

Liberty General Insurance Limited

Corporate Identity Number: U66000MH2010PLC269656. IRDAI Registration No.150
 Unit 1501&1502, 15th Floor, Tower 2, One International Center
 Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
 Phone: +91 226700 1313 Fax: +91 226700 1606
 Website: www.libertyinsurance.in
 UIN:



24. Relationship With Insured (If Insured Other than proposer) _____

25. Politically Exposed Person (PEP): Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*? Yes No
 If yes, please give details (Nature of relationship and position held by PEP):

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

26. Nomination Details /Appointee Details

	Nominee 1	Nominee 2	Nominee 3
Name & Relationship			
DOB	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	%	%	%
Mobile No of Nominee			
Email id of Nominee			
Permanent Address of Nominee			
Bank Account Details			
Beneficiary Name			
Bank Name			
Bank Account No			
IFSC Code			
MICR NO			
Branch			

If the Nominee is minor, Name and Address of Appointee and relationship with Minor.

Appointee Name if in case of Minor Nominee	
Appointee Relationship if in case of Minor Nominee	

Please tick the relevant Coverages/ Sections you require.

Name of Applicant	
HQ Address	
Website / URL: (include any Subsidiaries)	
Number of employees:	
Number of employees with access to company IT systems (on-site or remote):	
Year established: (YYYY/MM/DD)	
Business description and activities (i.e. products and services offered; including any Subsidiaries):	
Cybersecurity contact & email (CISO/Risk Manager/equiv.):	

Financials

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Currency	Previous Year	Current Year	Projected Year
Gross Revenue			
Net Revenue			
Gross Profit			
% revenue generated from North America			
% revenue generated from online sales			

If the Applicant operates in, generates revenue from, or has any exposure (including customers, suppliers, partners, investments, or other business activities) in any territories that are subject to global sanctions, please list them here (including, but not limited to, Russia, Ukraine, Belarus, North Korea, Iran, Syria and Venezuela):

Has the Applicant been involved in a merger, acquisition, structural change, or consolidation with another entity in the last 12 months? If yes, please complete the 'Mergers & Acquisitions' supplement at the end of this document. Yes No

Is the Applicant wholly or partially owned or controlled by another entity? Yes No

If yes, please provide details:

Please include an entity-level organisation chart (indicating all group companies and subsidiaries) with this proposal form.

Records and Privacy

Approximately, what is the total number of unique data records that the Applicant stores of the following:

	Unique Record Count	Unknown
Personally Identifiable Information (PII)		<input type="checkbox"/>
Payment Card Information (PCI)		<input type="checkbox"/>
Personal Healthcare Information (PHI)		<input type="checkbox"/>
Social Security Numbers		<input type="checkbox"/>
Financial Account Numbers		<input type="checkbox"/>
Driver's License Numbers		<input type="checkbox"/>
Biometric and/or Genetic Data		<input type="checkbox"/>
Largest total of unique records stored in a single location or repository		<input type="checkbox"/>

If the Applicant processes payment card information (PCI) in the course their business:

What is the approximate number of PCI transactions processed annually?		<input type="checkbox"/> Unknown
What is level of the Applicant's (or outsourcer's) level of PCI DSS compliance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Data Security Standard

Is the Applicant compliant with any of the following frameworks:

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	Yes	No	N/A	In Progress
Payment Card Industry Data Security Standard (PCI DSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EU General Data Protection Regulation (GDPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Operational Resilience Act (DORA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIS2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HITECH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISO 27001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biometric Information Privacy Act (Illinois) (BIPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no to any of the above, please describe status:				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes to 'Other', please provide details:				

Does the Applicant have the following data governance measures in place:

	Yes	No
Formal, written privacy policy approved by Legal	<input type="checkbox"/>	<input type="checkbox"/>
Formal process for obtaining consent for the affected individuals when collecting any form of PII	<input type="checkbox"/>	<input type="checkbox"/>
Restricted, role-based access user access to sensitive information or PII	<input type="checkbox"/>	<input type="checkbox"/>
Formal information security policy approved by Legal	<input type="checkbox"/>	<input type="checkbox"/>
Formal data classification policy	<input type="checkbox"/>	<input type="checkbox"/>
Formal policies for data retention, purging and destruction	<input type="checkbox"/>	<input type="checkbox"/>
Formal privacy law and regulation compliance monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated individual with ultimate responsibility for privacy (Chief Privacy Officer / Data Protection Officer)? staff member(s) governing data	<input type="checkbox"/>	<input type="checkbox"/>

