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## Cyber Insurance Proposal Form (For Small & Medium Enterprises)

### Statement Section 23(5)

Statement pursuant to Section 23(5) of the Insurance Act (Cap.142). You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise you may not receive any benefit from your policy.

### Section 1 – Your Company

#### Company/Applicant Information

Name of Applicant \_\_\_\_\_

Registered Address \_\_\_\_\_

Place of Incorporation \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Subsidiaries \_\_\_\_\_

All web domain names (to be covered by this insurance) \_\_\_\_\_

### Section 2 – Your Business

Yes No

#### Please answer the following statements:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Your Business (including all your subsidiaries) does <b>NOT</b> involve any one of the following:  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Social Networking Sites/Portals  |                          |                          |
| b. Adult Networking Sites/Portals   |                          |                          |
| c. Adult Entertainment Providers or Sites   |                          |                          |
| d. *Online Trading  |                          |                          |
| e. *E-Commerce Platform including any service that has payment and/or financial transaction functions   |                          |                          |
| f. Data Aggregators   |                          |                          |
| g. Healthcare Aggregators   |                          |                          |
| h. Online Gambling Operators  |                          |                          |
| i. Crypto Currency Activities   |                          |                          |
| j. Digital Currency Exchanges   |                          |                          |
| k. Credit or Debit Card Processors  |                          |                          |
| l. Energy/Oil and Gas business  |                          |                          |
| m. Financial Institution or companies governed by any Banking or Financial Institution Act or Securities-related Acts (except for fund managers, investment managers &/or asset management companies) |                          |                          |

**Note:**

- a. **\*Only applies to Gross Revenue from Online Trading/E-Commerce Platform exceeding 25% of total Gross Revenue.**
- b. **The above list serves only as a guide and Great American Insurance Company (GAIC) will need to confirm acceptance of the business nature for the underwriting criteria to be satisfied before cover to commence.**

2. Geographical Presence and Operation Setup –

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Your Company is based in Singapore and does not have any operations outside of Asia.  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your Company does not have more than 5 subsidiaries and for each of these subsidiaries (i) the business nature is the same as that of Your Company, (ii) all subsidiaries are based in Asia and do not have any operations outside of Asia, and (iii) all the revenue is included in total gross annual revenue of Insured Companies declared in Section 4 of this Proposal Form. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Your Company does not have any revenue derived from USA/Canada nor Australia.   | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 3 – Information Security Events and Loss History**

Yes No

Please answer the following statements by considering any time during the past ten (10) years.

1. You have <b>NOT</b> had any <b>incidents, unplanned business interruption, claims or suits</b> involving unauthorized access or misuse of your network, including embezzlement, fraud, theft of proprietary information, breach of personal information, theft or loss of laptops, denial of service, electronic vandalism or sabotage, computer virus, cyber extortion attempt or demand or other incident?	<input type="checkbox"/>	<input type="checkbox"/>
2. You are <b>NOT</b> aware of any <b>actual or alleged fact, circumstance, situation, error or omission, or potential issue</b> which might give rise to a loss or claim against you under the cyber insurance policy for which you are applying for or any similar insurance presently or previously in effect or currently proposed?	<input type="checkbox"/>	<input type="checkbox"/>
3. You do <b>NOT</b> have over 25,000 PII ( <i>Personal Identifiable Information</i> )/PCI ( <i>Payment Card Information</i> ) combined?	<input type="checkbox"/>	<input type="checkbox"/>
4. You do <b>NOT</b> have over 10,000 PHI ( <i>Personal Health Information</i> ) combined.	<input type="checkbox"/>	<input type="checkbox"/>
5. You use malware protection for all web-proxies, email-gateways, workstations and laptops.	<input type="checkbox"/>	<input type="checkbox"/>
6. You apply timely updates ( <i>at least within one month of release</i> ) to critical IT-systems and applications (" <i>security patching</i> ").	<input type="checkbox"/>	<input type="checkbox"/>
7. All internet access points are secured by appropriately configured firewalls.	<input type="checkbox"/>	<input type="checkbox"/>
8. Your business ( <i>including all your subsidiaries</i> ) have effective controls in place for:		
a. System security controls such as anti-virus, firewall or equivalent protection and timely installation of software patches.	<input type="checkbox"/>	<input type="checkbox"/>
b. Access security such as passwords for all employees and other users with privileged access.	<input type="checkbox"/>	<input type="checkbox"/>
9. You ( <i>including all your subsidiaries</i> ) perform at least weekly regular backups of business data and have recovery procedures.	<input type="checkbox"/>	<input type="checkbox"/>
10. Your business network ( <i>including all your subsidiaries</i> ) is <b>NOT</b> connected to your parent company's or any main franchise's network.	<input type="checkbox"/>	<input type="checkbox"/>

