CHUBB°

Cyber Enterprise Risk Management

Small Business Proposal Form

Completing the Proposal Form

All questions must be answered giving full and complete answers

- Blanks and/or dashes, or answers 'known to insurers or brokers' or 'N/A' are unacceptable and will delay completion of your insurance.
- · Upon completion, please print and sign and date the form and any supplementary questionnaire BEFORE sending your submission.
- Business with more than HKD200,000,000 in annual revenue or more than 10% of annual revenue generated from USA or have domiciled operation in USA should complete the Cyber Enterprise Risk Management Large Business Proposal Form to gain greater risk assessment benefit.
- The form is not applicable on the following industry:

Adult Content Sites, Credit Bureaus, Credit Card Processor, Data Processors (BPO's), Data Aggregators, Online Exchanges, Bit coin Exchanges, Stock Exchanges, Hospitals, Utilities (Water, Electricity, Energy etc), Critical Infrastructure, Social Networking Site/Application, Telecommunications, Internet Service Providers, Application Service Providers, Cloud providers, Payroll Services Search Engine Providers, Security and Commodity Brokers, Financial Institutions, Universities, Casinos, Payment Gateways

If there is insufficient space to complete a question, please attach a signed and dated addendum

А.	Ger	neral Information				
Full Business name of Applicant: Annual Revenue:						
Head Office Address: Web Site:						
Business description/ Industry: Date Established:						
B.	Ris	k Details				
1.	We confirm that the Applicant and all subsidiaries:					
	i.	Have no more than 10% of	Have no more than 10% of annual revenue generated from USA.		\Box Yes \Box No	
	ii. Do not have domiciled op		erations in USA.		□ Yes □No	
iii.		Do not process more than 1 million debit/credit card transactions in the last 12months.			□ Yes □No	
	iv. Have up to date anti virus and fire wall protection installed and operating on systems.		ll computers	□ Yes □No		
	v.	all of the Applicant's inf	at identifies and stipulates the types and levels or prmation assets, whether electronic or otherwise by a person or organisation providing services to	and whether	□ Yes □No	
	vi.	Conduct back up and re- weekly basis.	overy procedures on all sensitive and financial d	lata on at least a	□ Yes □No	
	vii.		s in place between the Applicant and any third-p greements confirm a level of security consumma rity.		□ Yes □No	
2.	Does	Does the Applicant or any subsidiaries store sensitive information on webservers?)	□ Yes □No	
3.	Are	Are all software installed by your company authorized and/orlicense?			\Box Yes \Box No	
4.		. Has the Applicant or any subsidiaries experienced a security breach or been required or compelled notify customers or other third parties of the release of sensitive data?		□ Yes □No		
		given notice under the provis	diaries or any person proposed for coverage unde ions of any prior or current cyber policy or simila might give rise to a claim that would fall within th	r insurance of	□ Yes □No	
			ies have any knowledge of any loss payments, fir Applicant or any person proposed for coverage v		□ Yes □No	

C. Declaration

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

The undersigned, on behalf of the Applicant, acknowledge that the Statutory Notice contained herein has been read and understood.

This proposal must be signed by the Applicant's Chairman of the Board, Managing Director or Chief Executive Director.

D. Commission Disclosure

The following clauses should be added to Chubb's formal proposals / application forms/ quotations in order to obtain the clients' informed consent:

Disclosure:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Chubb that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Chubb to proceed with the application.

E. Personal Information Collection Statement

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You** ("**Personal Data**"), the circumstances when **Personal Data** may be disclosed and information regarding Your rights to request access to and correction of **Personal Data**.

(a) Purposes of Collection of Personal Data

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering Your application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing Your and Our rights and obligations in relation to such cover. We also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. We may also use your **Personal Data** in other ways with your consent.

(b) Direct marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS.

(c) Transfer of Personal Data

Personal Data will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- (i) third parties who assist Us to achieve the purposes set out in paragraphs a and b above. For example, We provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- (ii) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- (iii) the insurance intermediary through which **You** accessed thesystem;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong.

(d) Access and correction of Personal Data

Under the **Personal Data** (Privacy) Ordinance ("PDPO"), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of Personal Data should be addressed in writing to:

Chubb Data Privacy Officer 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong O +852 3191 6222 F +852 2519 3233 E Privacy.HK@chubb.com Your request to obtain access or correction will be considered within forty (40) days of Our receipt of Your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

Signature							
Applicant Name:		Signed:					
Title:							
		Date:					

Important Notice

A. Duty of Disclosure

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

What you do not need to tell us

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about .

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

B. Subrogation

You may prejudice your rights with regard to a claim if, without prior agreement from the Insurer, you make agreement with a third party that will prevent the Insurer from recovering the loss from that, or another party.

Your policy contains provisions that either exclude the Insurer from liability, or reduce their liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under this policy.

Other Important Information

C. Utmost Good Faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by the Insurer.

D. Not a Renewable Contract

Cover under this policy will terminate at expiry of the Period of Insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of insurance and quotation/s can then be developed for your consideration.

E. Change of Risk or Circumstances

It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to the Insurer). For example, acquisitions, changes in location or new overseas activities.