Please also include business activities which is required to be covered by this policy. Please include business activities of your subsidiaries if these differ):

SECTION 2: TURNOVER AND EMPLOYEE INFORMATION

1. Please provide breakdown of:

	Past Year	Current Year	Estimated Next Year
Total Turnover (HKD\$)			
% of Turnover Derived from Online Sales			

2. Please provide % breakdown of turnover derived in the respective territories for the current financial year:

Hong Kong	Asia	Australia / NZ	USA / Canada	Europe	UK	Others
%	%	%	%	%	%	%

3. Please provide total number of employees of:

Principal / Partner / Directors	Information Technology	
Professional Staff	Cyber / Information Security	
Administration / Support	Other, please specify	

SECTION 3: DATA SECURITY D	ETAILS		
Do you secure remote access to y	our nework and data (SSL, IPSec, SSH, etc.)?	Yes []	No []
2. Do you implement industry grade	e security measures for either:		
[] Firewalls [] Antivirus	Other, please specify:		
If None of the above, please explain:			
3. Do you enforce a policy of auditir	ng and managing computer and user accounts?	Yes []	No []
4. Do you password protect all mob	'	Yes []	No []
It No, please explain:			
5. Do you encrypt all mobile device	'	Yes []	No []
If No, please explain:			
6. Are you PCI compliant, if applical	ole? If not applicable, leave blank.	Yes []	No []
	ive, confidential, critical or valuable data?		
8. Is all sensitive, confidential, critical	al or valuable data encrypted?	Yes []	No []
If Yes, which of the following?	••		
[] At rest on the network			
[] In transit			
[] In back-up			
9. Are staff trained on cyber security	?	Yes []	No []
If Yes, how often?			
[] Quarterly	[] Half Yearly		
[] Yearly	[] Other, please specify		

10. Do you distribute written	cyber security training mate	erials to your staff?	Yes []	No []
If Yes, how often?				
[] Quarterly	[] Half Yearly			
[] Yearly	[] Other, please	e specify		
11. Do you require staff to up	date passwords regularly?		Yes []	No []
12. Do you have the following[] A data breach response	g in place? se plan / incident response	plan		
[] A business continuity	plan / disaster recovery pla	n		
[] An IT security policy /	framework			
If Yes, please provide a copy.				
13. Have you performed pen	etration and/or social engin	eering testing?	Yes []	No []
If Yes, please provide a copy.				
Are software patches installed	d within 30 days of release?		Yes []	No []
14. Is there two factor authen	tication for all remote login	s?	Yes []	No []
15. Are you ISO 27001 (InfoS	ec Management) Complian	t?	Yes []	No []
16. Do you have an online pla	atform?		Yes []	No []
If Yes, are you on HTTPS Prote	ocol?		Yes []	No []
SECTION 4: BUSINESS II	NTERRUPTION			
1. Does the Disaster Recove	ry Plan or Business Continu	ity Plan take Cyber peril	s into consideration? Yes []	No []
2. Network Dependency, aft	er how long will your busin	ess be impacted by a lo	ss to your site/systems?	
[] 0 to 6 hours []	6 to 12 hours	[] 12 to 24 hours	[] Above 2	24 hours
3. Please provide the follow	ing Gross Profits:			
For the last financial year HKI	0\$	_ Estimated for current	finacial year HKD\$	
SECTION 5: OUTSOUR	CING			
1. Do you outsource any pri	mary business functions to	third parties?	Yes []	No []
If Yes, please describe:				
Name of Serv	ice Provider	Туре с	of Business Function	
		i e		

