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|  | Chubb Insurance Company of Canada  199 Bay Street, Suite 2500  PO Box 139 Commerce Court Stn  Toronto, oN M5L 1E2 |
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|  | **Chubb Cyber Enterprise Risk Management Policy** |
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| Tech E&O, Cyber and Privacy Insurance | |
|  | |
| New Business Application Form | |

# NOTICE

*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 WHERE THE INSURANCE LAWS OF QUEBEC APPLY, 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 HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE **POLICY** CAREFULLY.

# INSTRUCTIONS

All bold faced terms in this **Application** have the meanings as defined in the Chubb DigiTech Cyber Enterprise Risk Management Policy wording. Please ask your insurance broker for a specimen copy of the policy wording for reference.

Please respond to answers clearly. the **Insurer** will rely on all statements made in this **Application**. This form must be dated and signed by the CEO, CFO, President, Risk Manager or General Counsel.

Completion of this **Application** may require input from your organization’s C-Suite, and risk management, information technology, human resources, finance and legal departments.

Please note that you may be asked to provide the following information as part of the underwriting process:

* Additional Data Security/Information Governance Details, based on combination of controls and revenue or record counts (over $500mm in annual revenues or 2M **Protected Information** records)
* List of all material litigation threatened or pending (detailing plaintiff’s name, cause(s) of action/allegations, and potential damages) which could potentially affect the coverage for which Applicant is applying
* Descriptions of any known acts, errors or omissions which could give rise to a claim(s) under the proposed policy
* Loss runs for the last five years
* Copy of Applicant’s in-house corporate privacy policy(ies) currently in use by your organization.
* Contracts with customers, vendors, subcontractors, or other third parties.

Need Help?

If you have any questions about the items asked in this form, please contact your insurance broker. A Chubb underwriter can also be made available to discuss the **Application**.

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| |  |  | | --- | --- | | 1. **Applicant Information** | | | Desired Effective Date  Mm/dd/yyyy | | | Applicant Name (this would be the **Named Insured** on any **Policy** offered by the **Insurer**)  Click here to enter text. | | | Applicant Address (City, Province, Postal Code)  Click here to enter text. | | | Contact Name  Click here to enter text. | Title  Click here to enter text. | | Email Address  Click here to enter text. | Phone Number  Click here to enter text. | | Please list all **Subsidiaries** for which coverage is desired (kindly attach an Organizational Chart)  Click here to enter text. | | | Applicant Type  Choose an item. | Primary Industry  Choose an item. | | Year Established  Click here to enter text. | Total Number of Employees  Enter a number or choose an item. | | Global Revenue (Prior Fiscal Year)  Click here to enter text. | % Online Revenue (Prior Fiscal Year)  Click here to enter text. | | Global Revenue (Current Fiscal Year)  Click here to enter text. | % Online Revenue (Current Fiscal Year)  Click here to enter text. | | Global Revenue (Projected for next Fiscal Year)  Click here to enter text. | % Online Revenue (Projected for next Fiscal Year)  Click here to enter text. | | Primary Company Website(s)  Click here to enter text. | Operations outside of Canada  Choose an item. | | If YES to Operations outside of Canada, please list: | Click here to enter text. | | If YES to Operations outside of Canada, please provide the Applicant’s non-domestic revenue as a percentage of total revenue for the current Fiscal year | Click here to enter text.% | |  |  | |

