



太平洋保險有限公司
THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

Enquiry telephone no.: 2876 0104

Cyber Comprehensive Insurance Application Form

Welcome to The Pacific Insurance Co., Ltd. ("Pacific")

This is an application for a cyber and privacy data insurance policy. The information you provide in this application form must be complete, accurate and not misleading.

In this application form, your company and all your company's subsidiaries are collectively referred to as "Applicants".

Part 1: Statement of fact

Applicants must confirm that the facts stated below are true. We shall rely on these facts and the information provided by the Applicants or anyone on Applicants' behalf to provide this insurance and to set the terms and premium.

Applicants must ensure that all the facts stated below are accurate and complete. If any of the facts stated below or any of the information provided to us is not correct and required to be changed, Applicants must inform us before the commencement of the period of insurance.

If there are changes to any information provided by the Applicants during the period of insurance, Applicants must inform us. When we are notified of the change, we shall notify the Applicants if this will affect the policy. If Applicants do not inform us about the change, it may affect any claim Applicants make or can result in Applicants' insurance being invalid.

Applicants must comply with all following conditions:-

- a. The total revenue which includes:-
 - i. the revenue of the Applicants for the last completed financial year; and/or
 - ii. for a new business, the estimated revenue earned by the Applicants for the current financial year

did not or will not exceed HK\$250,000,000, as the case may be;

- b. The Applicants' business activities do not include any of the following:
 - i. Financial institution (including but not limited to banks and credit unions);
 - ii. Gambling company or operator;
 - iii. Government department or agency, council, local authority or public body;
 - iv. University, college or any other educational establishment except primary and secondary school;
 - v. Healthcare or medical provider except small and medium-sized clinics operated by registered medical doctor(s) or registered Chinese medicine practitioner(s);
 - vi. Payment card processor or gateway, payroll processor;
 - vii. Social or professional networking site or service; or dating site or service;
 - viii. Franchisor;
 - ix. Producer, distributor, advertiser or broadcaster of pornography;
 - x. Data warehouse, direct marketer, data aggregator or information broker;
 - xi. Family planning or substance abuse centre or service, adoption agency or abortion clinic;
 - xii. Mobile application or video game developer or publisher;
 - xiii. Insurer, insurance broker or insurance agent;
 - xiv. Business process outsourcer;
 - xv. Travel agency or tour operator;
 - xvi. Virtual currency exchange or miner.
- c. The Applicants are domiciled in Hong Kong.
- d. The Applicants transact, process or store no more than 50,000 personally identifiable information records.
- e. The Applicants' businesses are either in compliance with, or are not subject to, the Payment Card Industry Data Security Standards (PCI/DSS).
- f. No regulatory, governmental or administrative action has been brought against the Applicants, nor have any investigation or information request concerning any handling of personal data.

Part 2: Company details

2.1 Please state the name and address of your company for whom this insurance is required.

Cover is also provided for the subsidiaries of your company, provided that i) such subsidiaries are carrying out and operating its businesses and registered in Hong Kong, ii) your company owns more than 50% of the book value of the assets or of the outstanding voting rights for such subsidiaries as of the first day of the period of insurance; and iii) your company includes the data from all of these subsidiaries in your answers to all of the questions in this form:

Company name:	_____		
Business nature:	_____		
Contact person:	_____	Position Held:	_____
Direct line:	_____	Email address:	_____
Business address:	_____		
Corresponding address:	_____		
Date of business registration:	_____		
Fax:	_____	Website:	_____

2.2 Please state the revenue & gross profit of your company:

	Last completed financial year	Estimate for current financial year	Estimate for next financial year
Onshore revenue:	_____		
Offshore revenue:	_____		
Total revenue:	_____		
Gross profit:	_____		

2.3 Please state the revenue & gross profit of all your company's subsidiaries (if your company had more than one subsidiary, please state the corresponding information of such subsidiaries on page 12 of Additional information):

Name of subsidiary: _____

Business nature: _____

	Last completed financial year	Estimate for current financial year	Estimate for next financial year
Onshore revenue:	_____		
Offshore revenue:	_____		
Total revenue:	_____		
Gross profit:	_____		

Part 3: Business activities

3.1 Please briefly describe below the Applicants' business activities:

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3.2 Do Applicants provide any technology services or products to third parties?

