



[Cyber & Data Breach Insurance Application]
CYBERSURE (Short Form)

CYBER & DATA BREACH INSURANCE APPLICATION (Short 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: _____

Describe Nature of Business Operations:

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

Total Revenue anticipated for upcoming year: \$ _____ Is your business a Canadian Entity? Yes No

Amount of Cyber & Data Breach Coverage limits requested:

\$100,000 \$250,000 \$500,000 \$1,000,000 \$2,000,000 Other Amount (please specify): \$ _____

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

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

Do you secure remote access to your network and data via SSL/TSL or similar? Yes No

Do you use commercial grade virus protection software and/or a commercial grade firewall on your computers and internal network? Yes No

Do you run industry grade firewalls and antivirus? Yes No

Do you enforce a policy of managing computer and user accounts? Yes No

Do you encrypt all mobile devices and back up media? Yes No

Are you PCI compliant, if applicable? Yes No

Does the Disaster Recovery Plan take Cyber Perils into consideration? Yes No

Network Dependency: After how long will your business be impacted by a cyber outage:

0 – 6 Hours 6 – 12 Hours 12 – 24 Hours Greater than 24 Hours

Do you outsource any critical systems/applications to third parties? Yes No

(a) Hosting Yes No

(b) Managed Network Security Yes No

(c) Processing Yes No

(d) Backup storage Yes No

(e) Point of Sale (POS systems/Applications) Yes No

How often do you back up critical data? Daily Weekly Less than once per week Other: (please describe): _____

Approximately how many private individuals (employees and customers) do you hold sensitive data on (DOB/Credit Card/ SIN/Bank info/Health info/

Addresses, etc.)? Less than 10,000 More than 10,000 If more than 10,000, please list how many: _____

Does the revenue from the United States exceed 20%?

Yes No

If "Yes" to above, please state the anticipated revenue from the U.S. \$

PART 2 CLAIMS INFORMATION

If you answer "Yes" to any of the following questions, please provide details in the space provided below.

Are you aware of any claim or demand for damages that has not yet been reported to your insurance company? Yes No

Within the last five years, have you had any complaints or been accused of privacy violation? Yes No

In the last five years, have you experienced a network security breach that resulted from the unauthorized access of a third party? Yes No

Are you aware of any occurrence, fact, circumstance or situation which one might reasonably expect could give rise to a claim that would fall within the scope of the insurance being requested? Yes No

[Empty box for providing details]

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: _____