Has there been an independent privacy review of overall privacy governance (including compliance with privacy policies) in the last 12 months? Yes No

Did the most recent independent privacy review raise any critical issues? Yes No

Third party processing of data:

	Yes	No
Does the Applicant share any PII or confidential information with any third parties (data processors) for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant sell any PII or confidential information with any third parties?	<input type="checkbox"/>	<input type="checkbox"/>
Is contractual indemnification required for legal liability arising out of the release or breach of such information due to the fault or negligence of the third party?	<input type="checkbox"/>	<input type="checkbox"/>

Does the Applicant use or provide any technologies (e.g. cookies, pixels, web browsing tracking, user location tools) that engage with or track internet user activities or both? Yes No

If yes, has the Applicant undertaken a legal review of its tracking technologies, and are consent mechanisms (e.g. opt-in banners) implemented to comply with applicable data protection laws and regulations? Yes No

At all times, is all sensitive and confidential information encrypted when: At rest In Transit On mobile devices In backups

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Please use the space below to provide us with any other relevant information.

Cybersecurity Controls

What is the IT budget for the current 12-month period? _____

What percentage of the IT budget is ring-fenced for IT Security? _____

Please provide the total amount dedicated to IT Security for the current 12-month period INR _____

How many dedicated, full-time cybersecurity individuals are in place? _____

Does the Applicant undergo:

- External penetration testing (i.e. of internet-facing assets) at least annually? Yes No
- Internal penetration testing (i.e. of internal systems) at least annually? Yes No
- Security assessment of systems performed by third-parties at least annually? Yes No
- Vulnerability scanning? Monthly Quarterly Annually Other [____] No
- Vulnerability scanning that covers 100% of IT network footprint? Yes No
- Which best describes the Applicant’s IT infrastructure? On-premises only Cloud only Hybrid

Does the Applicant use a cloud provider(s) to store data or host applications? Yes No

If yes, please provide the name of the cloud provider(s) and indicate the operational function(s) of each.
Additionally, note which are business-critical:

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Please confirm that Multi-Factor Authentication (MFA) is enforced for:

	Full	Partial	No	Not permitted	MFA method(s) used (e.g. SMS, App, Email, Biometric...)
Remote access to the organisation's IT network (incl. vendors' access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remote access to email from a non-corporate device via a web-based application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to privileged user accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to critical and/or sensitive information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to critical applications (including SaaS or third-party hosted applications that are considered vital assets (i.e. contains critical and/or sensitive data))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of any remote desktop protocol (RDP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please use the space below to provide us with any other commentary, including an explanation for any of the above that were ticked 'Partial'.

Please detail the Applicant's use of remote desktop protocol (RDP)

<input type="checkbox"/> Not used at all	<input type="checkbox"/> Remote access	<input type="checkbox"/> Internal use only	<input type="checkbox"/> Other [_____]
--	--	--	--

If RDP is used, which of the following is used to secure it?

<input type="checkbox"/> RDP honeypots	<input type="checkbox"/> Virtual Private Network (VPN)	<input type="checkbox"/> Network Level Authentication (NLA)	<input type="checkbox"/> Other [_____]
--	--	---	--

Does the Applicant have a formal identity and Access Management (IAM) program, which includes an Active Directory (AD)? Yes No

If yes, does it implement Role-Based Access Control (RBAC) for user access to all systems and data? Yes No

Privileged Access Management (PAM):

	Yes	No
Are privileged users (including third-party Managed Service Providers (MSPs) required to use separate credentials from their standard user account(s), and is compliance actively enforced and monitored?	<input type="checkbox"/>	<input type="checkbox"/>
Are privileged accounts (including users, domain admins and service accounts) managed using a Privilege Access Management (PAM) tool?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the name of the PAM tool?		