*Note: If you answered **yes** to all the statements (Section 2 & 3) above, please proceed to the following Sections. If you answered **no** to any one of the statements (Section 2 & 3) above, please refer to Great American Specialty Lines Division.*

**Section 4 – Plan Selection**

*(The Premium Indication Table below sets out the annual premium (inclusive of GST), subject to a **clean claim/loss history**)*

**Limit of Liability (in aggregate)**

Annual Gross Revenue	\$250,000	\$500,000	\$1,000,000
Up to S\$1,000,000	<input type="checkbox"/> S\$981	<input type="checkbox"/> S\$1,308	<input type="checkbox"/> S\$1,635
S\$1,000,001 to S\$3,000,000	<input type="checkbox"/> S\$1,308	<input type="checkbox"/> S\$1,635	<input type="checkbox"/> S\$1,962
S\$3,000,001 to S\$5,000,000	<input type="checkbox"/> S\$1,526	<input type="checkbox"/> S\$1,962	<input type="checkbox"/> S\$2,398
S\$5,000,001 to S\$10,000,000	<input type="checkbox"/> S\$2,289	<input type="checkbox"/> S\$2,943	<input type="checkbox"/> S\$3,597
S\$10,000,001 to S\$20,000,000	<input type="checkbox"/> S\$3,161	<input type="checkbox"/> S\$4,251	<input type="checkbox"/> S\$5,341

**Note: The above Premium Indication Table does not apply for industries marked with \*\* under Section 5 – Business Segments.**

**Section 5 – Business Segments**

Please check the Business Segment(s). You may click more than one if needed.

<input type="checkbox"/> Business & Professional Services	<input type="checkbox"/> Aviation/Aerospace**
<input type="checkbox"/> Defense/Military Contractor**	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Education	<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Entertainment & Media	<input type="checkbox"/> Public Authority; NGOs; Non-Profit Entities
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Property & Construction Development

**Section 5 – Business Segments Continued**

<input type="checkbox"/> Food & Agriculture	<input type="checkbox"/> Real Estate Agency
<input type="checkbox"/> Information Technology – Software	<input type="checkbox"/> Telecommunications**
<input type="checkbox"/> Information Technology – Hardware	<input type="checkbox"/> Mining or Primary Industries
<input type="checkbox"/> Information Technology – Services	<input type="checkbox"/> Land Transportation/Shipping
<input type="checkbox"/> Finance – Insurance (Agency, Financial Advisor Firm or Broker)	<input type="checkbox"/> Retail
<input type="checkbox"/> Finance – Fund Managers, Investment Managers &/or Asset Management Companies	<input type="checkbox"/> Public Transport/Utilities**
<input type="checkbox"/> Other** (Please refer to GAIC Specialty Lines Division)	<input type="checkbox"/> Tourism & Hospitality (Hotels or Restaurants)

For “Other” type of Business Segments, please specify.

Please specify details of your business activities.

