

Application

CYBER EDGE SHORT PROPOSAL FORM

CSPF



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 PROVIDED SEPARATELY ON YOUR HEADED PAPER.

COMPANY INFORMATION

1. NAME OF PROPOSER: _____

2. WEB SITE: _____

3. PRINCIPAL ADDRESS OF PROPOSER: _____

4. BUSINESS DESCRIPTION: _____

5. GEOGRAPHICAL EXPOSURE:

	PRIOR	CURRENT
TOTAL GROSS REVENUE (USD)		
GEOGRAPHICAL SPLIT OF THE COMPANY'S TOTAL GROSS REVENUE (%)		
PUERTO RICO		
UNITED STATES		
REST OF WORLD		

6. OPTIONAL COVERAGES DESIRED:

☐ MEDIA CONTENT ☐ CYBER EXTORTION ☐ NETWORK INTERRUPTION INSURANCE

DATA PROTECTION PROCEDURES

A) IS THERE BOTH A WRITTEN DATA PROTECTION POLICY AND PRIVACY POLICY THAT APPLIES TO THE COMPANY? ☐ YES ☐ NO

IF "YES", HAS IT BEEN REVIEWED BY A LEGAL COUNSEL? ☐ YES ☐ NO

IF "NO", PLEASE PROVIDE DETAILS REGARDING DATA PROTECTION PROCEDURES FOR THE COMPANY

B) 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:

C) HAS THE COMPANY IMPLEMENTED APPROPRIATE TECHNICAL AND ORGANIZATIONAL MEASURES TO PROTECT PERSONAL DATA AGAINST ACCIDENTAL OR UNLAWFUL DESTRUCTION OR ACCIDENTAL LOSS, ALTERATION, UNAUTHORIZED DISCLOSURE OR ACCESS, IN PARTICULAR WHERE THE PROCESSING INVOLVES THE TRANSMISSION OF DATA OVER A NETWORK, AND AGAINST ALL OTHER UNLAWFUL FORMS OF PROCESSING, ENSURING A LEVEL OF SECURITY APPROPRIATE TO THE RISKS REPRESENTED BY THE PROCESSING AND THE NATURE OF THE DATA TO BE PROTECTED. ☐ YES ☐ NO

IF "YES", PLEASE INDICATE FROM THE LIST BELOW AS TO WHAT PROCEDURES YOU HAVE IN PLACE:

- ☐ ANTI-VIRUS / SPYWARE ☐ FIREWALLS ☐ ENCRYPTION
- ☐ MONITOR NETWORK AND COMPUTER SYSTEMS FOR DATA SECURITY
- ☐ PHYSICAL SECURITY PROCEDURES IN PLACE TO PROTECT AGAINST THE THEFT OF HARDWARE OR HARDCOPY
- ☐ ACCESS CONTROLS IN PLACE FOR EMPLOYEES AND OTHER USERS WITH PRIVILEGED ACCESS TO SENSITIVE DATA
- ☐ MAINTAIN BACKUP AND RECOVERY PROCEDURES FOR MISSION CRITICAL SYSTEMS AND DATA/INFORMATION ASSETS
- ☐ PERFORM BACKGROUND CHECKS ON ALL EMPLOYEES AND INDEPENDENT CONSULTANTS
- ☐ A DESIGNATED MEMBER OF STAFF RESPONSIBLE FOR DATA PROTECTION

IF "NO", PLEASE DISCUSS WHAT THE COMPANY IS DOING TO INSTITUTE THE APPROPRIATE LEVELS OF SECURITY TO PROTECT THE PERSONAL DATA THEY STORE:

D) IF THE COMPANY OUTSOURCES DATA COLLECTION OR DATA PROCESSING FUNCTIONS:

I) IT SELECTS OUTSOURCER(S) PROVIDING SUFFICIENT GUARANTEES IN RESPECT OF THE TECHNICAL SECURITY MEASURES AND ORGANIZATIONAL MEASURES GOVERNING THE PROCESSING TO BE CARRIED OUT ☐ YES ☐ NO

II) THE COMPANY ENSURES THAT THE OUTSOURCER(S) COMPLIES WITH THOSE MEASURES. ☐ YES ☐ NO

LOSS INFORMATION

A) HAS THE COMPANY SUSTAINED ANY SINGLE LOSS OR LOSSES INCLUDING ANY ADMINISTRATIVE FINES OF A TYPE COVERED BY A DATA PROTECTION INSURANCE POLICY FOR WHICH THIS ACCEPTANCE FORM HAS BEEN COMPLETED? ☐ YES ☐ NO

B) DOES THE COMPANY AFTER FULL ENQUIRY OF ANY OF ITS DIRECTORS AND OFFICERS HAVE ANY KNOWLEDGE OF ANY ACT, OMISSION, FACT, EVENT OR CIRCUMSTANCE WHICH MIGHT GIVE RISE TO A LOSS UNDER THIS PROPOSED INSURANCE? ☐ YES ☐ NO

If "Yes," to questions (a) and/or (b) above please provide details in order to obtain a quote. Not answering to providing details may affect your rights in a Claim. If this proposal form is completed as part of the renewal process of a policy in force with Us, the Loss Information section does not have to be completed.

DECLARATION

THE UNDERSIGNED, AUTHORIZED TO SIGN AND BIND ALONE ON BEHALF OF THE COMPANY, HEREBY DECLARES THAT THE STATEMENTS AND PARTICULARS IN THIS PROPOSAL FORM ARE TRUE AND NO MATERIAL FACTS HAVE BEEN MISSTATED OR SUPPRESSED. A MATERIAL FACT IS ONE THAT WOULD INFLUENCE THE ACCEPTANCE OR ASSESSMENT OF THE RISK. THE UNDERSIGNED AGREES THAT THIS PROPOSAL FORM, AND ANY ATTACHMENT OR ANY INFORMATION SUBMITTED THEREWITH AND ANY AND ALL OTHER INFORMATION SUPPLIED OR REQUESTED, SHALL FORM THE BASIS OF ANY INSURANCE AGREEMENT EFFECTED THEREON. THE UNDERSIGNED FURTHER UNDERTAKES TO INFORM THE INSURER OF ANY MATERIAL ALTERATION TO ANY INFORMATION, STATEMENTS, REPRESENTATIONS OR FACTS PRESENTED IN THIS PROPOSAL FORM, OCCURRING BEFORE OR AFTER THE INCEPTION DATE OF THE INSURANCE AGREEMENT.

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PRESENTS FALSE INFORMATION IN AN INSURANCE REQUEST FOR, OR WHO PRESENTS, HELPS OR HAS PRESENTED A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, WILL INCUR A FELONY, AND UPON CONVICTION WILL BE PENALIZED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND DOLLARS (\$5,000) NOR MORE THAN TEN THOUSAND DOLLARS (\$10,000); OR IMPRISONMENT FOR A FIXED TERM OF THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF ATTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

THIS PROPOSAL FORM IS BINDING FOR THE COMPANY AND WILL FORM THE BASIS OF THE DATA PROTECTION INSURANCE POLICY CONCLUDED WITH AIG INSURANCE COMPANY-PUERTO RICO.

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE/FUNCTION: _____

AIG Insurance Company-Puerto Rico
250 Muñoz Rivera Ave., Suite 500, Hato Rey, PR 00918,
PO Box 10181, San Juan, Puerto Rico 00908-1181
TEL: 787.767.6400
www.aig.com.pr