



[Personal Lines]

## CYBER RISK INSURANCE APPLICATION

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## PART 1 GENERAL INFORMATION

Applicant Name:

Applicant Address:

Postal Code:

Mailing Address (if different than above):

Postal Code:

Policy Period: **FROM:** (DD/MM/YY):**TO:** (DD/MM/YY):

## PART 2 COVERAGE REQUESTED

If a policy is issued, it will be on a discovery basis. Please read the entire policy carefully to determine rights, duties and what is and is not covered.

Limit of Liability Requested:  \$25,000  \$50,000Coverage Type Requested:  Individual  FamilyHome Business Coverage Requested:  Yes  No

By Requesting **HOME BUSINESS COVERAGE**, you attest that the following eligibility requirements are met:

- Annual Gross Revenue less than \$100,000
- Business conforms to provincial, territorial and federal laws
- Home Business means the business owned by an Insured including a partnership, joint venture or other organization, carried out wholly or partially at the Residence Premises
- No employees other than relatives residing at the applicant's address
- Insured does not involve or provide any other services within the scope of cryptocurrency mining; medical billing; medical practice; debt collection; property tax account activity; home sharing or home rental; or social media influencer marketing.

### PACKAGE OPTIONS:

<input type="checkbox"/> Package 1:	<input type="checkbox"/> Package 2:	<input type="checkbox"/> Package 3:
<ul style="list-style-type: none"> <li>• Cyber Attack</li> <li>• Online Fraud</li> <li>• Identity Recovery</li> <li>• Home Title Recovery Expenses</li> </ul>	<ul style="list-style-type: none"> <li>• Cyber Attack</li> <li>• Online Fraud</li> <li>• Identity Recovery</li> <li>• Home Title Recovery Expenses</li> <li>• Data Breach</li> </ul>	<ul style="list-style-type: none"> <li>• Cyber Attack</li> <li>• Online Fraud</li> <li>• Identity Recovery</li> <li>• Home Title Recovery Expenses</li> <li>• Data Breach</li> <li>• Cyber Extortion</li> <li>• Cyber Bullying</li> </ul>

### PART 3 UNDERWRITING QUESTIONS AND PREVIOUS CYBER INCIDENTS

Applicants must answer questions 1 - 1.4 to be eligible for \$25,000 and \$50,000 annual aggregate limits.

	YES	NO
1. Have you experienced any of the circumstances below within the past 36 months:	<input type="checkbox"/>	<input type="checkbox"/>
1.1 Have you been a victim of online fraud – a theft of money or other valuable property through fraudulent wire or bank account transfer or other deceptive or fraudulent online means?	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Have you suffered an identity theft – a situation where someone was using your personal information to open credit accounts or for other purposes? (Fraudulent credit card charges alone does not constitute identity theft.)	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Has one of your computing devices experienced a virus, hacking incident or other computer attack that damaged or destroyed data, software and operating systems, on desktops, laptops, phones, printers, or connected home devices?	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Has one of your computing devices experienced a ransomware attack (an attack that locks some or all of your system in connection with an extortion demand)?	<input type="checkbox"/>	<input type="checkbox"/>

#### NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

#### BROKER DECLARATION

How long have you known this applicant?

\_\_\_\_\_

Is this account new or renewal to you?

\_\_\_\_\_

Have you personally viewed the applicants operations?

\_\_\_\_\_

What is the condition of facilities and equipment?

\_\_\_\_\_

What is the applicant's attitude toward risk management and insurance?

\_\_\_\_\_

Do you recommend this applicant?

\_\_\_\_\_

Broker's Signature:

Position:

Please print name:

Date:

