

## GROUP PERSONAL CYBER RISK POLICY PROPOSAL FORM

Limits of Liability	₹ 1,00,000	₹ 2,00,000	₹ 5,00,000	₹ 10,00,000	₹ 20,00,000	₹ 30,00,000	₹ 50,00,000	₹ 75,00,000	₹ 10,00,000	₹ 15,00,000	₹ 20,00,000
Policy Coverage's	Limits mentioned below are Sub-limited to Limits of Liability under all insuring clauses										
Privacy Breach & Data Breach by 3rd Party Cover	₹ 25,000	₹ 50,000	₹ 1,25,000	₹ 2,50,000	₹ 5,00,000	₹ 7,50,000	₹ 12,50,000	₹ 18,75,000	₹ 2,50,000	₹ 3,75,000	₹ 5,00,000
Personal Social Media Cover	₹ 10,000	₹ 20,000	₹ 50,000	₹ 1,00,000	₹ 2,00,000	₹ 3,00,000	₹ 5,00,000	₹ 7,50,000	₹ 1,00,000	₹ 1,50,000	₹ 2,00,000
Personal Cyber Stalking Cover	₹ 25,000	₹ 50,000	₹ 1,25,000	₹ 2,50,000	₹ 5,00,000	₹ 7,50,000	₹ 12,50,000	₹ 18,75,000	₹ 2,50,000	₹ 3,75,000	₹ 5,00,000
Personal IT Theft Loss Cover	₹ 35,000	₹ 70,000	₹ 1,75,000	₹ 3,50,000	₹ 7,00,000	₹ 10,50,000	₹ 17,50,000	₹ 26,25,000	₹ 3,50,000	₹ 5,25,000	₹ 7,00,000
Personal Malware Cover	₹ 1,500	₹ 3,000	₹ 7,500	₹ 15,000	₹ 30,000	₹ 45,000	₹ 75,000	₹ 1,12,500	₹ 15,000	₹ 22,500	₹ 30,000
Personal Phishing Cover	₹ 10,000	₹ 20,000	₹ 50,000	₹ 1,00,000	₹ 2,00,000	₹ 3,00,000	₹ 5,00,000	₹ 7,50,000	₹ 1,00,000	₹ 1,50,000	₹ 2,00,000
Personal Email Spoofing Cover	₹ 20,000	₹ 40,000	₹ 1,00,000	₹ 2,00,000	₹ 4,00,000	₹ 6,00,000	₹ 10,00,000	₹ 15,00,000	₹ 2,00,000	₹ 3,00,000	₹ 4,00,000
Media Liability Claims Cover	₹ 10,000	₹ 20,000	₹ 50,000	₹ 1,00,000	₹ 2,00,000	₹ 3,00,000	₹ 5,00,000	₹ 7,50,000	₹ 1,00,000	₹ 1,50,000	₹ 2,00,000
Cyber Extortion Cover	₹ 25,000	₹ 50,000	₹ 1,25,000	₹ 2,50,000	₹ 5,00,000	₹ 7,50,000	₹ 12,50,000	₹ 18,75,000	₹ 2,50,000	₹ 3,75,000	₹ 5,00,000
Personal Identity Theft Cover	₹ 15,000	₹ 30,000	₹ 75,000	₹ 1,50,000	₹ 3,00,000	₹ 4,50,000	₹ 7,50,000	₹ 11,25,000	₹ 1,50,000	₹ 2,25,000	₹ 3,00,000
Credit Card Loss - optional cover	₹ 15,000	₹ 30,000	₹ 75,000	₹ 1,50,000	₹ 3,00,000	₹ 4,50,000	₹ 7,50,000	₹ 11,25,000	₹ 1,50,000	₹ 2,25,000	₹ 3,00,000
Deductible - Each & Every Loss	₹ 100	₹ 100	₹ 100	₹ 250	₹ 250	₹ 250	₹ 500	₹ 500	₹ 500	₹ 500	₹ 500
<p>Note: Insured can claim under all coverage's clause, subject to maximum limits of Liability opted.</p> <p>Deductible - amount mentioned under deductible will not apply under Personal Malware Cover.</p>											

### Completing the Proposal Form

- Please answer all questions in full leaving no blank spaces
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- Person above 21 years can only apply for insurance coverage.
- Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
- This form can be used to apply for Group Personal Cyber Risk Policy.
- Cover shall commence not earlier than the date and the time of acceptance and after receipt of the premium.

