

GROUP PERSONAL CYBER RISKS POLICY PROPOSAL FORM

IMPORTANT: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured for our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance adviser or agent. If there is insufficient space in this proposal form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal form and return it to us. 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.

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) _____

	Policy Period (can be 1month,3 months, 6 months,12months)	From	To
1			
2	Name of Proposer		
3	Correspondence address		
4	Permanent Address		
5	Nationality		
6	Date of Birth Person above 18 years can only apply for insurance coverage	DD/MM/YYYY	
7	Occupation		
8	Email		
9	Mobile no.		
10	PAN NO./ Form 60		
11	Aadhar Number		
12	CKYC (if available)		
13	Do you wish to cover family under this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*(Please note: Family is restricted to Insured, spouse, children, siblings, parents or parents-in-law, residing in the same household, maximum up to 4 in number)

If Yes, Please provide details

Sr. No.	Name	Date of Birth	Age	Gender	Relationship with Proposer

SUM INSURED OPTIONS AVAILABLE AS BELOW

Limit of Liability- Section based limit _____

Aggregate Limit _____

SL No.	Policy Coverages (As opted by insured)	Tick Mark hereunder	Limits of Liability (In rupees) To be opted by insured	Tick Mark hereunder
1	Privacy Breach and Data Breach by Third Party (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
2	Privacy Breach and Data Breach Liability (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
3	Personal Social Media and Media Liability Cover (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
4	Personal Cyber Stalking , Cyber Bullying and Loss of Reputation Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	

5	Theft of Funds (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
6	Personal Malware Cover (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
7	Replacement of Hardware (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
8	Personal Cyber Extortion Cover (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
9	Personal Identity Theft Cover (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
10	Online Shopping (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
	Online Sales (In rupees)		<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000

11		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
12	Smart Home Cove (In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
13	Liability arising due to Underage Dependent Children(In rupees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
14	Network Security Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
15	Personal Email Phishing Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000
			<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	
16	Personal E mail Spoofing Cover(In rupees)	<input type="checkbox"/> Yes	<input type="checkbox"/> 25,000	<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 100,000	<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 200,000	<input type="checkbox"/> 10,000,000
			<input type="checkbox"/> 500,000	<input type="checkbox"/> 15,000,000

		<input type="checkbox"/> No	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 20,000,000
			<input type="checkbox"/> 2,000,000	

(* Note- The cover no.10 can be opted for family and this cover is not available for Individual policy)

Information of your devices -

Device Details	IMEI/Serial	Make
Mobile-1		
Mobile-2		
Laptop		
Desktop		
Tablets		

Optional Cover: Do you wish to insure covers towards Social Engineering Fraud? YES/NO

1. 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 device 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?

2. Do you wish to opt for Services for Fraud and Digital Protection? YES/NO

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?

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:

Insurer	Limits	Deductible	Policy Period
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PREMIUM 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.

BANK DETAILS OF POLICYHOLDER FOR REFUND OR CLAIM PURPOSE:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:	
Bank Account Number:	
IFS Code:	
Nominee Details:	
Name:	
Date of Birth:	
Relationship with policyholder:	
Mobile Number:	E-Mail ID:
Address of Nominee:	
Present address:	
Permanent address: (<i>if left blank, will be construed as being same as Present Address</i>)	
Bank Account Details of Nominee:	
Name of Account holder:	
Bank Name & Branch:	
Bank Account Number:	
IFS Code:	
Authorized person details (in case nominee is minor):	

DECLARATION BY INSURED

- i. I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL).

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

- ii. 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.
- iii. "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 have 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."

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

High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s
 Jeweller/s Non-Governmental Organization Film Actor/s Producer/s

- v. 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.
- vi. 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. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the FGIICL Privacy Policy, available at <https://general.futuregeneral.in/privacy-policy>.

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., 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.

Date:

Place:

Signature of the Proposer

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 the 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 with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

INSURANCE ACT 1938 SECTION 41- 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 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 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 PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

*******END*******