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Please indicate the approximate number of accounts in each category:

Domain administrators		<input type="checkbox"/> Unknown
Privileged users		<input type="checkbox"/> Unknown
System accounts		<input type="checkbox"/> Unknown

Please describe how the Applicant's email is secured (select all that apply):

<input type="checkbox"/> Sender Policy Framework (SPF)	<input type="checkbox"/> Domain Keys Identified Mail (DKIM)	<input type="checkbox"/> Domain-based Message Authentication, Reporting and Conformance (DMARC)
<input type="checkbox"/> Data Loss Prevention (DLP) enabled for email and configured to encrypt sensitive content	<input type="checkbox"/> Microsoft Office macros disable by default	<input type="checkbox"/> Tagging 'External' emails
<input type="checkbox"/> Secure email gateway	<input type="checkbox"/> Malware scanning/filtration	<input type="checkbox"/> Attachment sandboxing
<input type="checkbox"/> All suspicious emails quarantined	Other: _____	

Please list all email domains used for official business correspondence:

--

Does the Applicant conduct social engineering training at least annually? Yes NoDoes the Applicant conduct simulated phishing tests for their employees at least annually? Yes NoAre servers that store sensitive and confidential information segregated (or, where servers are managed by a cloud/SaaS provider, protected by robust access controls)? Yes NoAre critical networks segregated from internet facing or other less critical networks? Yes No

How is the network structured or segmented to minimise lateral movement? _____

Are physical controls in place to restrict access to critical assets (including Data Centres and any Operational Technologies)? Yes No

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Business Continuity:

		Yes	No
Is there a defined playbook (separately or as part of a broader Incident Response Plan) specifically for a ransomware incident, tested annually?		<input type="checkbox"/>	<input type="checkbox"/>
Is there a defined playbook (separately or as part of a broader Incident Response Plan) specifically for response to a zero day announcement in business-critical or internet-facing systems (including the ability to isolate impacted software), tested annually?		<input type="checkbox"/>	<input type="checkbox"/>
Is there alternative power for mission critical or revenue generating equipment?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, is this alternative power instantaneous failover?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, is this alternative power tested as part of business continuity or disaster recovery?		<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant have the ability to procure extra bandwidth from alternative suppliers?		<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant have a Disaster Recovery Plan (DRP)?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, is this tested at least annually?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, which stakeholders are involved? (select all that apply):	<input type="checkbox"/> IT	<input type="checkbox"/> Managed Service Provider(s)	
	<input type="checkbox"/> Leadership	<input type="checkbox"/> Other: [_____]	
	<input type="checkbox"/> Application owner		
Does the Applicant have a Business Continuity Plan (BCP) for IT disruptions?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, is this tested at least annually?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, which stakeholders are involved? (select all that apply):	<input type="checkbox"/> IT	<input type="checkbox"/> Managed Service Provider(s)	
	<input type="checkbox"/> Leadership	<input type="checkbox"/> Other: [_____]	
	<input type="checkbox"/> Application owner		

Backups:

		Yes	No	
Does the Applicant maintain backups for critical data and systems?		<input type="checkbox"/>	<input type="checkbox"/>	
Are backups encrypted?		<input type="checkbox"/>	<input type="checkbox"/>	
Is MFA in place for access to backups ?		<input type="checkbox"/>	<input type="checkbox"/>	
Is access to backups restricted via privileged credentials not otherwise connected to the Active Directory (AD)?		<input type="checkbox"/>	<input type="checkbox"/>	
Is Write Once Read Many (WORM) backup technology used?		<input type="checkbox"/>	<input type="checkbox"/>	
Are backups air-gapped or otherwise stored offline or in a cloud which is segmented specifically for this purpose?		<input type="checkbox"/>	<input type="checkbox"/>	
Is the restoration of data, server configurations and business-critical applications tested at least annually?		<input type="checkbox"/>	<input type="checkbox"/>	
Are backup copies screened for data integrity, compromise or malware as part of the backup process?		<input type="checkbox"/>	<input type="checkbox"/>	
Are there documented backup procedures for all critical business records (including, but not limited to, email records, financial, HR and customer data)?		<input type="checkbox"/>	<input type="checkbox"/>	
Do restore plans include ransomware scenarios?		<input type="checkbox"/>	<input type="checkbox"/>	
Is there a written RTO for recovering critical systems?		<input type="checkbox"/>	<input type="checkbox"/>	
How frequently are critical data and systems backups performed?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other [_____]
How frequently are non-critical data and systems backups performed?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other [_____]

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Describe the Applicant's endpoint protection (select all that apply):

Endpoint Detection & Response (EDR)

Managed Detection & Response (MDR)

Extended Detection & Response (XDR)

Provider name(s): _____

Percentage of endpoints covered: _____%

Is endpoint protection configured to automatically isolate or block activity?

Yes No

Does the applicant utilise Security Information and Event Monitoring (SIEM)?

