



10. Please answers the following questions

Questions	Select the applicable	Other Details (If Any)
a) Level of Authentications used	Multi-factor Authentication <input type="checkbox"/>	
	Single factor Authentication <input type="checkbox"/>	
	No Authentication <input type="checkbox"/>	
b) Antivirus Availability	Paid Antivirus <input type="checkbox"/>	
	Free Antivirus <input type="checkbox"/>	
	No Antivirus <input type="checkbox"/>	

11. Please select Basis of Limit for the opted covers :

- a. Independent Sum Insured for each Cover Option
- b. Aggregate Policy Limit with Sub Limit for each opted Cover

If "b" is opted, Kindly specify Aggregate Policy Limit You want to opt \_\_\_\_\_

12. Please select from the following plan

Cover Options	Opt for Insured Event	Sum Insured (in ₹)	Deductible (in ₹)	Sub Limits of Aggregate Policy Limit (in %)	Territorial Limit
1. Theft of Funds		-	-	-	-
(I) Digital Theft of Funds	Yes / No	_____	_____	_____	_____
(II) Physical Theft of Funds	Yes / No	_____	_____	_____	_____
2. Identity Theft	Yes / No	_____	_____	_____	_____
3. Data Restoration / Malware Decontamination/ Hardware Replacement	Yes / No	_____	_____	_____	_____
4. Cyber Bullying, Cyber Stalking and Loss of Reputation	Yes / No	_____	_____	_____	_____
5. Cyber Extortion	Yes / No	_____	_____	_____	_____
6. Online Shopping	Yes / No	_____	_____	_____	_____
7. Online Sales	Yes / No	_____	_____	_____	_____
8. Social Media and Media Liability	Yes / No	_____	_____	_____	_____
9. Network Security Liability	Yes / No	_____	_____	_____	_____
10. Privacy Breach and Data Breach Liability	Yes / No	_____	_____	_____	_____
11. Privacy Breach and Data Breach by Third Party	Yes / No	_____	_____	_____	_____
12. Smart Home Cover	Yes / No	_____	_____	_____	_____

Extensions

1. Loss of Professional Income	Yes / No	Rs. ___ per Day up to a Maximum of ___ Days
2. Connected Vehicle Cover	Yes / No	
3. Liability Arising out of Underage Children	Yes / No	INR. _____

13. Have you been a victim of any of the proposed covers in the past? Yes  No

a) If answer to above question is yes, please give details \_\_\_\_\_

b) Did you report the occurrence of the incident to the Police Authorities?

14. Are you aware at the time of proposal of any prior act, event or circumstances which is likely to give rise to a claim under any of the above insuring clauses? Yes  No

15. Are you presently insured against cyber risk? Yes  No

If answer to above question is yes, give details of existing policy/policies if any \_\_\_\_\_

16. Additional Information (If Any) \_\_\_\_\_

17. Has any company/Insurer in respect of Insurance

Declined your Proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancelled or refused to renew your policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accepted your proposal on special terms and conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Declaration:**

- I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
- I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
- I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.
- I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

**1. AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:**

Please Select Yes  No

**1. Declaration for Politically Exposed Person (PEP) to be added in proposal form:**

Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

If yes, please share the details \_\_\_\_\_

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc.”

**2. Consent/Declaration to be added in proposal and claim for CKYC no.:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

**3. Consent/Declaration to be added in proposal for Premium paid from own funds:**

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

**2. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:**

Please Select Yes  No

**1. Declaration for PEP to be added in proposal form:**

Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

If yes, please share the details \_\_\_\_\_

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc.”

**2. Consent/Declaration to be added in proposal and claim for CKYC no.:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

**3. Consent/Declaration to be added in proposal for Premium paid from own funds:**

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Date:

Place:

Signature of Proposer

Name:

Date:

Place:

\*Signature (on behalf of the Proposer)

Name:

\* This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.  
 \* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.

**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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.