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| **Cyber Risk Insurance Detailed Application** |
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| **NOTES** | **All questions must be completed** |
|  | **Each policy is provided on a claims-made and reported basis. Defence expenses are included within the limits of coverage.** **Name of Applicant: Any other entity directly or indirectly through ownership, control or otherwise (including subsidiaries) and the relationship to the Name of the Applicant must be declared. A separate application for each entity declared may be required.**  |
|  |
| **General Information** |
| Legal Name of Applicant |       |
| Key Contact |       | Position |       |
| Key Contact Email Address |       |
| Mailing Address |       | Postal code |       |
| Phone |       | Email |       |
| Website Address |       |  |  |
| Key Broker Contact |       |
| Brokerage Name |       |
| Brokerage Address |       | Postal code |       |
| Phone |       | Email |       |
|  |
| **Operations** |
| Applicant is | Sole Proprietor |       | Partnership |       |  | Corporation |       |
|  | Municipality |       | Other (Explain) |        |
|  |
| Please describe the Applicant’s operations and services |
|       |
| Date established (dd/mm/yyyy) |       |
|  |
| **Total Domestic Gross Revenues**  |
| Prior Year | $ |       | Current Year (estimate) | $ |       |
| Next Year (estimate) | $ |       |  |
| Indicate all Countries outside of Canada that the Applicant operates in |
|       |
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| **If "YES" indicate percentages of revenue anticipated in the current year.**  |
| Canadian |       | **%** | U.S. |       | **%** | Other  |       |       | **%** |
| If 'Other' is selected indicate the Country and Percentage.  |
|  |
| **Insurance and Coverage Information** |
| Coverage is subject to a Retention Limit |
| Indicate the **Aggregate Limit of Insurance** you wish to purchase in the box below  |
| $ | 250,000 | [ ]  | $ | 500,000 | [ ]  | $ | 1,000,000 | [ ]  | $ | 2,000,000 | [ ]  | Other       |
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| --- | --- | --- | --- | --- |
| Is the Applicant PCI-DSS Compliant  | YES |       | NO |       |
| What is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)? |       |
|  |
| **Claims, Circumstances and Other Historical Information** |
| During the past 5 years has the Applicant |
|  | Had any similar Cyber Risk Insurance cancelled, declined or non-renewed? | YES |       | NO |       |
|  | **If "YES", please attach a detailed explanation** |
|  |       |
|  | Suffered any known intrusions, unauthorized access or been a target of a security or virus incident of their  |
|  | computer system (including extortion) or other type of cyber claim? | YES |       | NO |       |
|  | **If "YES", how many intrusions or attempted intrusions occurred?**  |       |
|  | ***Please provide full details including the nature of the event and \*damages and expenses incurred*** |
|  |  | *\* Damages and expense include judgement and awards, ransom as well as costs for legal expenses* |
|  |  |  *notification, monitoring, business interruption, repair costs and the nature of these.* |
|  | Is the Applicant or anyone in the firm aware of any fact, circumstance or situation that could give rise to a claim |
|  | under this or similar insurance policy? | YES |       | NO |       |
|  | **If "YES", please attach an explanation of each and status** |  |
|  |
| **Prior Cyber Insurance** |
| **Year** | **Insurance****Carrier** | **Limit of Liability** | **Deductible** | **Premium** | **Policy Period** |
| Current |       | $       | $       | $       |       |
| Previous Year  |       | $       | $       | $       |       |
|  |
| Proposed Effective Date (dd/mm/yyyy) |       |  |
|  |
| **Risk Management and/or Policies and Procedures**  |
| Does the Applicant employ a Chief Privacy Officer/Chief Security Officer? | YES |       | NO |       |
| **If “NO” indicate who in your organization handles these responsibilities** |       |
|  |
| Does the Applicant have internal training for employees concerning the handling of private and/or sensitive |
| Information on an annual basis?  | YES |       | NO |       |
|  |  |  |  |  |
| **Risk Management Policies Explained** |
| A Security Policy is an over-riding policy that encompasses many different policies/procedures such as: security management, confidentiality, information assets, accountability, system and information ownership, disaster recovery and business continuity plans etc. Below we have indicated the Policies/Procedures we consider mandatory.  |