Yes No

If yes, is a Security Operations Centre (SOC) monitoring this SIEM (whether internal or outsourced)?

Yes No

How often is this SIEM monitored?

24/7

Business Hours

Other: _____

Describe the Applicant's controls for monitoring and preventing (select all that apply):

<input type="checkbox"/> Next-Gen Firewall (NGFW)	<input type="checkbox"/> Intrusion Prevention System	<input type="checkbox"/> Web proxy / URL filtering
<input type="checkbox"/> Cloud Security Posture Management (CSPM)	<input type="checkbox"/> Cloud-native Threat Detection/Monitoring	<input type="checkbox"/> Cloud Access Security Broker (CASB)
<input type="checkbox"/> Domain Name System (DNS) protection	<input type="checkbox"/> Threat Intelligence	<input type="checkbox"/> Other: _____

Yes No

Has the Applicant configured host-based firewalls to disallow inbound connections by default?

Has the Applicant configured network firewalls to disallow inbound connections by default?

Yes No

Patch Management:

	Yes	No
Does the Applicant have a formal patch management policy?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Applicant currently compliant with its own internal patching targets?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant have the capability to apply emergency critical and high severity patches outside of their routine patching cycle?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the service level agreement / timeframe for emergency patching?	_____ hours	
How often are routine patches deployed?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other [_____]

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End-of-life:

		Yes	No
Does the Applicant use any end-of-life or unsupported systems, software or hardware?		<input type="checkbox"/>	<input type="checkbox"/>
If yes			
Are any of these used for critical processes or operations?		<input type="checkbox"/>	<input type="checkbox"/>
Are any of them used to store or process sensitive or confidential information?		<input type="checkbox"/>	<input type="checkbox"/>
Are they all restricted from internet access?		<input type="checkbox"/>	<input type="checkbox"/>
Are they all segregated from the rest of the network(s)?			
Outline briefly which each one of these are, what they are used for, and decommissioning plans and timelines: _____			

Outline the Applicant's password policy:

- Is Data Loss Prevention (DLP) software in place across all network egress points? Yes No
- Is DLP software configured to automatically block any flagged suspicious items? Yes No
- Does the Applicant maintain an inventory of hardware and software assets? Yes No

If yes, what percentage of total assets are maintained in this inventory?

- 0-24%
 25-49%
 50-75%
 76-90%
 91%-95%
 96-99.99%
 100%

If yes, how often is this inventory updated?

- Continuously
 Quarterly
 Semi-annually
 Annually
 Other [_____]

Other _____

Commentary: _____

- Does the Applicant permit the use of personal devices as part of a 'Bring Your Own Device' (BYOD) policy? Yes No

If yes, please outline the controls applied to such devices:

- Does the Applicant have a hardened baseline configuration (covering all necessary servers, laptops, desktops and management mobile devices) which is reviewed at least annually? Yes No

Please include the Applicant's cybersecurity roadmap with this proposal form, if there is one.

Please use the space below to provide us with any other relevant information.

Media & Intellectual Property

Does the Applicant have a formal review process in place to screen any published or broadcast material (including digital content), for intellectual property and privacy compliance prior to any publication, broadcast, distribution, or use? Yes No

If yes, are such reviews conducted by, or under the supervision of, an attorney or legal counsel? Yes No

Does the Applicant have Notice and Take-Down procedures in place for addressing libelous, infringing, or illegal content published by the Applicant (e.g. DMCA or similar)? Yes No

Does the Applicant obtain written permission or releases from third party content providers and contributors, including freelancers, independent contractors, and other talent? Yes No

Does the Applicant use generative AI to create any published or broadcast material? Yes No

If yes, please use the space below to provide us with any other relevant information.

Does the Applicant allow user generated content to be published as part of any media content? Yes No

Has the Applicant's privacy policy, terms of use, terms of service and other customer policies been reviewed by an attorney or legal counsel? Yes No

Please use the space below to provide us with any other relevant information.

Vendor Management

Vendor Management:

					Yes	No	N/A
Does the Applicant use vendors (whether for supply or outsourcing)?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant have a dedicated vendor procurement process and/or team?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor management process encompass a formal cybersecurity assessment (including the vendors' contract management) of each critical vendor at onboarding?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is this assessment recurring at least annually?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor management process include reviewing, monitoring, and managing the network and data access that vendors are granted?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant maintain a dual supply strategy? (i.e. backup vendors)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant maintain: (select all that apply)	<input type="checkbox"/> Inventory of most critical components	<input type="checkbox"/> Inventory of all third-party suppliers	<input type="checkbox"/> Bill of Materials	<input type="checkbox"/> Inventory of fourth-party suppliers (i.e. supplier's suppliers)			

Does any vendor or third party use Remote Desktop Protocol (RDP) to access the Applicant's organization's systems or networks? Yes No

How often does the Applicant waive its right of recourse against third-party technology vendors in the event of service disruption or loss?

