

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 insurer.
- 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 authorized 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.)

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.

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 the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us;

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

- our related, subsidiary or affiliated companies within the FPG Group and FPG Insurance Co., Inc. in or out of Philippines;
- any other company carrying out insurance or reinsurance related business in or out of Philippines;
- any association or federation of insurance companies that exists or is formed from time to time;
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to FPG or any member of the FPG Group or FPG Insurance Co., Inc..

In order to confirm the accuracy of your personal data, you agree to provide us with authorization 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 6th Floor Zuellig Building Makati Avenue corner Paseo de Roxas, Makati City.

Nothing in this statement shall limit your rights under the relevant laws and regulations.

SECTION 1: DETAILS OF THE PROPOSER			
<input type="checkbox"/> New <input type="checkbox"/> Renewal Existing Policy Number:			
Name of Entity:			
Head Office Address:			
Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality	Province/State	ZIP Code	
Permanent Address:			
Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality	Province/State	ZIP Code	
Mobile No.:	E-mail Address:		TIN:
Gender:	Citizenship / Nationality:	Source of Funds:	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Salary
Nature of Employer / Business:		Incorporation No.:	Date Established: DD/MMM/YYYY
Date of Incorporation: DD/MMM/YYYY		Website Address:	
Place of Incorporation:			
Name of authorized representative/transactor/signee:			
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):			
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ULTIMATE BENEFICIAL OWNER'S INFORMATION

Name:

Last Name

First Name

Middle Name

Suffix

Mailing Address:

Block/Lot/Phase No./Floor No./Unit No.

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Mobile No.:

E-mail Address:

Gender: Male Female

Civil Status: Single Married

Date of Birth: DD/MMM/YYYY

TIN/SSS/GSIS No.:

Place of Birth:

Citizenship/Nationality:

Source of Funds: Self-Employed Salary

SECTION 2: TURNOVER AND EMPLOYEE INFORMATION

1. Please provide breakdown of:

	Per Year	Current Year	Estimated Next Year
Total Turnover (PHP)			
% of Turnover Derived from Online Sales			

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

Philippines	Asia	Australia / NZ	USA / Canada	Europe	UK	Other, please specify
%	%	%	%	%	%	%

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 DETAILS

1. Do you secure remote access to your network and data (SSL, IPSec, SSH, etc.)? Yes No

2. Do you implement industry grade security measures for either:

Firewalls Antivirus Other, please specify: _____

If None of the above, please explain: _____

3. Do you enforce a policy of auditing and managing computer and user accounts? Yes No

4. Do you password protect all mobile devices and back up media? Yes No

If No, please explain: _____

5. Do you encrypt all mobile devices and back up media? Yes No

If No, please explain: _____

6. Are you PCI compliant, if applicable? If not applicable, leave blank. Yes No

7. How often do you back up sensitive, confidential, critical or valuable data?

8. Is all sensitive, confidential, critical 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 materials to your staff? Yes No

If Yes, how often?

Quarterly Half Yearly

Yearly Other, please specify: _____

11. Do you require staff to update passwords regularly? Yes No

12. Do you have the following in place?

A data breach response plan / incident response plan

A business continuity plan / disaster recovery plan

An IT security policy / framework

If Yes, please provide a copy.

13. Have you performed penetration and/or social engineering testing? Yes No

If Yes, please provide a copy.

Are software patches installed within 30 days of release? Yes No

14. Is there two factor authentication for all remote logins? Yes No

15. Are you ISO 27001 (InfoSec Management) Compliant? Yes No

16. Do you have an online platform? Yes No

If Yes, are you on HTTPS Protocol? Yes No

SECTION 4: BUSINESS INTERRUPTION

1. Does the Disaster Recovery Plan or Business Continuity Plan take Cyber perils into consideration? Yes No

2. Network Dependency, after how long will your business be impacted by a loss to your site/systems?

0 to 6 hours 6 to 12 hours 12 to 24 hours Above 24 hours

3. Please provide the following Gross Profits:

For the last financial year Php _____ Estimated for current financial year Php _____

SECTION 5: OUTSOURCING

1. Do you outsource any primary business functions to third parties? Yes No

If Yes, please describe:

Name of Service Provider	Type of Business Function

2. Do you outsource any IT functions to third parties? Yes No

If Yes, please describe:

Name of Service Provider	Type of IT Functions

3. Do you periodically audit the functions of the outsourcers to ensure that they are align with your risk management and security policies? Yes No

If Yes, how often?