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| **2. Desired Coverage (only enter information for desired coverages)** | | | | |
| Policy Aggregate Limit of Insurance | | | $ | |
| **Insuring Agreements** | **Retention** | **Per Claim or Incident Limit** | **Aggregate Limit** | **Other Options** |
| Technology Errors and Omissions Liability | $ | $ | $ |  |
| Cyber Incident Response Fund | $ | $ | $ | Non-Panel Vendor Sublimit  $  Side-Car Option  Choose an item. |
| **Insuring Agreements** | **Retention** | **Per Claim or Incident Limit** | **Aggregate Limit** | **Other Options** |
| Business Interruption Loss and Extra Expense | $ | $ | $ | Waiting Period:  # of hours |
| Contingent Business Interruption Loss and Extra Expense | $ | $ | $ | Waiting Period:  # of hours |
| Digital Data Recovery | $ | $ | $ |  |
| Network Extortion | $ | $ | $ |  |
| Cyber Privacy and Network Security Liability | $ | $ | $ | Payment Card Loss Limit  $  Regulatory Proceedings Limit  $ |
| Electronic, Social and Printed Media Liability | $ | $ | $ | Coverage Scope Option  Choose an item. |
| Cyber Crime: Computer Fraud | $ | $ | $ |  |
| Cyber Crime: Funds Transfer Fraud | $ | $ | $ |  |
| Cyber Crime: Social Engineering Fraud | $ | $ | $ |  |
| Enter any further commentary about desired coverages. | Click here to enter text. | | | |
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| **3. Nature of Operations** |
| **Class of Business**  Describe nature of business operations, products or services in layperson terms. |

|  |
| --- |
| Please indicate the applicable percentage of total revenue derived from each product or service offered: |

|  |  |
| --- | --- |
| Type of Product or Service | % Current Revenues |
| Application Service Provider | Click here to enter text. |
| Bulletin Board System/Forum Sites | Click here to enter text. |
| Billing Services | Click here to enter text. |
| Computer-Aided Design | Click here to enter text. |
| Collocation Facilities | Click here to enter text. |
| Credit Card Processing | Click here to enter text. |
| CRM Consulting | Click here to enter text. |
| Data Entry/Timesharing | Click here to enter text. |
| Data Processing | Click here to enter text. |
| E-Commerce Consulting | Click here to enter text. |
| ERP Consulting | Click here to enter text. |
| Graphic Design | Click here to enter text. |
| Hardware Assembly | Click here to enter text. |
| Hardware Manufacturing | Click here to enter text. |
| Healthcare | Click here to enter text. |
| Infrastructure Equipment Manufacturing | Click here to enter text. |
| Infrastructure Software | Click here to enter text. |
| Internet Advertising | Click here to enter text. |
| Internet Service Provider | Click here to enter text. |
| Manufacturing | Click here to enter text. |
| Messaging Services | Click here to enter text. |
| Online Banking | Click here to enter text. |
| Online Brokerage | Click here to enter text. |
| Online Exchanges | Click here to enter text. |
| Portals | Click here to enter text. |
| Retail E-Commerce | Click here to enter text. |
| Security Consulting | Click here to enter text. |
| Security Software | Click here to enter text. |
| Software Development | Click here to enter text. |
| Software Installation – Custom | Click here to enter text. |
| Software Installation – Pre-packaged | Click here to enter text. |
| Specialty Programming | Click here to enter text. |
| Systems Analysis | Click here to enter text. |
| Systems Engineering | Click here to enter text. |
| Systems Integration | Click here to enter text. |
| Systems Maintenance | Click here to enter text. |
| Technical Research | Click here to enter text. |
| Technical Support | Click here to enter text. |
| Technical Training | Click here to enter text. |
| Telecommunication | Click here to enter text. |
| Value Added Reselling | Click here to enter text. |
| Video Conferencing Services | Click here to enter text. |
| Web Hosting | Click here to enter text. |
| Web Maintenance Services | Click here to enter text. |
| Other: Please Explain:  Click here to enter text. | Click here to enter text. |
| **Total** | **100%** |

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| 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, please provide details:  Click here to enter text. | |
| Does the Applicant currently or will the Applicant potentially operate as a financial institution, cryptocurrency exchange, third-party claims administrator, accreditation service, media production company, payment processor, data aggregator/broker/warehouse, credit bureau, direct marketer, intellectual property registration or legal services, video game developer, mobile application developer, social media, peer-to-peer file sharing, computer-automated design or engineering, gambling services provider, adult content provider or a provider of any component, product, software or services related to aviation, medical, transportation, surveillance, data security, or life safety? Or does the Applicant derive more than 50% of its revenue from non-technology products and services (e.g. software, electronics, telecom)? | Yes No |
| If Yes, please provide details:  Click here to enter text. | |
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| 4. **Technology E&O** (Only if applying for this coverage) |
| **Contracts** |