If yes, please provide full details:

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3.3 Which type and volume of sensitive data are Applicants collecting/ maintaining/ processing:

			Number of unique records
Personally identifiable information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Payment card information (PCI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Financial account information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Intellectual property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Username and passwords	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Others, please specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Part 4: Risk management

4.1 Do Applicants' internal IT systems comply with the security requirements detailed below? Yes No

- All external networks gateways must be protected by a firewall; Yes No
- Anti-virus software must be installed on all servers and windows based desktops. Yes No

If yes, please provide which anti-virus software is being used and the expiry date of its license:

- Anti-virus software must be installed on Android based tablet and Android based smart phones. Yes No

If yes, please provide which anti-virus software is being used and the expiry date of its license:

- All macOS must be updated regularly. Yes No

If no, please provide the reason(s) why regular update is not performed:

4.2 Do Applicants ensure all mobile devices (e.g. laptops, smart phones, memory sticks, etc) are password protected or encrypted? Yes No

4.3 Do Applicants outsource the handling of sensitive data to a third party? Yes No

If yes, please provide details of what sensitive data is outsourced and to which service provider:

4.4 Do Applicants have Information security policy? Yes No

4.5 Do Applicants have Information privacy policy? Yes No

4.6 Do Applicants have proper access controls in place for employees and third party to restrict access to Applicants' computer systems and sensitive data? Yes No

4.7 Do Applicants provide remote access to Applicants' IT systems/networks? Yes No

If yes, please provide details of how Applicants secure such remote access:

4.8 Do Applicants outsource any part of Applicants' network, computer system or information security functions? Yes No

If yes, please provide the outsourced part and the name of organization providing the services:

4.9 Do Applicants perform regular or automatic backups? Yes No

If yes, how often do Applicants perform backups?

Part 5: Plans & pricing

Table A: The setting of limit of indemnity for different cyber insurance plans

Coverages	Insurance Plan			
	Plan A	Plan B	Plan C	Plan D
Maximum Aggregated Limit:	1,000,000	2,500,000	5,000,000	10,000,000
Insured Applicants' Own Loss :	Limit of Indemnity (HK\$)			
(1) Costs incurred from personal data breach	200,000	500,000	1,000,000	2,000,000
(2) Business interruption loss	100,000	250,000	500,000	1,000,000
(3) Hacking attack loss	100,000	250,000	500,000	1,000,000
(4) Cyber extortion loss	50,000			
Third-party Claims :	Limit of Indemnity (HK\$)			
(5) Privacy infringement claims	1,000,000	2,500,000	5,000,000	10,000,000

Table B: Premium table

Insurance Plan	Annual Revenue of Applicants (HK\$)						
	4,999,999 or below	5,000,000 To 14,999,999	15,000,000 To 24,999,999	25,000,000 To 49,999,999	50,000,000 To 99,999,999	100,000,000 To 174,999,999	175,000,000 To 250,000,000
	Annual Premium (HK\$)						
Plan A	4,500	4,878	6,264	8,775	11,700	14,625	18,450
Plan B	6,300	7,875	9,180	14,175	18,900	23,625	29,925
Plan C	7,200	9,000	11,520	16,200	21,600	27,000	34,200
Plan D	9,000	11,250	14,400	20,250	27,000	33,750	42,750
Claim Excess	Claim Excess (HK\$)						
	5,000	7,500	12,500	18,750	25,000	37,500	50,000

Note:

- Class 1 business: accountancy, architects, charity, club or association, construction, consultancy services, engineering, legal services, manufacturing, marketing, advertising, publishing, other professional services, transportation and warehousing (Table B apply);
- Class 2 business: estate/ property agents, recruitment (additional premium 10% based on Table B will be applied); and
- Class 3 business: broadcasters, hospitality, retailers, technology and telecommunications (additional premium 25% based on Table B will be applied).

Part 6: Insurance requirements & current insurance

6.1 Please provide details of your company's required insurance policies:

Effective date	Plan required (Refer to Table A & B of Part 5)	Retroactive date	Annual Premium
DD / MM / YY	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Plan D	DD / MM / YY	

6.2 Have Applicants ever had any cyber insurance policy which is in Yes No force or was expired providing the same or similar coverage as stated in Part 6.1?

