



SME Data & Cyber Security
Protection Insurance
Renewal declaration



COMPANY INFORMATION

1 Named Insured:

REVENUE INFORMATION

Please provide revenue figures for the following:

Region	Last financial year	Current financial year (estimate)	Next financial year (estimate)
Singapore	\$	\$	\$
Other Countries (specify):	\$	\$	\$

2 Have there been any material changes to the business activities of the insured, has the name been changed, any other business been purchased, any merger or consolidation taken place?

If Yes, please provide details:

3 Does your business (including your subsidiaries) have controls in place for:

- (a) System security such as anti-virus, firewall or equivalent protection and timely installation of software patches? Yes No
- (b) Access security such as passwords for all employees and other users with privileged access? Yes No
- (c) Implement access security such as Two Factor Authentication for all employees and other users with privileged access? Yes No
- (d) Weekly data backup and recovery procedures? Yes No

4 Is your business network (including your subsidiaries) connected to your parents' or any main franchises' network? Yes No

5 Does your business (including your subsidiaries):

- (a) Have any overseas operations outside of Singapore? Yes No

If Yes, where?

- (b) Have fewer than three subsidiaries in total? Yes No
- (c) Is the revenue of each subsidiary no more than that of the Named Insured? Yes No
- (d) Is the business nature of each subsidiary the same as that of Named Insured? Yes No

If No, please elaborate.

LOSS HISTORY AND CIRCUMSTANCE

- 6 Has your business (including your subsidiaries) sustained any single loss or losses, including any fines, of a type that would be covered by a cyber/data protection insurance policy? Yes No
- 7 Do you (including your subsidiaries) have knowledge of any act, omission, fact, event or circumstance that may give rise to a loss under this proposed insurance offer? Yes No

If Yes to 6 or 7, please provide details:

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this renewal form or attachments are true and correct in every respect and that all information that may be material in considering this renewal form has been fully and accurately disclosed to Delta Underwriting Private Limited in writing in a manner which would not mislead a prudent insurer.

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if I/we fail to disclose in this application, fully and faithfully, all the facts which I/we know or ought to know.

I/We undertake to inform Delta Underwriting Private Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Underwriting Private Limited of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Underwriting Private Limited whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Underwriting Private Limited refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date: