

CYBER & DATA BREACH INSURANCE APPLICATION (Long Form)

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Mailing Address: _____ Postal Code: _____

Location Address (if different than above): _____ Postal Code: _____

Type of Business: Corporation Partnership Joint Venture Individual Other (Please describe below): _____

Number of years in business: _____ Is Company registered in Canada? Yes No

Website: _____

Current number of Employees: _____ In Canada: _____ In U.S.: _____ Foreign: _____

Have you acquired any companies in the last three years where you have 50% or greater ownership? Yes No

If "Yes" to above, please identify each company, including date of acquisition and a brief description of their operations:

Company	Date of Acquisition	Description of Operations

Have you ever operated under another name? Yes No If "Yes" please provide details below:

Additional Insured(s) (please describe relationship):

Amount of Cyber & Data Breach Coverage limits requested:

\$50,000 \$100,000 \$250,000 Other Amount (please specify): \$ _____

Effective Date Required (DD/MM/YYYY): _____

OPTIONAL: Computer Crime – Electronic Social Engineering Extension Endorsement limit requested: \$10,000 \$25,000

PART 2 INSURANCE INFORMATION

If you currently have insurance for Commercial General Liability, Network Security & Privacy Breach Liability, or other forms of liability insurance, please provide the following information:

GENERAL LIABILITY:

Insurer	Term	Limit	Deductible	Premium
		\$	\$	\$

NETWORK SECURITY & PRIVACY BREACH LIABILITY:

Insurer	Term	Limit	Deductible	Premium
		\$	\$	\$

Please advise the date you first purchased Network & Privacy Breach Liability coverage: (DD/MM/YYYY)

Have you had continuous and uninterrupted coverage since this date? Yes No

OTHER

Insurer	Term	Limit	Deductible	Premium
		\$	\$	\$

Has an Insurer ever cancelled or refused to renew any of the above coverage? Yes No

If "Yes" to above, please explain

PART 3 FINANCIALS AND OPERATIONS

Please provide the following information:

	Canadian	U.S.	Foreign	Total
Revenue	\$	\$	\$	\$
Prior Year	\$	\$	\$	\$
Current Year	\$	\$	\$	\$
Projected Next Year	\$	\$	\$	\$

Please list the countries which account for your foreign revenue:

Please describe the products in which the Company is engaged, listing specific products or services:

Please indicate the principal market(s) for your products or services and revenue split for each:

Aerospace / Aviation	%	Manufacturing	%
Automotive	%	Marine	%
Broadcasting	%	Military / Law Enforcement	%
Communications	%	Nuclear	%
Financial Institutions	%	Oil & Gas	%
Gaming	%	Retail / Wholesale	%
Government	%	Utilities	%
Healthcare / Medical	%	Other (Please Describe):	%

Do you anticipate any changes to your business activities within the next two years? Yes No

If "Yes" to above, please describe:

Complete only if coverage is required

PRIVACY BREACH

Do you have a written corporate-wide privacy policy? Yes No If "Yes", has it been reviewed by legal counsel? Yes No

How often are your privacy policies reviewed and/or updated?

Do you employ a Chief Privacy Officer? Yes No

If "No" to above, what position is responsible for management of, and compliance with your privacy policies:

Within the past two years, have you passed an outside privacy audit or have you received a privacy certification? Yes No

If "Yes" to above, who conducted the audit and on what date was it completed?

Please provide a copy of the outside privacy audit and all recommendations, including response to recommendations

Within the last year, have you completed an internal audit or assessment to determine compliance with your privacy policies? Yes No

If "Yes" to above, have all recommendations been resolved? Yes No

Please provide a copy of the internal audit and all recommendations, including response to recommendations.