If yes, please provide the following:

Name of insurer	Coverage	Limit of liability	Deductible / Retention	Effective date	Expiry date	Retroactive date
				DD / MM / YY	DD / MM / YY	DD / MM / YY
				DD / MM / YY	DD / MM / YY	DD / MM / YY
				DD / MM / YY	DD / MM / YY	DD / MM / YY

6.3 Have Applicants sustained any loss covered under a cyber Yes No insurance policy previously?

If "Yes", please provide details of such loss and remedial measures taken:

6.4 Are Applicants aware of any act, or omission, or fact, or event, or Yes No circumstance or matter that is reasonably likely to give rise to any loss or claim, and/or have Applicants suffered any loss as a result of the aforesaid or has any claim been made against the Applicants in the last three years?

If "Yes", please provide further details:

Part 7: Declaration

7.1 We declare that the statements and particulars in this application form are true and that no material facts have misstated or misrepresented or suppressed or withheld after enquiry.

7.2 We agree that this application form, together with any other information supplied by us shall form the basis of any contract of insurance effected between Pacific and us.

7.3 We undertake to inform Pacific of any material alteration to these facts occurring before the renewal/completion of the contract of insurance.

7.4 We declare that we must obtain consent (if required) from the data subject in compliance with the Personal Data (Privacy) Ordinance before we use or share personal information within the organization or with third parties, or engage in direct marketing.

7.5 We understand that we shall refer to the policy for details of the insurance coverage, exclusion clauses and terms and conditions.

7.6 Personal information collection declaration

The information provided by us to Pacific is to enable Pacific to carry on insurance business and may be used for the purpose of:

- a. any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- b. investigating or analyzing such claim;
- c. exercising any right of subrogation;
- d. provision of marketing communications containing news, and/or offers, and/or promotions, and/or information regarding Pacific's financial, insurance and related services and products; and/or marketing communications provided by Pacific's group companies and business associates regarding their financial, insurance and related services and products; and may be transferred to:
 - i. any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;

- ii. any association, federation or similar organization of insurance companies (“Federation”) that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- iii. any members of the Federation by the Federation for any of the above or related purposes; and
- iv. the group companies and business associates as specified above for direct marketing purposes.

Moreover, Pacific is hereby authorized to obtain access to and/or verify any of our data with the information collected by the Federation from the insurance industry.

We understand that we have the right to obtain access to and request correction of any personal information concerning ourselves held by Pacific. Requests for such access can be made to the General Manager of Pacific at 10th Floor, Dominion Centre, 43-59 Queen’s Road East, Wan Chai, Hong Kong. We also understand and agree that Pacific may charge a fee of minimum HK\$50 for acceding to our request.

7.7 Consent declaration on insurance broker commission

We understand, acknowledge and agree that as a result of our purchasing and taking up the policy to be issued by Pacific, Pacific will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf confirms to Pacific that he or she is authorized to do so.

We further understand that the above agreement is necessary for Pacific to proceed with the application.

Part 8: Receive direct marketing materials instruction

Pacific may not use or transfer Applicants’ personal data to third parties for direct marketing purposes without Applicants’ consent. The personal data to be used includes name, telephone number, address, email address, etc. If Applicants object to Pacific’s use or transfer of Applicants’ personal data to third parties for use in direct marketing, please tick the relevant box(es) below.

- a. We **do not wish** Pacific to use our personal data in direct marketing.
 - If Applicants return this application form without ticking "✓" the above box, it means Applicants do not wish to opt-out from any form of direct marketing of Pacific.
 - The above represents Applicants’ present choice whether or not to receive direct marketing materials and replaces any choice communicated by Applicants to Pacific prior to this application.

- b. To improve and provide more comprehensive services to our customers, Pacific may provide Applicants' personal data to other members of the Group* and business associates for their use in direct marketing of financial, insurance and related services and products. Please tick "✓" this box if Applicants **do not wish** Pacific to provide Applicants' personal data to the above persons for the above purposes.

*The "Group" means Pacific and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated.

Authorized signature : (with company chop) _____
Full name : _____
Position held : _____ Date: _____

Pacific will not undertake any liability until this application form has been accepted and premium received by Pacific, except as provided by a policy or an insurance confirmation document issued by Pacific.

FOR OFFICE USE ONLY

Policy no.: _____

Effective date: _____

Agent/broker name: _____

Agent/broker code: _____

Premium: _____

Additional information:

[Empty rectangular box for additional information]