MSIG

MSIG Insurance (Hong Kong) Limited - Macau Branch

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A Member of MS&AD INSURANCE GROUP

Cyber Insurance Proposal Form

Important Notice

Please read the following advice before completing this proposal form.

This proposal is for a claims made policy. A claims made policy only responds to claims made and notified to us during the period of insurance.

The term "PROPOSER" or "You/Your" means the Company (or organisation) listed below and all of its subsidiaries for which coverage is proposed on this form and the "INSURER" or "We/Us/Our" is MSIG Insurance (Hong Kong) Limited.

This PROPOSER is completing this form on behalf of all Insureds (as defined in the policy), it must be signed and dated by an authorised representative of the PROPOSER.

When completing this Proposal Form:

- Answer all guestions giving full and complete answers.
- It is your duty to provide all of the information requested on the form as well as to include all material facts.
- A material fact is a known fact and/or circumstance that may influence our decision whether to accept the risk and if so, on what terms. If you are unsure whether a matter is material, you should disclose it. Full details of your duty of disclosure can be found in the following section.
- If the space provided on this form is insufficient, please provide complete answers on an additional sheet, which must be signed and dated.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting this insurance by the PROPOSER.

This proposal form DOES NOT BIND the PROPOSER or the INSURER to complete the insurance but will become part of the insurance policy.

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose every matter within your knowledge that is material to our decision whether to insure you and, if so, upon what terms. You have the same duty to disclose material facts before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require you to tell us anything that:

- · Reduces the risk you are insured for; or
- Is common knowledge; or
- We know or, as an insurer, should know; or
- We waive your duty to tell us about.

Note that this duty continues after the proposal form has been completed until the time the policy is in force.

Non-Disclosure

If you fail to comply with this duty of disclosure, we may cancel the policy or reduce the amount we will pay you if you make a claim, or both. If your failure is fraudulent, we may refuse to pay a claim and treat the policy as if it had never existed. It is therefore vital that you make sufficient enquiries before completing this form and before signing the declaration on this form or any addendum; or any declaration that there has been no change in the information you have provided.

Subrogation

Where another person or company would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person or company, we will not cover you under the insurance for such loss or damage.

| Section 1 Details of proposer | | | | | | | | | | | |
|---|---------------------------------|------------------------------|--------|------------------------|------------------------------|--------------------|----------------|-------------|--------------------------|-------|--|
| Company name: | | | | | Company registration number: | | | | | | |
| Address of head office: | | | | | | | | | | | |
| Web address: | | | | | | | | | | | |
| Place of incorporation: | | | | | | Date | e established: | | | | |
| Describe the company's activities: | | | | | | | | | | | |
| Section 2 Financial in | formation | on | | | | | | | | | |
| 1. Please state your turnov | er: | | | | | | | | | | |
| | | | | Last year (MOP) | | Current year (MOP) | | Next year 6 | Next year estimate (MOP) | | |
| Total | | | | | | | | | | | |
| % from online sales | | | | | | | | | | | |
| 2. Please show turnover pe | er territory | / as a pe | rcenta | age of the c | urrent year l | otal: | | | | | |
| Hong Kong & Macau | Asi | Λcia | | stralia & v Zealand | USA & Can | ada | Еигоре | UK | Ot | thers | |
| % | | % | | % | | % | % | % | | % | |
| Section 3 Employees | | | | | | | | | | | |
| 1. Please state your curren | t number | of empl | oyees | per catego | гу: | | | | | | |
| Principals, partners & directors Information technology | | | | | | | | | | | |
| Professional | | Cyber & information security | | | | | | | | | |
| Admin & support | support Others (please specify) | | | | | | | | | | |
| Section 4 Existing data security | | | | | | | | | | | |
| 1. Is all remote access to your network secured (SSL, SSH, IPSec, etc.)? | | | | | | | | | | | |
| 2. Do you have industry grade security measures in place for all firewalls, anti-virus protection and other critical systems? If no, please explain what security measures are implemented: | | | | | | | | | | | |
| 3. Do you have a computer and user account management and audit policy? If 'yes', is it enforced? If 'no' to either of the above, please explain how account security is maintained: | | | | | | | | | | | |
| 4. Are all mobile devices and backup media: Password protected? Encrypted? If 'no' to either of the above, please explain what security protocols are implemented to secure mobile devices and backup media: | | | | | | | | | | | |