#### FOR OFFICE USE:

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

Business Channel:  Agency  Banca  Corporate/Broking  Direct

RM/SP Name: \_\_\_\_\_ RM/SP Code: \_\_\_\_\_

RM/SP Contact No: \_\_\_\_\_ GSTN: If applicable \_\_\_\_\_

POSP PAN (if applicable) \_\_\_\_\_

### 1. GENERAL INFORMATION

- (a) Name of Applicant:
- (b) Applicant's Address:
- (c) Email Address:

- (d) Occupation:
- (e) CKYC number (if available)
- (f) No of Members to be added (not less than 50 Members)

Information of your devices - To be provide in file of all group members.

**Optional Cover:**

**Do you wish to insure covers towards credit card loss cover? YES/NO**

**2. YOUR ACTIVITY:**

- (a) Do you actively exercise proper security recommended by Financial Institutions (Banks) and Telecom Services Provider such as not sharing sensitive information and change in password/Pin in your devise and on your Cards? **Yes/No**
- (b) Do you use anti-virus, anti-spyware and anti-malware software? **Yes/No** if yes, do you regular update on the notification on update application?
- (c) How often do you update your data on cloud/external device for your computer including other devices?

**3. SECURITY INCIDENT AND LOSS HISTORY**

- (a) Has the Applicant had any computer or network security incidents during the past two (3) years? **Yes/ No**

“Incident” includes any unauthorized access or exceeding of authorized access to any computer, system, data base or data; intrusion or attack; the denial of use of any computer or system; intentional disruption, corruption or destruction of electronic data, programs or applicant ions; or any other incidents similar to the foregoing.

If the answer to question 3 is “yes”, please attach a complete description of the incident(s) including whether the Applicant reported the incident to law enforcement authorities and/or its insurer.

- (b) Are you aware of any Incidents, Conditions, Circumstances which may Result in a claim?
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**4. PRIOR INSURANCE**

- (a) Has the Applicant ever been refused cyber security or similar insurance or had a similar policy cancelled? **Yes/ No**

If “yes”, please attach details.

- (b) Does the Applicant currently have cyber security or similar insurance? **Yes/No**

If “yes”, please provide the following details:

<b>Insurer</b>	<b>Limits</b>	<b>Deductible</b>	<b>Policy Period</b>
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**5. REQUESTED LIMIT: (Tick on desired Limits, mentioned below)**

Limits of Indemnity										
₹ 1,00,000	₹ 2,00,000	₹ 5,00,000	₹ 10,00,000	₹ 20,00,000	₹ 30,00,000	₹ 50,00,000	₹ 75,00,000	₹ 10,00,000	₹ 15,00,000	₹ 20,00,000

**6. Policy period required from: (12 months only)**

**Payment details:**

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

**Note :** Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-  
The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

**Declarations:**

- I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

I/We hereby confirm that the premium payment has been paid by \_\_\_\_\_, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account.

- I/we am/are (please tick all that are applicable)
 

<input type="checkbox"/> High Net Worth Individual/s	<input type="checkbox"/> Non-Residential Indian/s
<input type="checkbox"/> Politically Exposed Person/s	<input type="checkbox"/> Jeweller/s
<input type="checkbox"/> Non-Governmental Organization	<input type="checkbox"/> Film Actor/s <input type="checkbox"/> Producer/s
- I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services

and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box

### For Intermediary Use Only

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: \_\_\_\_\_

Intermediary's Code: \_\_\_\_\_

Intermediary's Signature: \_\_\_\_\_

### ANTI MONEY LAUNDERING

FGIICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

### SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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 prospectuses 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 Lakh Rupees.



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