

Cyber Protect Group Insurance Policy

Proposal Form

MAGMA GENERAL INSURANCE LTD.
Proposal Form – Cyber Protect Group Insurance Policy

1. Please answer all questions in full and if not applicable insert "N/A"
2. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet along with the proposal form.
3. This proposal forms part of the Policy Documents. The liability of the Company does not commence until the proposal has been accepted by the Company and the same has been duly conveyed to the Applicant.
4. The liability of the Company does not commence until the acceptance of premium has been realized by the Company.

GENERAL INFORMATION

| | |
|---|--------------------------------------|
| Name of the Group Policyholder (Entity/Organization/ Group Manager Proposing for Insurance): | |
| Group Policyholder (Proposer) Complete Address: | |
| Contact Number: | |
| Email: | |
| Business of Group Policyholder (Entity/Organization/ Group Manager Proposing for Insurance) whose member are being covered under the policy: | |
| Type of Organization: | |
| Relationship between Group Members and Group Policyholder (Group Manager/Entity/organization): | |
| PAN number: | |
| Website: | |
| Expected number of people being covered under the policy: | |
| Details of each insured covered under the policy: | To be attached as an annexure |

GROUP POLICY PERIOD

| | | | |
|---------------------------|--|-------------------------|--|
| From (DD/MM/YYYY): | | To (DD/MM/YYYY): | |
|---------------------------|--|-------------------------|--|

LIMIT OF LIABILITY

Limit of Liability required – Select any one option from the following. [Tick on the option required.]

[note - this section will have the list of various limit of liability options available]

COVERAGE

Select for the coverage and sub-limits opted from the following table.

| Covers | Required (Yes/No) | Sublimit Opted (Select anyone option for each of the covers opted for) | | | | | | | | |
|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | 2.5% | 5% | 10% | 20% | 25% | 50% | 75% | 100% | |
| Insuring Clause | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Identity Theft Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IT Theft/ Theft of Funds/ Financial Loss Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cyberbullying Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E-mail Spoofing Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Malware Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Media Liability Claims Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cyber Extortion Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Privacy and Data Breach First Party Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Privacy and Data Breach (of Third Party) Liability Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Counselling Services | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IT Consultant Services Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Endorsements | | | | | | | | | | |
| Family Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | | | | | | | | | |
| Online Sales Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Online Shopping Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Replacement of Hardware Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consequential Loss (Theft of Funds) Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liability arising due to Underage Dependent Children | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Network Security Liability | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smart Home Cover | Yes <input type="checkbox"/> Nd <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | | | | | | |
|---------------------------|----------|------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Unauthorized Transactions | Physical | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------|----------|------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Note -

- It is mandatory to select sublimits for covers opted for. If not selected, then 25% sub-limits shall apply and premium shall be charged accordingly.
- Sub-Limits are part of and are not in addition to the Limit of Liability.
- Details of other endorsements available with this product can be made available on demand and can be opted and attached along with the proposal form.
- Details of Coverage/Sublimits can be provided as attachment to this Proposal form as required for various categories of the groups in the policy.

FAMILY COVER

| | | | |
|--|--|------------------------------|-----------------------------|
| Do you want to cover family members in this policy? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" Please select any one from the following options – [Tick the applicable option] | | | |
| Group member plus one Adult (Two Insureds) [Self plus any one from Spouse and Children] | | <input type="checkbox"/> | |
| Group member plus two Adults (Three Insureds) [Self plus any two from Spouse and Children] | | <input type="checkbox"/> | |
| Group member plus three Adults (Four Insureds) [Self+Spouse+2 Children] | | <input type="checkbox"/> | |

PRIOR INSURANCE

| | | | |
|--|--|------------------------------|-----------------------------|
| Does the Applicant currently have cyber risk insurance or similar insurance? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" Please provide/attach details. | | | |
| Has the Applicant ever been refused cyber risk or similar insurance or had a similar policy cancelled? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" Please provide/attach details. | | | |

GROUP POLICY CLAIMS HISTORY

Note - Details of past claims history and experience of the group to be attached as part of this Proposal form

ELECTRONIC INSURANCE DETAILS

Do you wish to have this Policy credited to an eIA? (Please select anyone)

No, I do not have an eIA and do not wish to open one Yes, Credit this Policy to my e-Insurance account

If yes, please share existing e-Insurance Account No _____

Please select Insurance Repository Name (you have opened your account with)

M/s NSDL Database Management Limited M/s Karvy Insurance Repository Limited
 M/s Central Insurance Repository Limited M/s CAMS Repository Services Limited (Please select any one) Or
 I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)

My KYC No. (Central Know Your Customer registry number) is (if available): _____

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

First Name

Middle Name

Last Name

Gender

DOB

PAN

Address Line 1

Address Line 2

Address Line 3

Pin code

Telephone Number

Mobile Number

Relationship

Other Relationship

Email Id

UID

Landmark

State

City

Country

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

| Premium Payment Details: | | | | |
|--|--|-----------------------------|-------------------------------|----------------------------------|
| Kindly select : | <input type="checkbox"/> Cheque | <input type="checkbox"/> DD | <input type="checkbox"/> NEFT | <input type="checkbox"/> Cash |
| Cheque /DD/ PO /UTR No. | <input type="text"/> | | | |
| Payee Name/ Account Holder Name : | <input type="text"/> | | | |
| Date | IFSC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| Amount in Rs. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| Bank Account No. | <input type="text"/> | | | |
| Bank Name | <input type="text"/> Branch <input type="text"/> | | | |
| PAN Number | <input type="text"/> | | | |
| <i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i> | | | | |
| GST Registered | | | | Yes/ No <input type="checkbox"/> |
| | GSTIN Number <input type="text"/> | | | |
| | GST State <input type="text"/> | | | |

PEP DECLARATION

Are you or any of the proposal applicant are PEPs* or a close relative of PEPs*?

 Yes

No

If yes, please share the details "Politically Exposed Persons"(PEPs) :

*(PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

INTERMEDIARY DECLARATION

Intermediary PAN number:
Intermediary Aadhaar number:

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 responses(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, or 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 premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

DECLARATION BY INSURED

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realization of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalized accordingly.

I hereby consent to and authorize Magma General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my WhatsApp (other app) number.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

Place

Date

Signature of Proposer
VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma General Insurance Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: _____ Proposer's Signature _____

Company stamp

Date: _____ Name: _____ Designation: _____
 (DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 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 published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

Annexure -

| S. No. | Name of Member Insured | Date of Birth | Complete Address | PEP (Yes/No) | Family members covered (no.) | Mobile Number | E-mail | ID Type | ID Number |
|--------|------------------------|---------------|------------------|--------------|------------------------------|---------------|--------|---------|-----------|
| | | | | | | | | | |
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Note – Additional details and declarations from Insured may be obtained for Family Cover/Device Information/Activity/ Security Incident and Loss History and other declarations as mentioned in the proposal form.