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| 5. | Are you PCI compliant? | ☐ Yes | ☐ No | □ N/A |
|-----|---|-------|-------------------------|----------------------|
| 6. | How often is your important (sensitive, critical, confidential, personal and financial) data backed u | ιρ? | | |
| 7. | Is all your important data encrypted? If 'yes', when does this occur? At rest (on network) In transit In backup | | ☐ Yes | ☐ No |
| 8. | Do you ensure that backup data is kept offline/isolated from your enterprise network and that | it is | ☐ Yes | ☐ No |
| | inaccessible from all endpoints and servers on your corporate domain? If 'yes', is this tested at least annually? | | ☐ Yes | □No |
| 9. | Is your data stored on a flat network? | | ☐ Yes | □No |
| 10. | Are all your employees given mandatory cyber security training? If 'yes', how often is this training conducted? Monthly Quarterly Biannually Annually Others (please specify) | | ☐ Yes | □ No |
| 11. | Do you distribute written training materials or conduct online refresher training on cyber security all employees? If 'yes', how often? Monthly Quarterly Biannually Annually Others (please specify) | for | ☐ Yes | □ No |
| 12. | At what intervals are employees required to change passwords? Every 90 days or less Less frequently or never (please state) | | ☐ Yes | □No |
| 13. | Do you have the following policies in place? Incident or data breach response plan Disaster recovery or business continuity plan IT security policy or framework If 'yes', please provide copies and state when they were last subject to review: | | ☐ Yes ☐ Yes ☐ Yes | ☐ No ☐ No ☐ No |
| 14. | Have you ever performed a penetration or social engineering test? If 'yes', please provide a copy of the results. | | Yes | ☐ No |
| 15. | Do you install software patches within 30 days of release? | | ☐ Yes | □No |
| 16. | Have you implemented mandatory multi-factor authentication (MFA) for all remote network according remote desktop protocol (RDP) connections? | ess | ☐ Yes | □No |
| 17. | How many employees have administrator rights/admin account access? How often do you review administrator rights and access? Is MFA used for administrative account access? | | □ Vaa | □ Na |
| 10 | | | ☐ Yes | □ No |
| | Are you ISO/IEC 27001 Information Security Management compliant? | | ∐ Yes | ∐ No |
| 19. | Do you operate any online platforms or websites? If 'yes', do they use HTTPS? | | ☐ Yes☐ Yes | ∐ No □ No |
| 20. | Do you use an email filter (e.g. Barracuda, Mimecast) on all email accounts? | | ☐ Yes | ☐ No |

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| Section 5 Outsourced services | | | | | |
|---|---------------------|--|-----|--|--|
| Do you outsource any of your primary business functions? If 'yes', please state: | | | □No | | |
| Name of provider | Outsourced function | | | | |
| | | | | | |
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| 2. Do you outsource any IT functions? If 'yes', please state: | | | | | |
| Name of provider | Outsourced function | | | | |
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| 3. Do you conduct service provider audits to ensure they comply with your security and risk management policies? If 'yes', how often are audits conducted? Monthly Quarterly Biannually Annually Others (please specify) | | | | | |
| Section 6 Business interruption | | | | | |
| Please state your gross profits: Current year estimate MOP Last financial year MOP East financial year MOP 2. Does your disaster recovery or business continuity plan address cyber perils? | | | | | |

