

CyberCare Liability and Privacy Insurance enrollment form

「網絡保」責任及私隱保險投保表格

Enquiry no. 查詢電話：+852 2968 2288
Please complete in BLOCK LETTERS. 請用英文正楷填寫。

1. General information 基本資料

Name of policyholder (Company) 保單持有人名稱 (公司)	
Address 地址	
Business activities 商業類別	
Date of incorporation 公司成立日期	
Consolidated annual total income (most recent year - HKD)* 綜合年度收入總計 (最近年度 - 港元) *	

* Please contact your insurance broker for alternative quotation if policyholder requires limit of liability above HKD 4,000,000 or policyholder's annual total income is greater than HKD 50,000,000.
* 如果保單持有人需要4,000,000港元以上的賠償限額或保單持有人之年度收入總計超出50,000,000港元，請聯絡您的保險顧問商議合適的保障。

2. Maximum limit and premium table 最高總保障額和保費表

	Maximum limit 最高總保障額 (HKD 港元)	Company with annual total income below 公司全年總收入低於 HKD 10,000,000港元	Company with annual total income 公司全年總收入介乎 HKD 10,000,000港元 - HKD 14,999,999港元	Company with annual total income 公司全年總收入介乎 HKD 15,000,000港元 - HKD 19,999,999港元	Company with annual total income 公司全年總收入介乎 HKD 20,000,000港元 - HKD 50,000,000港元
		Annual premium 每年保費 (HKD 港元)			
<input type="checkbox"/> Plan 計劃 1	2,000,000	5,000	8,000	11,000	19,000
<input type="checkbox"/> Plan 計劃 2	4,000,000	7,000	12,500	18,000	30,000

3. Internal control information 公司內部管制資料

The policyholder and all subsidiaries 保單持有人及所有附屬公司：

1. have security software controls including firewall and antivirus protection with scheduled update on all computer systems. 已在所有電腦系統安裝網絡保安軟件，包括防火牆及防毒軟件，並定期進行更新。	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 否
2. have privileged access controls in place for employees and third party to restrict access to computer systems and sensitive data. 已對員工和第三方存取電腦系統和敏感資料設置嚴密的權限制。	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 否
3. do collect and store customers' credit card and financial account information. If "Yes", please provide details of internal security in place to safe guard these sensitive information. 進行收集和儲存客戶的信用卡和財務賬戶資料。 如答案為「是」，請提供保護這些敏感資料的內部保安管制詳情。	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 否
4. do use or share personal information within the organization and with third parties without consent from the customers. If "Yes", please provide details of consent obtained to share such information in accordance with the Privacy Commissioner for Personal Data of Hong Kong. 在未經客戶許可的情況下，於機構內部或向第三方使用或分享其個人資料。 如答案為「是」，請提供分享該等資料的授權詳情（授權需根據香港個人資料私隱專員公署條例）。	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 否

3. Internal control information (continued) 公司內部管制資料 (續)

The policyholder and all subsidiaries 保單持有人及所有附屬公司：

5. have sustained any loss covered under a data protection insurance policy previously. If "Yes", please provide details of such loss and remedial measures taken. 曾經在其他網絡 / 私隱保障保險生效期間內蒙受任何損失。 如答案為「是」，請提供該損失及其後採取的補救 / 改善措施詳情。	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 否
6. have knowledge of any act, omission, fact, event or circumstance which might give rise to a loss under this insurance policy. If "Yes", please provide further details. 知悉任何行為、遺漏、事實、事故或狀況將有可能在本保單生效期間會引致損失。 如答案為「是」，請提供詳情。	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 否

4. Optional rider – cyber extortion threat extension 自選附加保障 – 網絡敲詐威脅伸延保障

Do you require cover for cyber extortion threat? 您需要額外投保網絡敲詐威脅保障嗎？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
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If "Yes", please complete the "Cyber extortion threat supplementary enrollment form".
如答案為「是」，請額外填妥「網絡敲詐威脅伸延保障之補充申請表格」。

5. Declaration 聲明

I/We declare that the statements and particulars in this application/proposal are true and that no material facts have misstated, misrepresented or suppressed after enquiry.
本人 / 我們聲明由本人 / 我們等於此申請表格 / 建議書提供之所有資料屬實，並沒有對任何重要資料作出失實、歪曲陳述或加以隱瞞。

I/We agree that this application/proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected between the Insurer and me/us.
本人 / 我們同意本人 / 我們與保險方的保險合約將依照此申請表格 / 建議書連同任何由本人 / 我們提供的資料而訂立。

I/We undertake to inform the Insurer of any material alteration to those facts occurring before the renewal/completion of the contract of insurance.
本人 / 我們承諾將通知保險方任何於續保 / 此保單完成前發生的重要轉變情況。

I/We understand that I/We shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
本人 / 我們明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。

I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our application for the Policy.
本人 / 我們明白本人 / 我們必須完成及提供此表格之所有資料，貴公司將不會受理本人 / 我們資料不全之保單申請。

This insurance application will not be in force until the enrollment has been accepted by the Company and the premium has been paid.
此保險申請須待 貴公司覆核，接納申請表格及收訖保費後才能生效。

Authorized signature 授權簽署	Date 日期
 	Day日 Month月 Year年 [D][D][M][M][Y][Y][Y][Y]
Name and title 名稱及稱謂	Company stamp 公司蓋章

This Insurance is provided by Zurich Insurance Company Ltd. 此保險由蘇黎世保險有限公司承保。
The English version shall prevail in case of inconsistency between the English and Chinese versions. 如中文譯本與英文有異，以英文本為準。