

Flat D, 10/F., World Trust Tower, 50 Stanley Street, Central, Hong Kong http://www.hkpli.com

## CYBER RISK INSURANCE APPLICATION

(CURRENCY in US\$)

A DDI ICANIT INICODA AT	TON.			
APPLICANT INFORMAT	ION			
	Date business commenced			
	☐ Sole proprietorship ☐ Partnership			
Fax :	□Limited Liability Company			
	☐ Other			
If yes, please provide details: (Address, Business nature etc)				
If 'Yes', please pro	If 'Yes', please provide full details:			
Number	of Employees			
Current year	Previous year			
	If yes, please provide detai If 'Yes', please pro Number			

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	UNDERWRITING INFORMATION							
Limits of Insurance	Requested							
US\$1m		US\$2m	US\$3m	U	S\$5m		Othe	r:
Deductible amount	Requested							
		Ту	pes of Products/S	ervices				
1) In your own, w		e provide a detailed d	escription of your r	nain opera	ations (e.g.	On-Line Ret	ailer, 1	Frading Copy,
2) Please provide	the percen	tage of your annual re	evenue or turnover	split amor	ng the follo	wing:		
On-Line Shop								%
Trading via tradition	nal means							%
Other, please expla	in:							%
		RISK ACCES	SSMENT – (CY	BER SEC	CURITY)			
3) Please assess the	e outage pe	riod over which your	company will suffe	significan	nt impact to	o its business	s.	
Application (or Activity	ty)	Maximum outage	period before adve	se impact	on busines	SS		
		Immediate	> 12 h	>24h		>48h		>5 days
4) Information Syst	tem							

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	<100		101-1000		>1001	
Num	ber of Information Systems User					
Num	ber of Laptops					
Num	ber of Servers					
Do y	ou have an e-commerce or an online service website?		□ Yes □ N	lo		
If YES			(% or ME)			
Wha	t is the revenue share generated or supported by the w	vebsite? (estimate)				
5) S	ecurity policy and risk management					
1	An IS policy is formalised and approved by company n	nanagement and/or				
	security rules are defined and communicated to all sta	aff and approved by the				
	staff representatives					
If yes, please attached the copy of IS policy				☐ Yes	□ No	
2 Formalised awareness training on the IS is required of all staff at least annually				□ Yes	□ No	
3	3 You identify critical information systems risks and implement appropriate					
controls to mitigate them				☐ Yes	□ No	
4	Regular audits of the IS are conducted and resulting re	ecommendations are		□ Yes	□ No	
	prioritised and implemented					
5	Information resources are inventoried and classified a	ccording to their critical	у		7.1	
	and sensitivity			□ Yes [	⊔ No	
6	Security requirements that apply to information resou	irces are defined		□ Yes [	□ No	
	according to classification					



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6) lı	nformation systems protection	
1	Access to critical information systems requires dual authentication	☐ Yes ☐ No
2	Users are required to regularly update passwords	
		☐ Yes ☐ No
3	Access authorisations are based on user roles and a procedure for authorisation	
	management is implemented	□ Yes □ No
4	Secured configurations references are defined for workstations, laptops, servers	
	and mobile devices	
		☐ Yes ☐ No
5	Centralised management and configuration monitoring of computer systems	
	are in place	□ Yes □ No
6	Laptops are protected by a personal firewall	☐ Yes ☐ No
7	Antivirus software is installed on all systems and antivirus updates are	
	monitored	☐ Yes ☐ No
8	Security patches are regularly deployed	☐ Yes ☐ No
9	A Disaster Recovery Plan is implemented and updated regularly	
	If yes, please attached the copy of Disaster Recovery Plan	
		☐ Yes ☐ No
10	Data backups are performed daily, backups are tested regularly and a backup	☐ Yes ☐ No
	copies are placed regularly in a remote location	

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7) N	letwork security and operations	
1	Traffic filtering between the internal network and internet is updated and	
	monitored regularly	☐ Yes ☐ No
2	Intrusion detection/prevention system is implemented, updated and monitored	☐ Yes ☐ No
	Regularly	
3	Internal users have access to Internet web site browsing through a network	☐ Yes ☐ No
	device (proxy) equipped with antivirus and website filtering	
4	Network segmentation is implemented to separate critical areas from non	
	critical areas	☐ Yes ☐ No
5	Penetration testing is conducted regularly and a remediation plan is	
	implemented where necessary	☐ Yes ☐ No
6	Vulnerability assessments are conducted regularly and a remediation plan is	
	implemented where necessary	☐ Yes ☐ No
7	Procedures for incident management and change management are	
	implemented	□ Yes □ No
8	Security events such as virus detection, access attempts, etc, are logged and	□ Yes □ No
	monitored regularly	
8) P	hysical security of computing room	
1	Critical systems are placed in at least one dedicated computer room with	☐ Yes ☐ No
	restricted access and operational alarms are routed to a monitoring location	
2	The data centre hosting critical systems has resilient infrastructure including redundancy of power supply, air conditioning, and network connections	□ Yes □ No

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3	Critical systems are duplicated according to Active/Passive or Active/Active	☐ Yes ☐ No
	architecture	
4	Critical systems are duplicated on two separate premises	□ Yes □ No
5	Fire detection and automatic fire extinguishing system in critical areas are implemented	□ Yes □ No
6	The power supply is protected by a UPS and batteries which are both maintained regularly	☐ Yes ☐ No
7	Power is backed up by an electric generator which is maintained and tested regularly	☐ Yes ☐ No
9)	Outsourcing	
	[Please fill in if a function of the information system is out sourced]	
1	The outsourcing contract includes security requirements that should be observed by the service provider	□ Yes □ No
2	Service Level Agreements (SLA) are defined with the outsourcer to allow incident and change control and penalties are applied to the service provider in case of non compliance with the SLA	□ Yes □ No
3	Monitoring and steering committee(s) are organised with the service provider for the management and the improvement of the service	□ Yes □ No
4	You have not waived your rights of recourse against the service provider in the	☐ Yes ☐ No

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outsourcing contract							
9.1) What are the outsourced Information Systems functions?	Yes	No	Service Provider (Outsourcer)				
Desktop management							
Server management							
Network management							
Network security management							
Application management							
Use of cloud computing  If YES, please specify the nature of cloud services:							
Software as a Service							
Platform as a Service							
Infrastructure as a Service							
Other, to specify please:							
9.2) The outsourcing contract contains a provision requiring the	service	provider(s	i) to				

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maintain professional indem			
10) Personal data held by the or	rganization		
10.1) The Number of personal	information records held for the	activity to be insured:	Total:
Per Region	Asia:	USA/Canada:	Hong Kong:
	Europe:	Australia:	Rest of world:
10.2) Categories of personal da	ta collected/processed		Number of Records
Categories of personal data colle	ected/processed	☐ Yes ☐ No	
Commercial and marketing infor	mation	☐ Yes ☐ No	
Payment Card or financial transa	actions information	☐ Yes ☐ No	
Health information		☐ Yes ☐ No	
Other, to specify please:	☐ Yes ☐ No		
Do you process data for:	☐ On behalf of 3 <sup>rd</sup> party?		
11) Personal information protect	ction policy		
<ol> <li>A privacy policy is formation data security rules are of the security rules.</li> </ol>	☐ Yes ☐ No		
Awareness and training access or process perso	the personnel authorised to	☐ Yes ☐ No	
3. A personal data protect	tion officer is designated in your c	organisation	☐ Yes ☐ No
A confidentiality agreement or a confidentiality clause in the employment contract is signed by the concerned staff			☐ Yes ☐ No
5. The legal aspects of the	privacy policy are validated by a	lawyer/legal department	☐ Yes ☐ No
6. Monitoring is implement the protection of perso	nted to ensure compliance with la nal data	ws and regulations for	☐ Yes ☐ No
<ol> <li>Your personal information practices have been audited by an external auditor within the past two years</li> </ol>			☐ Yes ☐ No



