



[Cyber & Data Breach Insurance Application]
CYBERSURE APPLICATION



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@cansure.com W: www.cansure.com

CYBERSURE APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Company/Trading Name including any subsidiaries to be included on the policy:

Mailing Address: _____ Postal Code: _____

Primary Business Activity: _____

Operating Countries: _____

Website: _____ Last complete financial year revenue: \$ _____

PART 2 TECHNICAL ASSESSMENT

Do you have anti-virus deployed across your network? Yes No

Are firewalls deployed at all endpoints? Yes No

Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or does your outsourced service provider meet this requirement on your behalf? Yes No

Do you require the use of 2-factor authentication for all remote access? Yes No

Do you encrypt all mobile devices and laptops which are used to store personal data? Yes No

Are access controls employed using the principal of least privilege? Yes No

Are you currently up to date with any relevant regulatory and industry framework (e.g. Payment Card Industry (PCI), Portability & Accountability Act (HIPAA), Gramm- Leach Bliley, CAN-SPAM Act, CPA or similar)? Yes No

Do you have a process in place whereby checks are in place to ensure that any website or print content does not infringe on any trademarks or copyrights? Yes No

PART 3 CLAIMS / CIRCUMSTANCES

Have you had any claims or circumstances within the past five years that would have triggered the proposed policy? Yes No

If "Yes", please describe the incident(s): _____

In light of any incident, please provide details of any repeat attacks and remediation work that has been undertaken as a result: _____



Additional Comments:

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 applicant's 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: _____