Never Infrequently Most of the time Always Other commentary: [_____]

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Does the Applicant rely on a third-party or vendor for any of the following operations (select all that apply):

	Primary Vendor	Secondary Vendor
<input type="checkbox"/> Managed Security Service Provider (MSSP)		
<input type="checkbox"/> Security Operations Centre (SOC)		
<input type="checkbox"/> Data processing		
<input type="checkbox"/> Payment processing		
<input type="checkbox"/> Endpoint Detection & Response (EDR)		
<input type="checkbox"/> Privileged Access Management (PAM)		
<input type="checkbox"/> Virtual Private Network (VPN)		

Current Insurance & Coverage Requested

Detail the Applicant’s current insurance policies (if applicable):

	Limit	Deductible/ Excess	Premium	Insurer
Cyber				

Detail the Applicant’s requested quote for insurance (Mention Limit of Indemnity):

	Limit			
	Option 1	Option 2	Option 3	

Has any insurer declined, cancelled, or non-renewed any similar insurance issued to the Applicant in the past three years? Yes No

Loss History

Is the Applicant aware of any release, loss or disclosure of personally identifiable information in the care, custody or control of the Applicant during the last three years? Yes No

Is the Applicant aware of any known unplanned network disruption, network intrusion or denial of service attack during the last three years? Yes No

Has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a regulatory action as a result of the handling of sensitive data, including a civil investigative demand, consent order or investigation by an Attorney General or other industry body? Yes No

During the past five years, have any claims been made or legal action brought against the Applicant or any of the entities for which coverage is desired, or any predecessors in business, subsidiaries, affiliates or any principal, director, officer or professional employee? Yes No

Additional Information

Please use this space below to provide us with any other relevant information:

Supplement: Operational Technology (only complete if applicable)

For the avoidance of doubt, Operational Technology (OT) focuses on industrial operations or physical equipment. OT may include, but is not limited to, Industrial Control Systems (ICS), Supervisory Control and Data Acquisition (SCADA), Programmable Logic Controllers (PLC) and robotics systems.

How many production sites does the Applicant operate? .

If more than one, are these production sites segregated from each other? Yes No

If more than one, as an approximate percentage of revenue, what is the highest dependency on any one facility? .%

If more than one, as an approximate percentage, what capacity does each site typically operate at? .%

If more than one, in the event of an incident at one site, is there redundancy across other sites to increase production and compensate for lost output? Yes, for all products Yes, for some products No

Who is responsible for implementing and maintain the cyber security of IT systems and networks?:
 IT Engineering Other: _____

How is OT segregated from IT? (select all that apply):

<input type="checkbox"/> VLAN	<input type="checkbox"/> Air gap	<input type="checkbox"/> Demilitarised zoning (DMZ)
<input type="checkbox"/> Data Diode	<input type="checkbox"/> Firewalls	<input type="checkbox"/> OT has restricted internet access
Other: _____		

Is remote access permitted to the OT environment for any of the following? (select all that apply):
 Employees Contractors Third-parties Not permitted

If permitted, does this remote access have robust security controls in place (including multifactor authentication (MFA), access monitoring, traffic encryption and based on the principle of least privilege)? Yes No

Vulnerability scanning that covers 100% of OT network footprint? Yes No

External penetration testing (i.e. of internet-facing OT assets) at least annually? Yes No

Internal penetration testing (i.e. of internal OT systems) at least annually? Yes No

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- Are backups of the OT environment maintained and tested? Yes No
- How often are routine patches deployed? Daily Weekly Monthly Other: _____
- Does the Applicant have a Business Continuity Plan (BCP) for OT disruptions? Yes No
- If yes, is this tested at least annually? Yes No
- Are OT environments part of any Security Information and Event Monitoring (SIEM) / Security Operations Centre (SOC) capabilities? Yes No
- If yes, how often is this SIEM monitored? 24/7 Business Hours Other: _____