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| Section 7 Personal data | | | | | | | | |
|---|--|----------------------------|---------------|--------|-------------|-------|-------|--|
| How many personal data and Personally Identifiable Information (PII) records do you store? | | | | | | | | |
| 2. Please show records per | territory as a pero | centage: | | | | | | |
| Hong Kong & Macau | Asia | Australia & New Zealand | USA & Canada | Еигоре | UK | O | thers | |
| % % % % | | | | | | | % | |
| 3. State the number of reco | ords held in each o | of the following c | ategories: | | | | | |
| Personal (name, email, re | esidential address | , telephone or mo | obile number) | | | | | |
| Date of birth | | | | | | | | |
| Bank details including ac | count data, debit | and credit cards | | | | | | |
| Health information | Health information | | | | | | | |
| Tax records, including tax | x file numbers and | d references | | | | | | |
| Others, please describe | Others, please describe | | | | | | | |
| 4. Do you handle credit care If 'yes', how many per yea | 4. Do you handle credit card transactions in any form? If 'yes', how many per year? | | | | | | | |
| 5. Do you use a secure payment processor for credit card transactions? Please provide details: | | | | | | Yes | □No | |
| 6. What percentage of personal data records are held on: Your own network | | | | | | | | |
| Section 8 Regulatory | | | | | | | | |
| Have you ever been subject to an investigation into your handling of PII or personal data, payment card details or your data privacy practices? | | | | | ☐ Yes | □No | | |
| 2. Has a regulator or similar authority ever requested information on your handling of PII or personal data, payment card details or your data privacy practices? | | | | | sonal data, | ☐ Yes | □No | |
| 3. Have you ever been asked to sign (or signed) a consent order or equivalent in respect of PII or your privacy practices? | | | | | our privacy | ☐ Yes | □No | |
| 4. Have you ever received a complaint relating to your handling of PII? | | | | | □No | | | |
| If you have answered 'yes' to any question, please provide details: | | | | | | | | |
| | | | | | | | | |

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| Section 9 Claim history | | | | | |
|---|--|-------------|-----------|--|--|
| Please ensure appropriate enquiries are made of all o | directors and officers of the company prior to answering the f | ollowing qu | uestions. | | |
| 1. Have you ever suffered a loss or has any claim been made against you, whether successful or not? | | | | | |
| 2. Are you aware of any circumstance, incident or a | ction which may be grounds for or result in a future claim? | Yes | □No | | |
| If you have answered 'yes' to any question, please p | rovide details: | | | | |
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| Section 10 Previous insurance cover | | | | | |
| Do you currently have cyber liability and data pro If 'yes', please state: | otection insurance? | ☐ Yes | □No | | |
| Insurer | | | | | |
| Limit of liability | | | | | |
| Expiry date | | | | | |
| Retroactive date (if applicable) | | | | | |
| Deductible | | | | | |
| 2. Has your company or any subsidiary ever been refused this type of insurance, or had similar insurance Yes No cancelled, or had an application of renewal declined, or had special terms imposed? If 'yes', please supply details: | | | | | |
| Section 11 Indemnity limit | | | | | |
| · | | | | | |
| 1. Limit of indemnity required: MOP 5,000,000 USD 1,000,000 | | | | | |
| ☐ MOP 10,000,000 ☐ USD 2,000,000 | | | | | |
| □ MOP 30,000,000 □ USD 5,000,000 □ Other MOP □ Other USD | | | | | |
| | | | | | |

Section 12 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.

Declaration of Broker Commission (if applicable)

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

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Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- · variation, cancellation or renewal of the Product;
- · assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- · exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Macau;
- any other company carrying out insurance or reinsurance related business in or out of Macau;

Nothing in this statement shall limit your rights under the relevant laws and regulations

- · any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG
- or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong (for Hong Kong customers) or at Avenida Da Praia Grande No. 693, Edif Tai Wah 13 Andar A&B, Macau (for Macau customers).

| Nothing in this state mene shak time your rights ander the retevant taws and regulations. | | | | |
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| Date (DD/MM/YYYY) | Proposer's signature | | | |

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