CyberEdge Insurance Proposal Form

Statement Pursuant to Schedule 9 of the Financial Services Act 2013: The **Policyholder** is to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, which are relevant to the **Insurer** decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or the **Insurer** could refuse your **Claim**. Please note that this duty to disclosure shall continue until the time the policy is issued, varied or renewed.

Goods & Services Tax (GST) Registration Details

1. Are you GST Registered? NO ☐ YES ☐ If yes, kindly completed Question 2 to 4
2. GST Registration number (No, CBP) _____
3. GST Registration Date (Tarikh Kuatkuasa Pendaftaran) _____ GST De-Registration Date _____
4. Are you able to claim back Input Tax Credit? YES ☐ NO ☐

NOTICE: Statement pursuant to Section 149 (4) of the Insurance Act 1996 of Malaysia or any amendments thereof: You are to disclose in this declaration, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.

Note to the Proposer

Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing to complete this insurance.

Please provide by addendum any supplementary information which is material to the response of the questions herein, and/or complete answers to the listed questions if they do not fit in the space provided on the application.

For the purpose of this proposal form, "Proposer" means the entity stated in 1. below and all its subsidiaries to be covered.

All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provide separately on your headed paper.

Company Information

1. Name of Proposer_____

   Principal address of Proposer _____
2. Web site _____
3. Date of Establishment _____
4. Business Description _____
5. Geographical Exposure:

	Prior	Current
Total Gross Revenue RM		
Geographical Split of the Company's Total Gross Revenue (%)		
European Union		
United States		
Rest of World		

6. Desired Coverage:

❑ CyberEdge ❑ Cyber Extortion ❑ Media Content ❑ Network Interruption

7. Please specify Limit of Liability desired

RM_____ RM_____ RM_____ RM_____

8. Data Protection Procedures

a) Is there a written data protection policy and privacy policy that applies to the Company?

❑Yes ❑No

If "No", please provide details regarding data protection procedures for the Company

_____

_____

b) Are all employees provided with a copy and any update of the Company's data protection policy which they are required to confirm compliance with? ❑ Yes ❑ No

If "No" please explain why not:

_____

_____

c) When was the Company's data protection policy last reviewed and by whom?

_____

d) Does the Company's data protection policy comply with the data protection and privacy legislation applicable to all jurisdiction and Industry standards/requirements, in which the Company operates?

❑Yes ❑No

If "No" please provide an explanation regarding non-compliance in all applicable jurisdictions:

_____

e) Have the Company's U.S. Subsidiary(ies) signed-up for, and are they compliant with, the Safe Harbor Program between the United States of America and the European Union? ❑Yes ❑No

If "No" please provide an explanation regarding non-compliance with the Safe Harbor Program:

_____

f) Does the Company employ a Chief Compliance Officer, Data Protection Officer and/or In-house Counsel responsible for data protection related matters? ❑Yes ❑No

If "No" who is responsible for data protection related matters?

_____

9. Data Access & Recovery

a) Does the Company use firewalls to prevent unauthorized access connections from external networks and computer systems to internal networks? ❑ Yes ❑ No

If "Yes" are all computer systems, mobile devices and websites Firewalled or have intrusion prevention systems on them?

_____

b) Does the Company use anti-virus protections and procedures on all desktops, e-mail systems and mission critical servers to protect against viruses, worms, spyware and other malware? ❑ Yes ❑ No

If "Yes," how often are such protections and procedures updated:

☐ Daily ☐ Weekly ☐ Monthly ☐ Other (Please Specify)

_____

c) Does the Company have in place procedures to identify and detect network security weaknesses?

❑ Yes ❑ No

d) Does the Company monitor its network and computer systems for Breaches of Data Security?

❑ Yes ❑ No

e) Does the company have physical security controls in place to prohibit and detect unauthorized access to their computer system and data centre? ❑ Yes ❑ No

f) Does the Company collect, store, maintain or distribute credit card or other sensitive personally identifiable data? ☐ Credit Card ☐ Personally identifiable data

If "Credit Card" is selected above, does the company comply with Payment Card Industry Data Security Standards? ❑ Yes ❑ No

If either is selected, is the access to such sensitive data restricted? ❑ Yes ❑ No

Who has access?

_____

g) Does the Company process payments on behalf of others, including eCommerce transactions?

❑ Yes ❑ No

If "Yes" please provide the number of clients you process such payments for and an estimated number of transactions per client:

_____

h) Does the Company have encryption requirements for data-in-transit data-at-rest to protect the integrity of Sensitive Data including data on portable media (e.g., laptops, DVD backup tapes, disk drives, USB devices, etc.)? ❑Yes ❑No

If "Yes", please describe where such encryption is used:

_____

_____

i) Does the Company have and maintain backup and recovery procedures for all:

i) mission critical systems? ❑ Yes ❑ No

ii) data and information assets? ❑ Yes ❑ No

If "Yes" is it encrypted? ❑ Yes ❑ No

j) Does the Company perform background checks on all employees and independent consultants? ❑ Yes ❑No

k) Does the Company require remote users to be authenticated before being allowed to connect to internal networks and computer systems? ❑ Yes ❑ No

10. Outsourcing Activities

a) Does the Company outsource any part of its network, computer system or information security functions? ❑Yes ❑No

If "Yes" who is the security outsourced to? And does the Applicant periodically audit the functions of the outsourcer to insure that they follow the Applicant's security policies?

_____

b) Does the Company outsource any data collection and/or data processing? ❑Yes ❑No

If Yes", please provide details of the data collection or data processing functions which are outsourced:

_____

c) Does the Company require the entities providing data collection or data processing functions (Outsourcers) to maintain their own data protection liability insurance? ❑ Yes ❑No

d) Does the Company require indemnification from Outsourcers for any liability attributable to them? ❑Yes ❑No

e) How does the Company select and manage Outsourcers?

_____

f) Does the Company require all Outsourcers to comply with the terms of the Company's data protection policy? ❑ Yes ❑ No

11. Claims Information

a) Has the Company been the subject of any investigation or audit in relation to data protection by a Data Protection Authority or other regulator? _____ ❑Yes ❑No

If "Yes", please provide full details:

_____

b) Has the Company ever been subject to a Data Subject Access Request?❑Yes ❑No

If "Yes", please provide full details:

_____

c) Has the Company ever been subject to an Enforcement Notice by a Data Protection Authority or any other regulator? _____ ❑Yes ❑No

If "Yes", please provide full details:

_____

d) Is the Company after due inquiry aware of any actual or alleged fact or circumstance which may give rise to a claim under this policy?_____ ❑Yes ❑No

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration& Authorisation

I/We hereby declare and agree that:

a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true, correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.

b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.

c. I/We fully authorize the undersigned agent to act on my/our behalf in making representation/statements and/or instructions on my/our behalf to the Company for the purposes of any renewal and/or endorsements and/or cancellation to be made on the policy issued hereunder.

d. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I//We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at AIG Malaysia Customer Care, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone: 03-2118 0188; fax:03-2118 0388; e-mail: AIGMYCare@aig.com.

e. Furthermore, I/we hereby authorize any organization, institution or individual that has any records or knowledge of me/my covered family member(s), my health and medical history and any treatment or advice to disclose such information to the Company. This information (unless amended by at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original. **(this clause is only applicable for policies with medical & health benefits)**

f. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.

g. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

Signed _____

Title _____

(to be signed by Partner/ Director or Principal or equivalent)

Applicant(s) _____

Date _____

h. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

_____	_____	_____
Signed by Agent	Date	Agent Code

Agent Name:

*Delete where appropriate