Describe the Applicant’s ability to use manual or workaround procedures if systems are impacted by a cyber event, including how the Incident Response Plan is tailored for OT environments:

If any OT assets utilise legacy or end-of-life software, what compensatory controls are deployed?:

Supplement: Retail Operations (only complete if applicable)

- Do you segregate your Point of Sale equipment and networks from other IT networks? Yes No
- How often are routine patches deployed for Point of Sale software? Daily Weekly Monthly Other: _____
- As an approximate percentage, how many of the Applicant's Point of Sale terminals support chip technology that meet Eurocard, Mastercard, Visa (EMV) standards? .%

If the Applicant has any franchisee locations or agreements, detail who is response for cyber security at franchisees and how consistent cyber security controls are applied:

Supplement: Mergers & Acquisitions (only complete if applicable)

How many mergers or acquisitions has the Applicant undertaken over the past three years? .

Please provide each entity’s name, revenue and employee count at the time of the Applicant’s merger or acquisition:

Typically, when is a cybersecurity assessment performed of each entity?

<input type="checkbox"/> Before merger or acquisition	<input type="checkbox"/> After merger or acquisition but before integration	<input type="checkbox"/> Assessment is rarely performed	<input type="checkbox"/> Other: [_____]
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Please describe the integration strategy and timelines typically performed after each entity has been merged with or acquired:

Addendum: Computer Crime & Social Engineering

- 1.Are dual control procedures are in place for all transactions over USD 5,000 (or equivalent)? Yes No Unknown N/A
- 2.Are the duties of each employee arranged so that no one employee is permitted to control any transaction from commencement to completion? Yes No Unknown N/A
- 3.Are call back procedures in place for all transactions and changes to supplier bank details? Yes No Unknown N/A
- 4.Confirmation that cheques with pre-printed signatures are never used: Yes No Unknown N/A
- 5.Are supporting documents always validated before authorising payments? Yes No Unknown N/A
- 6.Does the Applicant monitor bank account transactions electronically on a daily basis? Yes No Unknown N/A
- 7.Are the same controls described above (q. 1-6) consistent throughout all locations globally? Yes No Unknown N/A
- 8.Is an exception report always automatically generated showing all changes to the standing data of suppliers (e.g. changes to bank details) as well as any unusual transactions, and is this critically reviewed by an independent individual who is unconnected with the process? Yes No Unknown N/A
- 9.Are there any other Insurances purchased that would provide similar or applicable cover to that being requested under this section? Yes No

10.If the answer to any of the above if 'No', what controls does the Applicant apply?

Addendum: Retail Ops

1.What is the aggregate number of credit card transactions processed on an annual basis? _____

2.What is the Applicant’s PCI Merchant Level? 1 2 3 4 N/A

3.Has the Applicant received evidence from the payment processor that confirms it is PCI compliant? Yes No Unknown N/A

4.Are all systems that are involved in payment processing (whether hardware or software) certified as PCI DSS-validated? Yes No Unknown N/A

5.When was the Applicant’s last Report on Compliance (ROC) or Self-Assessment Questionnaire (SAQ) submitted, and did this confirm that the Applicant is in compliance with PCI Data Security Standards?:

6.Describe how payment card data is captured and transferred to credit card processor and if exchanged with other corporate systems (i.e. are point-of-sale systems segregated from other corporate networks; is data sent via direct link from each store to the payment processor or via the public internet?). Additionally, how is card processing segregated from store to store?:

7.Does the Applicant run any systems (whether POS or not) on Windows XP? Yes No Unknown

If yes, what are the Applicant’s plans to upgrade?: _____

If yes, has the Applicant paid for extended support? Yes No Unknown

8.Have all factory/vendor-supplied and default passwords for payment systems been modified? Yes No Unknown N/A

9. Are all the devices, computers and servers that handle payment card transactions inside the Applicant’s network completely segregated by firewalls at each Internet connection - as well as from the remainder of the corporate network? Yes No Unknown N/A