**Section 6 – Coverage Summary (please refer to our policy wordings for the full terms & conditions)**

Scope of Cover	First Party Cover	
	Cyber Incidents	Full Policy Limit
	Cyber Extortion	30% of Policy Limit (inclusive and not in addition)
	Cyber Crime	10% of Policy Limit (inclusive and not in addition)
	Civil Fines & Penalties	50% of Policy Limit (inclusive and not in addition)
	PCI-DSS	50% of Policy Limit (inclusive and not in addition)
	Business Interruption	Full Policy Limit
	Restoration	Full Policy Limit
	Third Party Cover	
	Confidentiality and Privacy Liability	Full Policy Limit
	Network Security Liability	Full Policy Limit
	Media Liability	50% of Policy Limit (inclusive and not in addition)
Retroactive Date	Policy Inception (or *same as expiring policy*), excluding any known claims/loss &/or circumstances that could reasonably be expected to give rise to a claim/loss (*subject to a copy of expiring policy schedule*)	
Deductible (Each and Every claim/ loss inclusive of Costs and Expenses, and exclusive of GST)	First Party Cover	
	Cyber Incidents	S\$5,000
	Cyber Extortion	S\$5,000
	Cyber Crime	S\$5,000
	Civil Fines & Penalties	S\$5,000
	PCI-DSS	S\$5,000
	Business Interruption	12 Hours Waiting Period
	Restoration	S\$5,000

**Section 6 – Coverage Summary** (please refer to our policy wordings for the full terms & conditions) *Continued*

Third Party Cover		
	Confidentiality and Privacy Liability	S\$5,000
	Network Security Liability	S\$5,000
	Media Liability	S\$5,000
<b>Territorial &amp; Jurisdictional Cover</b>	Worldwide	

**Section 7 – Insurance History****Yes**      **No****Prior Cyber Insurance**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you currently hold or have ever held cyber insurance providing the same or similar coverage for which you are now applying for?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any insurer ever cancelled or non-renewed a policy that provided the same or similar coverage for which you are now applying for? | <input type="checkbox"/> | <input type="checkbox"/> |

**False Information**

Please note that any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Cyber Incidents Reporting**

<b>Incident Response Manager</b>	Crawford & Company
<b>Cyber Incidents 24/7 Hotline</b>	800 321-1420
<b>Email address</b>	cyber-claims@crawford.asia
<b>Cyber Incidents Reporting Website</b>	<a href="https://us-fnol.claims.global/GreatAmericanCyberClaims/submit">https://us-fnol.claims.global/GreatAmericanCyberClaims/submit</a>

**Personal Data Protection**

- In order to process, evaluate, administer and/or manage your application, relationship, account and/or policy with Great American Insurance Company, Singapore Branch (“Great American”), Great American will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of Great American as previously provided by you; and (ii) your claims.
- Such personal data will be collected, used, disclosed and/or processed by “Great American” for the purpose(s) of:
  - considering whether to provide you with the insurance you applied for including considering whether to accept any renewal request;
  - processing your application for underwriting and insurance;
  - administering and/or managing your relationship, account and/or policy with Great American;
  - processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
  - carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by Great American;
  - carrying out your instructions or responding to any enquiries by you;
  - dealing in any matters relating to the services and/or products which you are entitled to under a policy which you are applying for or have applied for; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);

**Personal Data Protection Continued**

- h. investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your renewal request, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
- i. complying with applicable law in administering and managing your relationship with Great American.  
(collectively the "Purposes")
3. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
4. Your personal data may/will be disclosed by Great American to affiliates of Great American and third parties such as third party service providers, reinsurers or agents (including its lawyers/law firms) ("Relevant Parties"), which may be sited outside of Singapore, for one or more of the above Purposes, and such Relevant Parties would be processing your personal data for Great American in relation to one or more of the above Purposes.
5. By signing below, you:
- consent to Great American collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
  - consent to Great American collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
  - consent to Great American disclosing your personal data to the Relevant Parties, for the Purposes as described above; and
  - consent to Great American transferring your personal data out of Singapore to the Relevant Parties, for the Purposes as described above.
- I have read and agree to the above.

**Declaration and Signature**

The undersigned authorized principal, partner or director of the Applicant hereby declare that to the best of his/her knowledge and belief, the statements set forth herein and all attachments and schedules hereto are true and complete, and immediate notice will be given should any of the above information alter between the date of this Proposal and the proposed inception date of the Policy. Although the signing of this Proposal does not bind the undersigned on behalf of the Applicant or any potential Insured to effect insurance, the undersigned agree on behalf of all potential Insured that this Proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the Policy should one be issued.

**Authorised Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*Company Stamp:** \_\_\_\_\_

**Please provide company stamp for corporate account.**