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| --- | --- | --- |
| a. What are the sizes of the Applicant’s largest active customer contract in terms of annual revenue? | | |
| Client | Nature of Contract/Service | Contract Value/Duration |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What is the Applicant’s average contract value? | | Click here to enter text. |
| 1. What is the Applicant’s average contract length in months? | | Click here to enter text. |
| 1. From what percentage of customers does the Applicant obtain written contracts, purchase orders or user acceptance agreements? | | Choose an item. |
| 1. From what percentage of vendors does the Applicant obtain written contracts, purchase orders or user acceptance agreements? | | Choose an item. |
| 1. Does qualified legal counsel review all of the Applicant’s critical contracts, such as critical vendor contracts, boilerplate standard customer contracts, and any substantially customized or deviated contracts for larger customers? | | Yes No |
| 1. What percent of the Applicant’s customer contracts, purchase orders or user agreements contain: | | |
| 1. Specific descriptions of the professional services being provided? | | Choose an item. |
| 1. A limitation of liabilities to cost of products or services or some dollar amount? | | Choose an item. |
| 1. A warranty disclaimer? | | Choose an item. |
| 1. Hold harmelss or indemnity agreements inuring to the benefit of the applicant? | | Choose an item. |
| 1. Hold harmelss or indemnity agreements inuring to the benefit of customers? | | Choose an item. |
| 1. Formalized change order processes requiring signoff by both parties? | | Choose an item. |
| 1. Conditions of customer acceptance of products/services? | | Choose an item. |
| 1. Acceptance of consequential damages? | | Choose an item. |
| 1. Provisions for liquidated damages? | | Choose an item. |
| 1. Provisions for the ownership of intellectual property? | | Choose an item. |
| 1. Does the applicant guarantee systems or website availability?   *(if yes, describe in attachment)* | | Yes No |
| **Independent Contractors** | | |
| 1. If the Applicant uses independent contractors and/or subcontractors: | | |
| 1. What percentage of the Applicant’s revenue is derived from work subcontracted to others? | | Click here to enter text. |
| 1. Does the applicant always use a written contract upon engagement of contractor? | | Yes No |
| 1. Does the Applicant require that subcontractors carry professional liability or Technology E&O insurance with liability limits of at least $1,000,000? | | Yes No |
| 1. Does the Applicant obtain written contracts from subcontractors containing indemnification or hold harmless agreements in favor of the Applicant? | | Yes No |
| 1. Do all contracts with independent contractors clearly identify work product as ‘work made for hire’, or include other provisions for the ownership of intellectual property? | | Yes No |
| **Government Related Work** | | |
| 1. Does the applicant have procedures to ensure compliance with Federal, Provincial, Territorial, State, and local statutes? | | Yes No |
| 1. What percent of the Applicant’s revenues come from: | | |
| * 1. Work for Municipal, Provincial, Territorial or State governments? | | Click here to enter text. |
| * 1. Work for the Federal Government of Canada or the United States of America? | | Click here to enter text. |
| 1. If the Applicant generates more than 50% of gross revenues from the Canadian or U.S. Federal Government: | | |
| 1) Does the Applicant operate as a prime contractor or sub-to-prime contractor? | | Choose an item. |
| 1. If work is accepted from the US Federal Government, does the Applicant primarily use Federal Acquisition Regulation (FAR) contracts or ensure that FAR flow-down provisions are within the contracts entered by the Applicant? | | Yes No |
| **Quality Control** | | |
| 1. Does the Applicant have formal customer acceptance, milestone management and customer signoff procedures in place, including obtaining final acceptance letters? | | Yes No |
| 1. Does the Applicant have a process in place to handle and resolve client complaints? | | Yes No |
| 1. Does the Applicant have a written and formalized quality control program, including software development methodologies, if applicable? | | Yes No |
| 1. Does the Applicant have vendor certification guidelines in place? | | Yes No |