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- 10. Is access to and from the PCI environment restricted to only necessary systems and ports inside your corporate network? Yes No Unknown N/A
- 11. Is external traffic restricted from 'untrusted' networks and hosts? Yes No Unknown N/A
- 12. Is outbound traffic from the PCI environment monitored and restricted to specific external IP addresses? Yes No Unknown N/A
- 13. Are all employees trained on how to identify (and report) service problems, tampering, skimming devices and/or suspicious behaviour relating to POS? Yes No Unknown N/A
- 14. Does the Applicant have a formal process to monitor point-of-sale (POS) systems for malware and to verify code integrity? Yes No Unknown N/A
- 15. Are critical updates, patches, signatures and fixes for all POS software and network devices implemented immediately upon release? Yes No Unknown N/A
- 16. Is log data collected from POS systems and reviewed on regular basis?
 Yes No Unknown N/A
If yes, please describe how often, who reviews, and who retains the logs/reports: _____
- 17. Do changes to individual files on the POS system create alerts in real-time? Yes No Unknown N/A
- 18. Is encryption utilised in the Applicant's POS system? Yes No Unknown N/A
If yes, please indicate the type of encryption: Tokenisation End to end Other: [_____]
- 19. Does the Applicant require multi-factor authentication for remote access to the POS network Yes No Unknown N/A
- 20. Please describe the third-party vendors who have remote access to the POS network and what contractual controls/due diligence are in place _____

Addendum: Operational Technology

Systems Overview

1.Please describe each logical SCADA system (e.g. vibrators, feeders, weighing, sorters...):

2.Please describe what technologies are used (e.g. PLCs, Sensors...):

3.Are the above technologies all within original or extended warranty periods? Yes No

If no, please explain why: _____

4.Are the above technologies all covered in maintenance and support contracts with vendor-licensed providers? Yes No

If no, please explain why: _____

5.What would be the estimated business interruption loss (monetary) should one or more critical IC (Industrial Control) Systems be inoperable?

< USD 250,000 USD 250,000 – 1,000,000 > USD 1,000,000 Unknown

6.Are all IC Systems host/network interfaces configured with anti-malware scanning and memory-resident real-time malware detection? Yes No Unknown N/A

7.Are all IC Systems configured with firewalls on all interfaces with non-IC Systems networks? Yes No Unknown N/A

8.Are all IC Systems configured with firewalls or strong VLAN/packet filtering between different IC Systems? Yes No Unknown N/A

9.Does the Applicant have a current documented standard that describes the baseline architecture and configuration for all IC Systems and interconnected networks that employs best-practice security techniques such as systems hardening? Yes No Unknown N/A

10.In normal or routine operation, is internet access prevented from all IC Systems? Yes No Unknown N/A

11.Are all IC Systems and interconnected networks and security components physically secure with access allowed only to those staff and vendors required to maintain them? Yes No Unknown N/A

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People Process

- 1. Is there a formal security policy covering the IC System(s) that is observed, audited and modified accordingly to ensure effective controls aligned to current standards and technologies? Yes No Unknown N/A
- 2. Are KPIs used as a method of tracking security and change management objectives? Yes No Unknown N/A
- 3. Is there a Cyber Incident Response plan for dealing with incidents relating to the IC systems? Yes No Unknown N/A
- 4. Is the plan tested in separate or joint exercises with the business continuity plans at least quarterly? Yes No Unknown N/A
- 5. Are the IC Systems subject to a schedule of penetration testing and vulnerability assessment at least quarterly? Yes No Unknown N/A
- 6. Are vulnerabilities that are discovered by testing or advised by the SCADA security community remediated within one month of discovery or patching (whichever is the earlier)? Yes No Unknown N/A
- 7. Is consistent security best-practice observed in the design of IC Systems control & network design? Yes No Unknown N/A
- 8. Is the security of IC Systems the primary or sole responsibility of a single member of staff at management or executive level within the organisation? Yes No Unknown N/A
- 9. Is there a team (two or more) IT or other staff responsible for the maintenance of IC Systems security? Yes No Unknown N/A