Please detail which of the following data types you process, transmit or store on your network or on your hosting provider's services:

- Social Security Numbers Individual Names and Addresses Credit / Debit Card Details Credit History & Ratings Email Addresses
- Medical Records / Health Information Bank Records/Details Credit History and Ratings (Customers a/o Employees) Trade Secrets
- Other (please describe):

Does the Applicant subcontract any functions related to the processing, transmitting or storing of non-public personal information to third parties? Yes No

If "Yes" to above, does the Applicant secure indemnification and require evidence of insurance? *(Please explain below):* Yes No

If "Yes" to above, does the Applicant also regularly conduct security audits or require evidence of audits of these critical business partners? Yes No

Approximately how many private individuals do you hold sensitive data on?

- 0 1 – 1,000 1,001 to 5,000 5,001 – 10,000 10,001 – 25,000 25,001 – 50,000 Greater than 50,000

What percentage of these individuals reside in the United States? 0% Less than 25% 26% - 50% 51% -75% Greater than 75%

Do you have a third party endorsement or certification of your privacy practices? Yes No

Do you sell or release personally identifiable data to third parties? Yes No

If "Yes" to above, is your agreement to sell or release the information subject to a written contract? Yes No

Do you have a specific privacy provision in your sub-contracting agreements? (If "Yes", provide a copy of your Standard Agreement) Yes No

Do you have a document retention and destruction policy? Yes No

Do you provide training for employees on privacy, data security and related issues? Yes No

In all cases do your hiring procedures include the following:

- Education Background Checks Criminal Checks Credit Checks Work History

Please indicate your annual employee turnover: Less than 5% 6% - 25% 26% - 50% 51% -75% Greater than 75%

Please have a Senior IT Person (such as a Chief Information Officer or Chief Security Officer) complete this section

Do you have a formalized network and physical security policy statement? (If "Yes", please provide a copy) Yes No

Do you employ a Chief Security Officer? Yes No

If "No" to above, what position is responsible for management of, and compliance with, your network security policies:

Have you conducted a third party audit of your network security process and practice? Yes No

If "Yes" to above, please name security firm: Date of last assessment:

Please provide a copy of the Network Security audit and all recommendations, including response to recommendations.

Do you ensure all sensitive data is encrypted while standing and during transmission? If "Yes", please name encryption technologies used: Yes No

Do you have a Virus Protection program in place? Yes No

Do you have Firewalls in place? Yes No If "Yes", do Firewalls have and Intrusion Detection system? Yes No

Are all security threats and incidents logged and investigated? Yes No

Do you have a Disaster Recovery and Business Continuation plan? Yes No

Do you backup network data and configuration files daily? Yes No

If "No" to above, how often do you backup your network data?

Do you secure data to an off-site storage location? Yes No

In the event of a loss, do you require the sub-contractor to indemnify you for lost data and information? Yes No

How do you dispose of unused computers, auxiliary equipment and other electronic equipment?

What would be your maximum daily financial loss in the event of system interruption including web downtime?

How long would it take you to restore your operations after a computer attack or unplanned system outage?

Expected Time to Restore	Maximum Time to Restore
<input type="checkbox"/> 12 Hours	<input type="checkbox"/> 12 Hours
<input type="checkbox"/> 13 - 24 Hours	<input type="checkbox"/> 13 - 24 Hours
<input type="checkbox"/> More than 24 Hours	<input type="checkbox"/> More than 24 Hours

What would be your maximum estimated cost to restore or recollect your Company's information assets (software, electronic data, customer lists and/or information, etc.) in the event of a computer attack or network breach?

Do you outsource any of your information security? Yes No

Do you enforce a software update process, including updating patches and anti-virus software? Yes No

Do you have a physical security program in place to prohibit and track unauthorized access to your computer systems & data centre? Yes No

Do you require Certificates of Insurance from all subcontractors, vendors, and independent contractor for Network Security and Privacy Breach Liability Insurance? Yes No

If "Yes" to above, for what limits?

PART 5 CLAIMS INFORMATION

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

*Please attach any available insurance company loss reports with this application

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: _____