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| 1. **Information Privacy and Governance** | | | | | |
| Which of the following types of **Protected Information** (Personally Identifiable Information, Protected Health Information or Third Party Corporate Information) does the Applicant store, process, transmit or otherwise have responsibility for securing? Please indicate total number of records (if known) inclusive of both internal or third parties: | | | | | |
| 1. Government issued identification numbers (e.g. SIN, driver’s license numbers) | | | Yes No | # of records | |
| 1. Credit and/or debit card numbers or other financial account numbers | | | Yes No | # of records | |
| 1. Healthcare or medical records | | | Yes No | # of records | |
| 1. Intellectual property (e.g. third party intellectual property trade secrets, M&A information) | | | Yes No | # of records | |
| 1. User names and passwords | | | Yes No | # of records | |
| 1. Does the Applicant maintain a data classification and data governance policy? | | | | Yes No | |
| 1. Does the Applicant maintain documentation that clearly identifies the storage and transmission of all **Protected Information**? | | | | Yes No | |
| 1. When was the Applicant’s privacy policy last reviewed? | | | | mm/yyyy | |
| 1. Do you provide adequate notice to individuals (e.g. customers, consumers) of any private/personal information that is being collected and/or shared? | | | | Yes No | |
| 1. (Optional) Additional comments regarding Information Privacy and Governance   Click here to enter text. | | | | | |
| Which of the following statements are valid as it relates to **Protected Information** governance? (Use the comments section for clarification as needed). | | | | | |
| 1. Does the Applicant encrypt **Protected Information** when: | | | | | |
| 1. Transmitted over public networks (e.g. the Internet) | | | | | Yes No |
| 1. Stored on mobile assets (e.g. laptops, phones, tablets, flash drives) | | | | | Yes No |
| 1. Stored on enterprise assets (e.g. databases, file shares, backups) | | | | | Yes No |
| 1. Stored with third party services (e.g. cloud provider) | | | | | Yes No |
| 1. Does the Applicant store **Protected Information** on a secure network zone that is segmented from the internal network? | | | | | Yes No |
| 1. (Optional) What other technologies are used to secure **Protected Information** (e.g. tokenization)?   Click here to enter text. | | | | | |
| 1. (Optional) Additional comments regarding Information Privacy and Governance:   Click here to enter text. | | | | | |
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| **Information Security Organization** | | | | | |
| 1. Does the Applicant have an individual designated for overseeing information *security*?   Enter name and title | | | | | Yes No |
| 1. Does the Applicant have an individual designated for overseeing information *privacy*?   Enter name and title | | | | | Yes No |
| 1. Is the Applicant compliant with any of the following regulatory or compliance frameworks (please check all that apply and indicate most recent date of compliance): | | | | | |
| PIPEDA:  Click here to enter a date. | CASL:  Click here to enter a date. | Provincial PIPA:  Click here to enter a date. | | | |
| Provincial PHIPA:  Click here to enter a date. | PCI-DSS:  Click here to enter a date.  Level:  1  2  3  4 | GDPR:  Click here to enter a date. | | | |
| SOX:  Click here to enter a date. | ISO 1799:  Click here to enter a date. | HITECH:  Click here to enter a date. | | | |
| SSAE 16:  Click here to enter a date. | HIPAA:  Click here to enter a date. | FISMA:  Click here to enter a date. | | | |
| GLBA:  Click here to enter a date. | Other (Please describe): Click here to enter text.  Click here to enter a date. | | | | |
| 1. If the Applicant accepts credit or debit card transactions, approximately how many transactions are processed a year?   Click here to enter text. | | | | | |
| 1. Does the Applicant leverage any industry security frameworks for confidentiality, integrity and availability (e.g. NIST, COBIT)?   Comments | | | | | Yes No |
| 1. Is the Applicant an active member in outside security or privacy groups (e.g. ISAC, IAPP, ISACA)?   Comments | | | | | |
| 1. (Optional) What percentage of the overall IT budget is allocated for security?   Comments | | | | | |
| 1. (Optional) Additional comments regarding the Information Security Organization:   Comments | | | | | |

