

CyberCare Liability and Privacy Insurance enrollment form

「網絡保」責任及私隱保險投保表格

For internal use only
只供內部使用

Broker name
經紀人姓名：_____

Broker no.
經紀人編號：_____

Enquiry no. 查詢電話：+852 2968 2288

Please ✓ the appropriate box and * delete where inappropriate. 請 ✓ 適用方格及於 * 號刪去不適用者。

Please complete in **BLOCK LETTERS**. 請以英文正楷大寫填報。 **All fields are mandatory.** 所有項目必須填報。

1. General information 基本資料

Name of policyholder (Company) 保單持有人名稱 (公司)

Address 地址	Flat/Room* 室 / 單位*	Floor 樓	Block 座	Building 大廈
No. & name of street/Lot no.* 街名及門牌 / 地段*				District 地區
				HK/KLN/NT* 香港 / 九龍 / 新界*

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	Insurance Authority Levy* 保險業監管局 徵費*
<input type="checkbox"/> Plan 計劃 2	4,000,000	7,000	12,500	18,000	30,000	

* IA Levy applies according to levy rate at respective period. Please see below for details: 保監局徵費將根據相應時期之徵費率收取。詳情如下：

a) Jan 1, 2018 – Mar 31, 2019 (both dates inclusive) 2018年1月1日 - 2019年3月31日 (包括首尾兩日)	0.04%	b) Apr 1, 2019 – Mar 31, 2020 (both dates inclusive) 2019年4月1日 - 2020年3月31日 (包括首尾兩日)	0.06%	c) Apr 1, 2020 – Mar 31, 2021 (both dates inclusive) 2020年4月1日 - 2021年3月31日 (包括首尾兩日)	0.085%	d) From Apr 1, 2021 onwards 2021年4月1日及以後	0.1%
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If the amount of levy for the policy includes a fraction of a cent, the amount is to be rounded to the nearest cent. 保單徵費金額中不足一仙的部分將以四捨五入計算。

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：

Yes
是

No
否

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。 ☐ ☐
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。 ☐ ☐
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帳戶資料。
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。 ☐ ☐
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）。 ☐ ☐
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。 ☐ ☐
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。 ☐ ☐

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？

☐ Yes
是

☐ No
否

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

1. 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。
2. 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。
3. 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。
4. 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。
5. I/We understand I/we must complete and provide all information requested in this form, failing which Zurich Insurance Company Ltd ("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，蘇黎世保險有限公司（「貴公司」）將不會受理本人 / 我們資料不全之保單申請。
6. I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I/we am/are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so. I/We further understand that the above consent is necessary for the Company to proceed with the application.
本人 / 我們明白、確知及同意，貴公司會就本人 / 我們購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如本人 / 我們為法人團體，代表本人 / 我們簽署的獲授權人員須向貴公司確認他 / 她已獲該法人團體授權。本人 / 我們亦明白貴公司必須取得申請人同意，方可以處理其保險申請。
7. I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.
本人 / 我們特此授權蘇黎世保險集團中任何持有本人 / 我們個人資料的公司提供部分或全部資料予貴公司或其代理人。

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。

6. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料（私隱）條例（「私隱條例」）的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世保險有限公司（「本公司」）不時收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人）個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料（例如從第三方收到的索償資料和病歷），均可供本公司及 / 或其所屬集團（「蘇黎世保險集團」）內的公司使用作為向客戶提供服務而必須的用途（否則本公司將無法為未能提供所需資料的客戶提供服務）。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires. 本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



Consent for marketing purposes – Voluntary:
就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料（其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料），特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及 / 或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及 / 或金融產品及服務，及 / 或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。（例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及 / 或非牟利目的的捐贈或捐款）。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）。

6. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") (continued) 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知 (續)

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

- (1) companies within the Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party reward, loyalty, co-branding or privileges program providers;
- (4) third party marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及 / 或就本公司的**市場推廣用途**，向以下於香港境內或境外的人士提供其某些個人資料 (並可能收到金錢或其他財產作為回報)，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) 蘇黎世保險集團成員公司；
- (2) 與本公司維持業務引薦關係或其他安排的其他銀行 / 金融機構、商業或慈善組織；
- (3) 第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) 第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人 / 我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

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I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.

本人 / 我們不同意 貴公司使用或向第三方提供本人 / 我們的個人資料作上列市場推廣用途。

I/We confirm that all information provided by me/us in this form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this form, including without limitation, the above Declaration and the Notice to customers relating to the Personal Data (Privacy) Ordinance.

本人 / 我們確認由本人 / 我們於此表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本表格內之所有部分，包括但不限於上列之聲明及有關個人資料 (私隱) 條例的客戶通知。

Authorized signature 授權簽署

Day日 Month月 Year年

Date
日期

D	D	M	M	Y	Y	Y	Y
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Name and title 姓名及稱謂

Company chop 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。