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|  | Chubb Insurance Company of Canada199 Bay Street, Suite 2500PO Box 139 Commerce Court StnToronto, oN M5L 1E2 |
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| **Chubb Cyber Enterprise Risk Management Policy** |
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| Cyber And Privacy Insurance |
| New Business Application for Applicants with revenues of $25M or less |

# NOTICE

THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS **POLICY** PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE DURING THE **POLICY PERIOD** OR AN APPLICABLE **EXTENDED REPORTING PERIOD** FOR ANY **INCIDENT** TAKING PLACE AFTER THE **RETROACTIVE DATE** BUT BEFORE THE END OF THE **POLICY PERIOD**.

EXCEPT AS REQUIRED BY THE LAW OF THE PROVINCE OF QUEBEC, AMOUNTS INCURRED AS **CLAIMS EXPENSES** UNDER THIS **POLICY** SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE **INSURER** BE LIABLE FOR **CLAIMS EXPENSES** OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE BOLDFACED IN THIS NOTICE PROVISION AND **APPLICATION** HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS OF THE **POLICY**. READ THE ENTIRE **POLICY** CAREFULLY.

# INSTRUCTIONS

Please respond to answers clearly. The **Insurer** will rely on all statements made in this **Application**. This form must be dated and signed. If extra space is needed, please attach additional pages, as required, to answers that require further explanation.

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| Applicant Information |
| Desired Effective DateMM/DD/YYYY |
| Applicant NameClick here to enter text.  |
| Applicant Address (City, Province, Postal Code)Click here to enter text. |
| Please list all Subsidiaries for which coverage is desired:Click here to enter text. |
| Applicant TypeChoose an item.  | Ownership Structure Choose an item. |
| Year EstablishedClick here to enter text. | Website AddressClick here to enter text. |
| All Revenues (Last Fiscal Year End - FYE)$Click here to enter text. | % Online Revenue (Current FYE)Click here to enter text.% |
| All Revenues (Current FYE)$Click here to enter text. | All Revenues (Projected next FYE)$Click here to enter text. |
| Total Number of Employees | Enter a number or choose an item. |

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| **Number of Records Containing Protected Information:** What is the maximum total number of unique individual persons or organizations whose **Protected Information** could be compromised in a not-yet-discovered **Cyber Incident**, or will be stored or transmitted during the **Policy Period** on the Applicant’s **Computer System** or any **Shared Computer System** combined that relate to the Applicant’s business?This should include **Protected Information** of employees, retirees, customers, partners and other third parties that the Applicant is responsible for securing, including **Protected Information** that is secured by third parties under contract with the Applicant. Multiple records or types of **Protected Information** relating to the same unique individual person or organization should be considered a single record.Enter a number or choose an item |
| Nature of Operations |
| 1. Class of Business

Describe nature of business operations, products or services in layperson terms. |
| 1. Does the Applicant have any products or services entering new markets or territories within the next year that are substantially different in scope or end use than current products or services, including as a result of recent or planned merger or acquisition?
 | [ ] Yes [ ]  No |
| If Yes, to Q2(b), please provide details:Click here to enter text. |
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| 1. Does the Applicant currently or will the Applicant potentially operate as any of the following?
 |
| * Accreditation Services Provider
* Adult Content Provider
* Credit Bureau
* Cryptocurrency Exchange
* Data Aggregator/Broker/Warehouse
* Direct Marketer
* Financial Institution
* Gambling Services Provider
 | * Manufacturer of Life Safety Products/Software
* Media Production Company
* Payment Processor
* Peer To Peer File Sharing
* Social Media
* Surveillance
* Third Party Claims Adminstrator
 |
| Or does the Applicant derive more than 50% of its revenue from technology products and services (e.g. software, electronics, telecom)? | [ ] Yes [ ]  No |
| If Yes, to Q2(c), please provide details:Click here to enter text. |

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| Current Loss Information |
| Within the past three years: |
| 1. has the Applicant had any actual or potential **Incidents** or **Claims** to which the **Policy** would apply?
 | [ ]  Yes [ ]  No |
| 1. is the Applicant aware of any fact, circumstance, or situation that could reasonably be expected to give rise to an **Incident** or **Claim** to which the **Policy** would apply?
 | [ ]  Yes [ ]  No |
| If Yes to either 3(a) or 3(b) above, please provide details:Click here to enter text. |
| Cyber and Media Controls |