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| **Information Security** | | | | | | | |
| Does the Applicant’s Board of Directors have a committee that oversees information security and privacy matters?  Comments | | | | | | Yes No | |
| Does the Applicant have a formal risk assessment process that identifies critical assets, threats and vulnerabilities?  Comments | | | | | | Yes No | |
| Does the Applicant have a disaster recovery plan (DRP) and business continuity plan (BCP)?  Comments | | | | | | Yes No | |
| If YES to Question 4c, what is the Applicant’s estimated downtime to recover from an **Interruption in Service**?  Click here to enter text. Hours | | | | | | | |
| If YES to Question 4c, when was the last time that the DRP and BCP were:  DRP: Tested: Click here to enter text. Updated: Click here to enter text.  BCP: Tested: Click here to enter text. Updated: Click here to enter text.  Comments | | | | | | | |
| Does the Applicant have an incident response plan (IRP) for determining the severity of a potential data security breach and providing prompt notification to all individuals who may be adversely affected by such exposure?  Comments | | | | | | Yes No | |
| If YES to Question 4f, when was the last time that the IRP was:  IRP: Tested: Click here to enter text. Updated: Click here to enter text.  Comments | | | | | | | |
| Does the Applicant have an intrusion detection solution that detects and alerts an individual or group responsible for reviewing malicious activity on the Applicant’s network?  Comments | | | | | | | Yes No |
| Does the Applicant have an extrusion detection solutions that detects and alerts an individual or group responsible for reviewing malicious activity on the Applicant’s network?  Comments | | | | | | | Yes No |
| Does the Applicant configure firewalls to restrict inbound and outbound network traffic to prevent unauthorized access to internal networks?  Comments | | | | | | | Yes No |
| Does the Applicant perform reviews at least annually of the Applicant’s third party service providers to ensure they adhere to the Applicant’s requirements for data protection?  Comments | | | | | | | Yes No |
| Does the Applicant use multi-factor authentication for remote network access originating from outside the Applicant’s network by employees and third parties (e.g. VPN, remote desktop)?  Comments | | | | | | | Yes No |
| Does the Applicant conduct security vulnerability assessments to identify and remediate critical security vulnerabilities on the internal network and Applicant’s public website(s) on the Internet?  Comments | | | | | | | Yes No |
| Does the Applicant install and update an anti-malware solution on all systems commonly affected by malicious software (particularly personal computers and servers)?  Comments | | | | | | | Yes No |
| Does the Applicant use any software or hardware that has been officially retired (i.e. considered “end-of-life”) by the manufacturer (e.g. Windows 2003 or XP)?  List software | | | | | | | Yes No |
| Does the Applicant update (e.g. patch, upgrade) commercial software for known security vulnerabilities per the manufacturer’s advice?  Comments | | | | | | | Yes No |
| Does the Applicant update open source software (e.g. Java, Linux, PHP, Python, OpenSSL) that is not commercially supported for known security vulnerabilities?  Comments | | | | | | | Yes No |
| Does the Applicant have processes established that ensure the proper addition, deletion, and modification of user accounts and associated access rights?  Comments | | | | | | | Yes No |
| Does the Applicant enforce passwords that are at least seven characters and contain both numeric and alphabetic characters and that the user must be changed on a regular schedule?  Comments | | | | | | | Yes No |
| Does the Applicant require annual security awareness training for all personnel so they are aware of their responsibilities for protecting company information and systems?  Comments | | | | | | | Yes No |
| Does the Applicant screen potential personnel prior to hire (e.g. background checks including previous employment history, drug screen, criminal record, credit history and reference checks)?  Comments | | | | | | | Yes No |
| Does the Applicant have a solution to protect mobile devices (e.g. laptops, smartphones, tablets) to prevent unauthorized access in the event the device is lost or stolen?  Comments | | | | | | | Yes No |
| Does the Applicant have entry controls that limit and monitor physical access to company facilities (e.g. offices, data centers)?  Comments | | | | | | | Yes No |
|  | | | | | | |  |
| **Third Party Technology Services (e.g. cloud, web hosting, co-location, managed services)** | | | | | | | |
