



Jordan Insurance Federation

Cyber insurance Outlines

- What is cyber insurance?
- Market demand and needs
- Coverage:
 - First party cover
 - Third party cover
 - Policy trigger
 - Policy exclusions
 - Policy extensions
 - Claims
 - Reinsurance market

Mustafa A. AL-TAL



Summary of experience

- Having more than 23 years of experience in Fire ,General accident, Engineering and Trade credit insurance
- Supervising a major insurance company's fire and general accident department, including production, customer relations, claims, marketing, and underwriting risks.
- Supervising and training new employees including bancassurance employees
- Very good communication skills with clients
- Dealing professionally with International loss adjusters, law firms, Insurance brokers
- Handling facultative reinsurer's correspondences. Special acceptance and reinsurance statement.
- Participated and attended many of the insurance courses inside and outside Jordan.

Current position

Arabia Ins. Co. Amman – Jordan
Director (Fire, General Accident and Engineering Dept.)

Education

2012 Bahrain Institute of Banking & Finance

Dip – CII

1991–1995 University Of Jordan

- Bachelor's degree Political Science (Major) – Public Administration (Minor)



PROGRAM NOMINATION FORM

TITLE OF PROGRAM : CYBER liability Insurance DURATION : 15 – 19 December 2019

TIME : 1:00pm– 4:30pm LANGUAGE : Arabic

Important: Kindly ensure to complete all the information requested, without any abbreviations. Please note that incomplete information may lead to rejection of nomination. All sections must be completed in full.

- A. Please print your first, middle and last name, (both in Arabic and English without any abbreviations). Print name as it should appear on the certificate (Print in CAPITAL Letters)

	First	Middle	Last
English	_____	_____	_____
Arabic	_____	_____	_____
	اسم العائلة	اسم الاب	الاسم

B. PERSONAL INFORMATION:

Sex	: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Nationality	: _____	Date of Birth: _____ Home/Mobile Tel. No: _____
Civil ID	: _____	e-mail address: _____

- C. This is my first attendance at the IBS ☐
(Complete ALL boxes)

This is an updating Record ☐
(Only complete the NEW data)

D. JOB INFORMATION:

Current Job Title	: _____
Brief job description	: _____
Organization	: _____
Division/Branch	: _____ Tel no: _____ Ext. no: _____
Date of joining the organization	: _____

E. HIGHEST EDUCATIONAL QUALIFICATION

University/School	Dates Attended	Major	Qualification

Signature: _____

Date: _____

FOR IBS ONLY

Accepted ☐Rejected ☐

Remarks : _____

Signature : _____

Date: _____