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- 10. Is at least 2 man-hours per week dedicated to ensuring security assessment and secure configuration of each IC System? Yes No Unknown N/A
- 11. Are those responsible for the security of IC Systems suitably qualified and their past experience and integrity ensured with thorough background checks? Yes No Unknown N/A
- 12. Are those responsible for the security of IC Systems trained in SCADA and Cyber Security disciplines i.e. ISC2, ISACA, SANS etc. for at least 20 hours per annum? Yes No Unknown N/A
- 13. Is the use of privileged accounts on IC Systems and security components strictly controlled? Yes No Unknown N/A
- 14. Are administrative & maintenance functions performed using accounts with least privilege required to perform each task?? Yes No Unknown N/A
- 15. Are Standard Operating Procedures (SOPs) created, maintained and observed as standard practice for the maintenance of IC Systems security? Yes No Unknown N/A
- 16. Are the IC Systems subject to a schedule of backups of both the process configuration and security and systems configuration (full) on at least a weekly basis? Yes No Unknown N/A
- 17. Are the IC Systems subject to a schedule of backups of both the process configuration and security and systems configuration (full) on at least a weekly basis? Yes No Unknown N/A
- 18. Are backups frozen on at least a quarterly basis? Yes No Unknown N/A
- 19. Are changes to security components e.g. firewalls, IDS/IPS, AV etc. and other IC Systems change activities recorded in a log (service desk or other) which is subject to review on at least a quarterly basis? Yes No Unknown N/A
- 20. Are vendors/third-party suppliers regularly audited to ensure that any access to the IC Systems (local or remote) is secure and that their security policies and procedures are aligned to security industry best-practice? Yes No Unknown N/A
- 21. Do you have an effective, observed and enforced policy which prevents the credentials of any accounts used to access IC Systems being shared between users? Yes No Unknown N/A

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System Security Configuration

- 1.Are IC Systems isolated from the corporate or other internal networks (inc. WAN links)? Yes No Unknown N/A
- 2.Do you keep IC Systems from ever being connected (permanently or temporarily) to third party systems? Yes No Unknown N/A
- 3.Are firewalls/data diodes used to protect IC Systems and networks with minimum number of rules, port/protocols used to support business operations? (Note: this includes protecting dual-homed systems with firewalls) Yes No Unknown N/A
- 4.Do IC Systems only communicate using ports and protocols recommended as security best-practice? Yes No Unknown N/A
- 5.Are all systems (both IC Systems and security components e.g. firewalls, AV systems, IDS), maintained with regular firmware or operating system/database and software application updates/patches on an at least a monthly basis? (Note: AV and IDS/IPS signatures should be updated immediately where possible) Yes No Unknown N/A
- 6.Are software and firmware updates/patches to security components as well as the IC Systems themselves, tested to ensure safe operation prior to being applied? Yes No Unknown N/A
- 7.Are firewalls maintained only by suitably skilled and specifically authorised staff? Yes No Unknown N/A
- 8.Are securely configured DMZs used wherever data is required to be shared between different logical networks? Yes No Unknown N/A
- 9.Are all systems (both IC Systems and security components) regularly audited to ensure that only authorised software is installed? Yes No Unknown N/A
- 10.Are peripherals on IC Systems strictly controlled so that unauthorised devices/media cannot be connected to or read by them? (Note: this includes USB devices and CD/DVD/Blu-ray) Yes No Unknown N/A

Yes No

11.Does the Applicant have any insurance currently in place that covers any element of risk also covered in any Liberty Cyber Insurance Property Damage/Bodily Injury extension?

If yes, please provide details: _____

12.Does the Applicant have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed Liberty Cyber Insurance Property Damage/Bodily Injury extension? Yes No

If yes, please provide details: _____

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**Liberty**
General Insurance™**Premium Details:**

Amount in Rs		
Instrument Type	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Online Payment <input type="checkbox"/> Others	
Cheque/DD No.		Date:
Name of the Account holder		
Bank Name		Branch:
Bank Account No:		IFSC Code:
Card Details :	Master / Visa / Rupay	
Credit/Debit Card No.		Expiry Date:

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

I wish : Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

Declaration:

- 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 Liberty General Insurance Company
- I the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.
- 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.
- Liberty General Insurance (LGI/Liberty") will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction
- I/We hereby confirm that all premiums have been/will be paid from Bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds
- I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empanelled third-party vendor
- I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance and related services (please strike this clause in case you do not wish to disclose the personal data)
 - I wish to avail physical policy document Yes
 - Determination of Beneficial Ownership:

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I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr.No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

For Non Individuals

Full Name	DOB	Nationality	Address	%Share Holding	PAN	PEP Declaration
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/Associates to PEP
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/Associates to PEP

Notes:

- Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - Controlling ownership interest means ownership of or entitlement to more than ten percent of shares or capital or profits of the company.
 - Control shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than ten percent of capital or products of the partnership or who exercises control through other means. Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals.
- Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership

Date:

Signature of the Proposer

Place:

Name:

Date:

Signature (on behalf of the Proposer)

Place:

Name:

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- Certify 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 (This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer).

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance Limited to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer:

Name of Witness:

Signature of Proposer:

Signature of Witness:

Date:

Place:

Relationship with Proposer:

Address of Witness:

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.