| 1. Is there an individual responsible for the security of the Applicant’s information that resides within the third party technology service providers operations?   Comments | | | | | | | Yes No |
| 1. Do the Applicant’s third party technology service providers meet regulatory standards that are required by the Applicant (e.g. PCI-DSS, PIPEDA, PIPA, PHIPA, HIPAA, SOX)?   Comments | | | | | | | Yes No |
| 1. Does the Applicant perform assessments or audits to ensure third party technology providers meet the Applicant’s security requirements?   If Yes, when was the last audit completed? As of date | | | | | | | Yes No |
| 1. Does the Applicant have a formal process for reviewing and approving contracts with third party technology service providers?   Comments | | | | | | | Yes No |
| 1. Does the Applicant require contractual indemnification from third party technology service providers? | | | | | | | Yes No |
| 1. (Optional) Additional comments regarding Third Party Technology Services:   Comments | | | | | | | |
|  | | | | | | | |
| **Current Network and Technology Providers (if applicable; required at the time of binding)** | | | | | | | |
| Internet Communication Services  Enter Provider(s) | | Credit Card Processor(s)  Enter Provider(s) | | | | | |
| Website Hosting  Enter Provider(s) | | Other Providers (e.g. Human Resource, Point of Sale)  Enter Provider(s) | | | | | |
| Collocation Services  Enter Provider(s) | | Anti-Virus Software  Enter Provider(s) | | | | | |
| Managed Security Services  Enter Provider(s) | | Firewall Technology  Enter Provider(s) | | | | | |
| Broadband ASP Services  Enter Provider(s) | | Intrusion Detection Software  Enter Provider(s) | | | | | |
| Outsourcing Services  Enter Provider(s) | | Cloud Services (e.g. Amazon, Salesforce, Office365)  Enter Provider(s) | | | | | |
| Please complete the following information for cloud providers who process or store **Protected Information** for Applicant. Use the optional comments if more space is required. | | | | | | | |
| Cloud Provider | Type | Service | | # of Records | Encrypted Storage | | |
| Enter Provider | Choose an item. | Choose an item. | | # of Records | Choose an item. | | |
| Enter Provider | Choose an item. | Choose an item. | | # of Records | Choose an item. | | |
| Enter Provider | Choose an item. | Choose an item. | | # of Records | Choose an item. | | |
| (Optional) Additional comments regarding Cloud Services:  Click here to enter text. | | | | | | | |
|  | | | | | | | |
| **Internet Media Information (only required if Internet Media Coverage is being requested)** | | | | | | | |
| 1. Please list the principal domain names and social media addresses for which coverage is requested:   Click here to enter text. | | | | | | | |
| 1. Has legal counsel screened the use of all trademarks and service marks, including Applicant’s use of domain names and metatags, to ensure they do not infringe on the intellectual property rights of others?   Comments | | | | | | | Yes No |
| 1. Does Applicant obtain written permissions or releases from third party content providers and contributors, including freelancers, independent contractors, and other talent?   Comments | | | | | | | Yes No |
| 1. Does Applicant require indemnification or hold harmless agreements from third parties (including outside advertising or marketing agencies) when Applicant contracts with them to create or manage content on Applicant’s behalf?   Comments | | | | | | | Yes No |
| 1. If Applicant sells advertising space on any of its websites, are providers of advertisements required to execute indemnification and hold harmless agreements in Applicant’s favour?   Comments | | | | | | | Yes No |
| 1. Have Applicant’s privacy policy, terms of use, terms of service and other customer policies been reviewed by counsel?   Comments  If Yes to 7f, how frequently is the privacy policy reviewed for currency? Comments | | | | | | | Yes No |
| 1. Does Applicant involve legal counsel in reviewing content prior to publication or in evaluating whether it should be removed when notified that content is defamatory, infringing, in violation of a third party’s privacy rights, or otherwise improper?   Comments | | | | | | | Yes No |
| 1. Does Applicant’s website(s) include content directed at children under the age of 18? Comments | | | | | | | Yes No |
| 1. Does Applicant collect data about children who use its website(s)? 2. If Yes to 7i, does Applicant obtain parental consent regarding collection of data about children who use its website(s)?   Comments | | | | | | | Yes No  Yes No |
