**ENTERPRISE RISK – DATA ASSET & NETWORK SECURITY POLICY**

**PROPOSAL FORM**

THIS PROPOSAL IS TO BE COMPLETED BY THE PROPOSER OR AN AUTHORIZED REPRESENTATIVE OF THE PROPOSER. ALL QUESTIONS SHOULD BE ANSWERED FULLY AND ACCURATELY.

SINGNING OF THIS PROPOSAL DOES NOT BIND THE COMPANY TO OFFER, NOR THE PROPOSER TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS PROPOSAL SHALL BE THE BASIS OF ANY INSURANCE ISSUED. NO INFERENCE SHOULD BE MADE, HOWEVER FROM THE INCLUSION OF ANY QUESTION IN THIS PROPOSAL THAT THE SUBJECT MATTER TO WHICH THAT QUESTION RELATES WILL BE COVERED UNDER THE POLICY. THE POLICY TERMS ARE ONLY AS STATED IN THE POLICY WHICH SHOULD BE READ CAREFULLY.

ATTENTION IS DRAWN TO THE PROPOSER’S OBLIGATIONS AT LAW TO DISCLOSE ALL MATERIAL FACTS WHICH WOULD AFFECT THE ISSURANCE OF THE PROPOSED INSURANCE.

If there is insufficient space to complete the proposal, please continue on your headed paper.

1. **Proposer** (To be named as Insured if policy is issued)
	1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Registered office address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Business license/ Investment license No:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Legal representative:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Nature of Business:(Please describe and also select from following categories)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Property Managers , Title/Escrow Agents , Claims Adjustors ,

Real Estate Agents , A&E Firms , Manufacturers , Construction/Engineering

Accountants , Insurance Agents/Brokers , Auto Dealers , Schools , Law Firms

Business/Management Consultants , Healthcare

Commercial Property , Hotel , Hospitality Management Firms

Hospitality

Retail , e-commerce , Tele communications

Others

* 1. Turnover for previous financial year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please indicate currency)
	2. Turnover for current year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please indicate currency)
	3. Any subsidiaries outside Vietnam? Yes No

If yes please list territories \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. % of turnover from customers that are USA citizens \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Total Number of employee and customer records that you store or process\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Do you or will you in the next 12 months, have the need to store, process or transmit “Personally Identifiable Information” and/or Personally Identifiable Healthcare Information? Yes No

If yes please advise number of records\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do you or will you in the next 12 months, need to store, process or transmit Payment Card Data (including both credit and debit cards)?
1. **Coverage Required**
	1. Standard Cover : Security and privacy liability, Privacy regulatory defense and penalties, Crisis Management Event Costs, Cyber Extortion
	2. Standard Cover + Network Asset Protection: Loss of Digital Assets
	3. Standard Cover + Network Asset Protection: Loss of Digital Assets + Non-Physical Business Interruption
	4. Standard Cover + Network Asset Protection: Loss of Digital Assets + Non-Physical Business Interruption + Multi Media Liability Extension
	5. Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Limit Required (Annual Aggregate Limit)**

USD500,000 USD1,000,000 USD2,000,000 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Insured’s Retained Amount Requested**

USD10,000 USD25,000 USD50,000 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Policy Period Requested**

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Inception Date)

To : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Expiration Date)

*The policy period is at least one year unless cancelled before the Expiration Date.*

1. **Basic Underwriting Information**
2. Do you have a privacy policy in place governing your collection of data? Yes No

1. Do you have an IT security policy in place that governs the handling of sensitive personally identifiable information? Yes No

1. Do you have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on a regular basis? Yes No

1. Do you have firewalls installed on all external gateways? Yes No

1. Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or your outsourced service provider meets this requirement? Yes No

1. Do you have written business continuity/disaster recovery plan that includes procedures to be followed in the event of a disruptive computer incident? Yes No

If Yes, Please attach

1. Do you outsource a critical part of your internal network/computer system or internet access/presence to others? Yes No

If yes please list those vendors

|  |  |
| --- | --- |
| Service Provided | Name |
| Data centre hosting |  |
| Cloud services |  |
| Payment processing |  |
| Data Processing |  |

1. **Named Vendors**

Please list those vendors to be covered by your policy under Named Vendors

|  |  |
| --- | --- |
| Service Provided | Name |
| e.g. Data centre hosting, Cloud services, Payment processing, Data processing |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Loss Experience**
	1. During the last 3 years, have you experienced any unplanned interruption or suspension of your computer system, which exceeds 4 hours? No Yes

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. During the last 3 years has anyone made a demand, claim, complaint, or filed a lawsuit against you alleging invasion or interference of rights of privacy or the inappropriate disclosure of personal information? No Yes

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Prior Insurance**
	1. Do you currently have a similar policy? No Yes

If yes, please provide the following details:

|  |  |
| --- | --- |
| Insurer |  |
| Limit of Indemnity |  |
| Excess |  |
| Premium |  |
| Renewal Date |  |
| Retro Active date |  |

* 1. Has any insurer ever declined or cancelled or refused to renew insurance or required reduced limits or imposed special terms? No Yes

If yes, please give full details including name or insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **UW information (Only for customers acquiring Multimedia Liability cover)**
	1. Do you have a review process in place to screen online material for Copyright Infringement, Trademark Infringement, Libel/Slander and Privacy Violations? Yes No

* 1. Does/will your website include chatrooms, bulletins or message boards or otherwise allowing users to post or upload content? Yes No

If yes, is such content reviewed prior to its publication, how is the said content reviewed and do you have a procedure to remove infringing, libelous material? Yes No

1. **Additional UW information (Only for customers with Turn over above USD5M)**

Compliance Questions

* 1. Have you achieved compliance with PCI DSS? Yes No N/A

* 1. Do you have restrictions regarding access to personally identifiable information, i.e. on a business need-to-know basis or role-based access? Yes No

* 1. Do you share and/or sell any personal information with third parties? Yes No

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Do you comply with all data protection/privacy laws or regulation in Vietnam or in territory you operate in? Yes No N/A

* 1. Do you comply with all the laws and regulations that govern healthcare information in the territory/territories that you operate in? Yes No N/A

* 1. Do you comply with all the laws and regulations that govern financial information in the territory/territories that you operate in? Yes No N/A

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Network Security Questions :

(Please have a senior IT representative such as Chief Security Officers answer the following questions)

1. Patching: Do all servers on your network have vendor-defined critical (or similar) security patches applied within 90 days of release by the vendor? Yes No



1. Passwords: Do all your systems (including service accounts) on your network follow good password practice, including password length and complexity? And does this mean that there are no passwords that are set to manufacture default? Yes No

1. Encryption:
2. Is all personal data encrypted at rest (e.g. on databases)? Yes No

If No, are all databases holding personally identifiable information stored on segregated servers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is all personal data encrypted in-transit? Yes No

Additional comments on encryption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are all back-up tapes encrypted? Yes No

I/We, the undersigned, declare that to the best of my/our knowledge and belief the statements set forth herein are true and correct, and agree that this proposal and any supplementary information requested by the company and furnished in connection herewith shall form the basis of and be incorporated into any contract of insurance which may be concluded between the proposer and the company.

I/We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ Designation Company Stamp (including signatory)/ Date