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8	3.	A Data Breach Response plan is implemented and roles are clearly	☐ Yes	□ No
	communicated to the functional team members			
		If yes, please attached the copy of Data Breach Response plan		
12) C	oll	ection of personal data	Γ	
1	l.	If so required by any Privacy Protection Law, you have notified to the	☐ Yes	□ No
		appropriate privacy protection agencies the personal data processing involved by		
		your company and you have obtained the applicable authorization		
		Please explain if not applicable.		
2	2.	A privacy policy is posted on your website which has been reviewed by a	☐ Yes	□ No
		lawyer/legal department		
3	3.	Consent of individuals is required before collecting their personal data and the	☐ Yes	□ No
		concerned persons can access and if necessary correct or delete their personal		
		data		
4	1.	Recipients are provided with a clear means to opt out of targeted marketing operations	☐ Yes	□ No
5	5.	You transfer Personal Data to third parties	☐ Yes	□No
		If YES. please answer the following:		
		5.a The third party (e.g processor) has a contractual obligation to process	☐ Yes	□ No
		personal data only on your behalf and under your instructions		
		5.b The third party has a contractual obligation to set up sufficient security	☐ Yes	□No
		measures to protect personal data		
13) P	Per	sonal information protection controls		
1	l.	Access to personal data is restricted to only those users who need it to perform	☐ Yes	□ No
		their task and access authorizations are reviewed regularly		
2	2.	Personal data is encrypted when stored on information systems and personal	☐ Yes	□ No
		data backups are encrypted		
3	3.	Personal data is encrypted when transmitted over the network	☐ Yes	□ No
4	1.	Mobile devices and laptop hard disks are encrypted	□ Yes	□ No
5	5.	IS policy prohibits the copying of non encrypted personal data to removable	□Yes	□ No
		storage devices or transmitting such data via email		

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14) If personal records held contain payment card information (PCI), please answer the following:							
1.	Your PCI DSS level is:	Level 1	Level 2	l	Level 3	Level 4	
2. The payment processor (yourself or third party) is PCI DSS compliant ☐ Yes ☐ No If NO:						es 🗆 No	
3.	3. PCI is stored encrypted or only a part of payment card numbers is stored ☐ Yes ☐ No						es 🗆 No
4.	PCI retention requirements	time does not exceed the c	luration of payment and le	gal/r	regulatory	□ Ye	es 🗆 No
5.	Payment card	d data processing is external	lized , If YES:			□Ye	es 🗆 No
6.	You require t	he payment processor to in	demnify you in case of sec	urity	breach	□Ye	es 🗆 No
Please	indicate paymo	ent processor name, PCI ret	ention time and any addit	iona	al security measure	?s :	
month attacks progra those t	s. Incidents in s, denial of us ms, or applications have resu	a description of any infonclude any unauthorized se of any computer or systations, any cyber extorticulted in a claim, administration of the incident	access to any computer stem, intentional disrup on event(s); or any othe	r, co tion r inc	mputer system, n, corruption, or c cidents similar to	datab destru	ase, intrusion or ction of data,
	Date: Description of the incident						
NO pe	NO person or entity proposed for cover is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage.						
None	None						
Person	Person to contact for additional information						
Names	es						
Title							
Phone #	#	Phone #					
	Email:						

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	Hong Kong	USA/Canada	Rest of the World	TOTAL
Prior Year				
Current Year				
Estimated Next Year				

## **Declaration**

- We acknowledge that we have read and understood the Important Notices contained in this proposal.
- We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.
- We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Insurer.
- We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.
- We undertake to inform the Insurer of any material alteration to those facts before completion of the contract of insurance/insurance policy period (if applicable).

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# (II)

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#### **Commission Disclosure**

- 1. The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by the Insurance Company, the insurance company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Insurance Company that he or she is authorized to do so.
- 2. The applicant further understands that the above agreement is necessary for the Insurance Company to proceed with the application.

Applicant's Signture	Applicant Name:
	Position:
Date (DD/MM/YY):	

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