| 1. Please describe the Applicant’s process to review content prior to publication to avoid the posting, publishing or disseminating of content that is defamatory, infringing, in violation of a third party’s privacy rights or otherwise improper:   Click here to enter text. | | | | | | | |
| 1. Please describe the Applicant’s review and takedown procedure when notified that content is defamatory, infringing, in violation of a third party’s privacy rights or otherwise improper:   Click here to enter text. | | | | | | | |
| 1. (Optional) Additional comments regarding the Internet Media Information:   Click here to enter text. | | | | | | | |
|  | | | | | | | |
| **Current Loss Information** | | | | | | | |
| In the past *five years*, has the Applicant ever experienced any of the following events or incidents? Please check all that apply. Please use the comments section below to describe any current losses. | | | | | | | |
| 1. Applicant was declined for Privacy, Cyber, Network or similar insurance, or had an existing policy cancelled. | | | | | | | Yes No |
| 1. Applicant had either detected a privacy breach or a discovered a **Network Security Failure** incident. | | | | | | | Yes No |
| 1. Applicant has been the subject of a complaint from a member of the public to, or investigated by, any Privacy Commissioner or similar privacy regulator in any jurisdiction where the Applicant may have employees or customers. | | | | | | | Yes No |
| 1. If the Applicant accepts Credit Cards, the Applicant has been the subject of a Payment Card Industry Compliance investigation resulting in a PCI Assessments, Fines or Penalties. | | | | | | | Yes No |
| 1. Applicant sustained a loss of revenue due to a systems intrusion, denial-of-service, tampering, malicious code attack or other type of cyber attack. | | | | | | | Yes No |
| 1. Applicant had portable media (e.g. laptop, backup tapes) that was lost or stolen and was not encrypted. | | | | | | | Yes No |
| 1. Applicant had to notify customers that their personal information was or may have been compromised as a result of the Applicant’s activities | | | | | | | Yes No |
| 1. Applicant received a complaint concerning the content of the Applicant’s website(s) or other online services related to intellectual property infringement, content offences, or advertising offences | | | | | | | Yes No |
| 1. Applicant sustained an unscheduled network outage that lasted over 24 hours | | | | | | | Yes No |
| 1. (Optional) Additional information regarding Current Loss Information:   Click here to enter text. | | | | | | | |
|  | | | | | | | |
| **Current Coverage** | | | | | | | |
| Which of the following policies does the Applicant currently have in force: | | | | | | | |
| General Liability Policy | | | Cyber/Privacy Liability Policy | | | | |
| D&O Policy | | | Crime | | | | |
| Professional Liability | | | Other Related Policy Please Specify | | | | |
| (Optional) Additional comments regarding Current Coverage:  Click here to enter text. | | | | | | | |
|  | | | | | | | |
| 1. **Warranty Statement** | | | | | | | |
| The undersigned, acting as an authorized representative for the Proposed **Insureds**, represents and warrants, after reasonable inquiry, that no Proposed **Insured**, as of the effective date of this **Application**, has knowledge or information of any claim or loss, or fact, circumstance, or situation that could reasonably be expected to give rise to a claim or loss to which the **Policy** would apply, except ("Disclosed Event"): | | | | | | | |
| Click here to enter text. | | | | | | | |
| If none, please mark here:  None | | | | | | | |
| It is understood that the **Insurer** has relied on the knowledge or information herein as being true and accurate and the undersigned, acting as an authorized representative for the Proposed **Insureds**, acknowledges and agrees that: (i) no Proposed **Insured** shall have coverage for any claim or action based upon, arising from or in consequence of any Disclosed Event; and (ii) if any Proposed **Insured** has knowledge of any claim or loss, or fact, circumstance, or situation that could reasonably be expected to give rise to any claim or loss; or such claim or loss, or fact, circumstance or situation has not been accurately or truthfully disclosed to the **Insurer** herein, the **Insurer** shall not be liable for any claim or action that arises from such claim or loss, or fact, circumstance, or situation. | | | | | | | |

# FRAUD WARNING STATEMENTS

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

# 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 CEO, CFO, President, Risk Manager or General Counsel of the **Named Insured**, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Print Name | Title | Signature |
|  | | | |
|  |  |  |  |

**ation Privacy and Governance**