%

2. Do you outsource any	IT functions to third parties?		Yes []	No []
If Yes, please describe:				
Name of Se	ervice Provider	7	Type of IT Functions	
 Do you periodically au management and secu 	dit the functions of the outsority policies?	ourcers to ensure that t	hey are align with your ri Yes []	isk No []
f Yes, how often?				
[] Quarterly	[] Half Yearly			
[] Yearly	[] Other, plea	ase specify		
4. Do you waive your righ	nts of recourse against the se	ervices provided by the	outsourcers? Yes []	No []
5. How do you select and	d manage outsourcers?			
6. Do you require the out	sourcers to carry profession	al indemnity or errors c	or omission insurance? Yes []	No []
	greements in place between	yourself and the outso	urcers defining each par	ty's
responsibilities?			Yes []	No []
If No, please explain:				
SECTION 6: PERSON.	AL DATA			
1 How many records of n	personally identifiable inform	pation do you hold?		
Trow many records of p	screening identifiable infolli	ation do you noid:		
2. Please provide % break	down of records in the resp	ective territories:		
Hong Kong Asia	Australia / NZ USA	/ Canada Europe	e UK	Others

%

%

%

%

%

%

3.	Wł	nat type o	of personal data	do you hold?				
[]	Bank Details, including Banking/Saving Accounts, Debit Card and/or Credit Card						
[]	Healthcare information						
[]	Tax records, including Tax File Numbers						
[]	Personal (Email Address, Physical address, Telephone/Mobile Number)						
[]	Date of birth						
[]	Identifi	cation Numbers	, including Identif	ication Card, Drive	ers Licence and/	or Passport	
[]	Others	, please describ	e:				
4.	Ple	ase prov	vide number of r	ecords in these ca	ategories:			
Е	Bank	Details	Healthcare Information	Tax records	Personal	Date of birth	Identification Numbers	Others
5.	Ple	ase prov	vide % breakdow	n of records store	ed by:			
	a.	Owned	Network	_%				
	b.	Third Pa	rty Network	%				
6.	Wł	nat is the	estimated maxi	mum number of r	ecords currently re	esiding on:		
	a.	One Se	erver					
	b.	One Ce	entralized Locati	on				
	656	- 10N -	DECLU ATOR	V/16611E6				
	SEC	HON 7	: REGULATOR	Y ISSUES				
1.		-		tigated in respector or your privacy pr		entifiable inform	ation, including Yes []	but not limited to No []
2.		-	peen asked to su or your privacy		or or similar body	with information	n relating to per Yes []	sonally identifiable No []
3.		-	ver been asked t y practices?	to sign a consent	order or equivalen	t in respect of po	ersonally identifia Yes []	able information o
4.	На	ve you e	ver received a c	omplaint relating	to the handling of	someone's pers	onally identifiab Yes []	le information? No []
If \	∕es,	olease sp	pecify details (att	tach additional inf	formation if require	ed):		

[]

SECTION 8: CLAIMS DETA	AILS			
Have you suffered any loss of the second secon	or has any claim whathe	or successful or not over been m	anda against you?	
1. Have you suffered any loss of	n has any claim whether	er succession of flot ever been fi	Yes []	No []
2. Are you aware of any matter	which is likely to lead	to you suffering a loss or a claim		
	ee y ee read	io you canomig a loss of a claim	Yes []	No []
If Yes, please specify details (atta	ach additional informat	ion if required):		
SECTION 9: INDEMNITY L	IMIT			
1. Do you have any Cyber Liab	oility and Data Protectic	on Insurance Cover currently in p	place?	
			Yes []	No []
If Yes, please provide details:				
Name of Insurer:				
Limit of Indemnity:				
Deductible:				
Expiry Date of Policy:				
Retroactive Date of the Policy:				
2. Please select the amount of	Indemnity required:			
HKD\$ 10,000,000	[]	USD\$ 1,000,000	[]	
	r j		. 1	
HKD\$ 30,000,000	[]	USD\$ 3,000,000	[]	

SECTION 10: DECLARATION

HKD\$ 50,000,000

Other (please state): _

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

USD\$ 5,000,000

The undersigned declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

[]

Declaration of Broker Commission:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

TO BE SIGNED BY CHAIRMAN OR MANAGING DIRECTOR OR EQUIVALENT

SIGNATURE: _____ _____ DATE: ____ POSITION: __

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.

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