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| Which of the following IT security controls does the Applicant have in place? |
| 1. Antivirus and Firewalls (Windows 7 or newer software qualifies)
 | [ ]  Yes [ ]  No [ ]  Unknown |
| 1. Encryption of Sensitive Data
 | [ ]  Yes [ ]  No [ ]  Unknown |
| 1. Encryption of Mobile Computing Devices
 | [ ]  Yes [ ]  No [ ]  Unknown |
| 1. Critical Software Patching Procedures
 | [ ]  Yes [ ]  No [ ]  Unknown |
| 1. Critical Data Backup and Recovery Procedures
 | [ ]  Yes [ ]  No [ ]  Unknown |
| (f) Does the Applicant have an Incident response plan for data breaches and/or business interruption plan? | [ ]  Yes [ ]  No [ ]  Unknown |
| (g) Does the Applicant accept payment card (Credit/debit card) transactions? | [ ]  Yes [ ]  No |
| 1. If Yes to 4(g), is the Applicant PCI compliant? (via assessment or self-attestation)
 | [ ]  Yes [ ]  No [ ]  Unknown |
| (h) Does the Applicant deal with protected health information as defined by PHIPA (or similar provincial or US federal and state acts?) | [ ]  Yes [ ]  No |
| If Yes to 4(h), is Applicant compliant with PHIPA (or similar provincial or US federal or state acts)? | [ ]  Yes [ ]  No [ ]  Unknown |
| 1. Is the Applicant compliant with provincial, territorial, federal or state privacy statutes and regulations that are applicable to its business (PIPEDA)?
 | [ ]  Yes [ ]  No |
| (j) Has the Applicant obtained legal review of its use of trademarks, including domain names? | [ ]  Yes [ ]  No [ ]  Unknown |
| Cyber Crime (only if applying for this coverage) |
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| 1. Does the Applicant require that all outgoing payments or funds transfers be subject to segregations of duties between initiation and authorization, such that no one individual can control the entire process?
 | [ ] Yes [ ] No [ ] Unknown |
| 1. Does the Applicant require that all outgoing payments or funds transfers be subject to dual authorization by at least one supervisor after being initiated by a third employee?
 | [ ]  Yes [ ]  No |
| 1. If No to 5(b), is there a specific threshold amount over which such dual authorization is required?
 | [ ]  Yes [ ]  No |
| 1. If Yes to 5(c), please enter the threshold amount
 | $Click here to enter text. |
| 1. Does the Applicant confirm all changes to vendor/supplier details (including routing numbers, account numbers, telephone numbers, and contact information) by a direct call using only the contract number previously provided by the vendor/supplier before the request was received?
 | [ ]  Yes [ ]  No [ ]  Unknown |

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| Current Coverage |
| 1. Does the Applicant currently purchase Professional Liability or E&O insurance?
 | [ ]  Yes [ ]  No |
| 1. Does the Applicant currently purchase Cyber or Privacy Liability insurance?

If Yes to 6(b), what is the Retro Date? Click here to enter a date. | [ ]  Yes [ ]  No |
| 1. Does the Applicant currently purchase Media Liability Insurance?
 | [ ]  Yes [ ]  No |
| Desired Coverage  |
|  | Retention | Aggregate Limit | Per **Claim** or **Incident** Limit | Other Options |
| Policy Level Limits | $ | $ | $ | Click here to enter text. |
| Enter any further commentary about desired coverages.Click here to enter text. |

# FRAUD WARNING STATEMENTS

The Applicant's submission of this **Application** does not obligate the **Insurer** to issue, or the Applicantto purchase, a **Policy**. The Applicant will be advised if the **Application** for coverage is accepted. The Applicanthereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

**NOTICE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

# MATERIAL CHANGE

If there is any material change in the answers to the questions in this **Application** before the policy inception date, the Applicant must immediately notify the **Insurer** in writing, and any outstanding quotation may be modified or withdrawn.

# DECLARATION AND SIGNATURE

For the purposes of this **Application**, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this **Application** and any attachments or information submitted with this **Application**, are true and complete. The undersigned agree that this **Application** and its attachments shall be the basis of a contract should a **Policy** providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such **Policy**. The **Insurer** will have relied upon this **Application**, its attachments, and such other information submitted therewith in issuing any **Policy**.

The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any **Policy** of a **Claim** or potential **Claim**.

This **Application** must be signed by the risk manager, in-house General Counsel, CIO, CISO, CPO; or a senior officer of the **Named Insured**, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

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| Date | Print Name | Title | Signature |
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