Quarterly Half Yearly

Yearly Other, please specify: _____

4. Do you waive your rights of recourse against the services provided by the outsourcers? Yes No

5. How do you select and manage outsourcers?

6. Do you require the outsourcers to carry professional indemnity or errors or omission insurance? Yes No

7. Do you have written agreements in place between yourself and the outsourcers defining each party's responsibilities? Yes No

If No, please explain: _____

SECTION 6: PERSONAL DATA

1. How many records of personally identifiable information do you hold? _____

2. Please provide % breakdown of records in the respective territories:

Philippines	Asia	Australia / NZ	USA / Canada	Europe	UK	Other, please specify
%	%	%	%	%	%	%

3. What type 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
- Identification Numbers, including Identification Card, Drivers License and/or Passport
- Others, please describe: _____

4. Please provide number of records in these categories:

Bank Details	Healthcare Information	Tax records	Personal	Date of birth	Identification Numbers	Others

5. Please provide % breakdown of records stored by:

- a. Owned Network _____ %
- b. Third Party Network _____ %

6. What is the estimated maximum number of records currently residing on:

- a. One Server _____
- b. One Centralized Location _____

SECTION 7: REGULATORY ISSUES

1. Have you ever been investigated in respect of personally identifiable information, including but not limited to payment card information, or your privacy practices? Yes No

2. Have you been asked to supply any regulator or similar body with information relating to personally identifiable information or your privacy practices? Yes No

3. Have you ever been asked to sign a consent order or equivalent in respect of personally identifiable information or your privacy practices? Yes No

4. Have you ever received a complaint relating to the handling of someone's personally identifiable information? Yes No

If Yes, please specify details (attach additional information if required): _____

SECTION 8: CLAIMS DETAILS

1. Have you suffered any loss or has any claim whether successful or not ever been made against you? Yes No

2. Are you aware of any matter which is likely to lead to you suffering a loss or a claim being made against you? Yes No

If Yes, please specify details (attach additional information if required): _____

SECTION 9: INDEMNITY LIMIT

1. Do you have any Cyber Liability and Data Protection Insurance Cover currently in place? Yes No

If Yes, please provide details:

Name of Insurer:	
Limit of Indemnity:	
Deductible:	
Expiry Date of Policy: <small>DD/MMM/YYYY</small>	
Retroactive Date of the Policy: <small>DD/MMM/YYYY</small>	

2. Please select the amount of Indemnity required:

- PHP 25,000,000 USD\$ 500,000
 PHP 50,000,000 USD\$ 1,000,000
 PHP 100,000,000 USD\$ 2,000,000

Other (please state): _____

SECTION 10: DECLARATION

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

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.

TO BE SIGNED BY PARTNER / DIRECTOR OR PRINCIPAL OR EQUIVALENT

SIGNATURE: _____ DATE: _____
DD/MMM/YYYY

NAME: _____ 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 OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.

IMPORTANT NOTICE

ANTI - MONEY LAUNDERING

Under Republic Act No. 9160, otherwise known as the Anti-Money Laundering of 2001, as amended by Republic Act No. 9194 and pertinent regulations and circulars issued by the Insurance Commission, all insurance companies are required to satisfactorily establish the identities of its customers. Consequently, FPG Insurance Company, Inc. reserves the right to not accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his/her identity.

AGREEMENT

I HEREBY DECLARE and warrant the answers given above in every respect true and correct; and have not withheld any information likely to effect acceptance of this proposal; I further agree that this proposal declaration shall be the basis of the contract between FPG Insurance and me.

During the effectivity of the contract/policy, the customer/client agrees to the following:

(1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the company may apply the following:

a. Measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and

b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of the company of this measure shall only entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.

(2) Be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities.

DATA PRIVACY CONSENT FORM

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form.