



MSIG

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A Member of **MS&AD** INSURANCE GROUP

Cyber Insurance Addendum - Social Engineering

Section 1 Relevant business activities

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you distribute written training materials or conduct mandatory training on cyber security for all your employees, including social engineering fraud, phishing, phreaking and cyber fraud?
If 'yes', are these updated or refresher training held at least annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are employees required to change passwords at intervals of less than 45 days for all the online accounts and banking services to which they have access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are all requests to change customer and supplier details (particularly bank details) independently verified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are all payments (including cheque signing and fund transfers) above HKD60,000 subject to authorisation by 2 authorised employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. For purchase orders exceeding HKD60,000, are all orders, receipts or completions, and payments subject to authorisation by 2 authorised employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 2 Declaration

- I/We, the undersigned, desire to effect the insurance specified herein and declared that I/We:
- agree that MSIG Insurance (Hong Kong) Limited reserves its right to reject my application.
 - warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
 - have not withheld facts likely to influence assessment of this application.
 - agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

Authorised signature (with company stamp)

Date (DD/MM/YY)

Name and position