| Does the Applicant have the following in place:  |
|  | Disaster Recovery and Incident Policies/Procedures?  | YES |       | NO |       |
|  | Business Continuity Policies/Procedures?  | YES |       | NO |       |
|  | A Documented User and Password Policy/Procedures?  | YES |       | NO |       |
|  | Corporate wide Privacy Policies/Procedures | YES |       | NO |       |
|  | Document Retention and Destruction Policies/Procedures/Bylaw? | YES |       | NO |       |
|  | A Remote and Mobile Device Computing Policy/Procedures? | YES |       | NO |       |

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| Indicate how often the organization's Risk Management Procedures (above) reviewed by and updated by  |
| management  |       |
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| **Management of Information**  |
| **At any one time, indicate the 'Type of Information' you collect in the 'YES' and 'NO columns. Also indicate how many Individually Personally Identifiable records are collected and stored in the 'Number' column**  |
|  |
| **Type of Information** | **YES** | **NO** | **Number (or Approximate)** |
| Credit Cards |       |       |       |
| Healthcare  |       |       |       |
| Social Insurance Numbers |       |       |       |
| Bank Accounts information (of customers and employees)  |       |       |       |
| Employee/Volunteer information  |       |       |       |
| Other (indicate type)       |       |       |       |
|  |
| **All Entities (Other than Municipalities) Indicate:** |
| The number of customers or patients serviced  |       |
| The number of employees, foster parents (including directors, officers, councillors and volunteers) |       |
|  |
| **Regulations** |
| *All organizations are subject to some type of regulation e.g. Personal Information Protection and Electronic*  |
| *Documents Act (PIPEDA), Personal Health Information Protection Act (PHIPA), Municipal Freedom of Information* |
| *and Protection of Privacy Act - Ontario (MFIPPA), Health Information Protection Act (HIPA), or other Provincial or*  |
| *Federal laws or legislation protecting private or personal information.*  |
|  |
| Does the Applicant |
|  | Have written procedures in place to comply with laws governing the handling or disclosure of such  |
|  | information? | YES |       | NO |       |
|  |  |  |  |  |  |
| **Audits**  |
| Has the Applicant had a third party audit their Network and/or Computer Systems? | YES |       | NO |       |
| **If "YES" when was the last audit? (dd/mm/yy)**  |       |
| Have all improvements and recommendations been implemented? | YES |       | NO |       |
| **If "NO" please attach an explanation as to the reasoning and timelines for implementation** |
| In the past 2 years has the Applicant undergone an internal or external Privacy/Confidentiality Audit? | YES |       | NO |       |
| **If "YES" please attach a copy of the audit.**  |
| Have all improvements and recommendations been implemented? | YES |       | NO |       |
| **If "NO" please attach an explanation as to the reasoning and timelines for implementation** |
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|  |
| **Computer System and Controls** |
| Is the Applicant's IT infrastructure operated and managed in house or outsourced? |       |
| **If "YES" please provide full information regarding the third parties used for data hosting and/or payment**  |
| **processing (e.g. name, address, information stored, indicate whether this is a cloud provider etc.)** |
|       |
| Does the Applicant develop or maintain a network operating system for another entity?  | YES |       | NO |       |
| **If "YES" provide full details**  |
| Does the Applicant use **SCADA** for water, wastewater treatment or any other operation?  | YES |       | NO |       |
|  | **If "YES", is this system completely segregated and on its own network?** | YES |       | NO |       |
|  |
| Does the Applicant |
|  | Provide remote access to computer systems? | YES |       | NO |       |
|  | **If "YES", how many users have remote access?**  |       |
|  | Store sensitive information on laptops?  | YES |       | NO |       |
|  |
| **Security Measures**  |
| Is it company policy to:  |
|  | Terminate all associated computer access and user accounts when an employee leaves the company?  | YES |       | NO |       |
|  | Restrict employee access to private information? | YES |       | NO |       |
|  | Use fire wall technology? | YES |       | NO |       |
|  | Use anti-virus software?  | YES |       | NO |       |
|  | **If "YES", is anti-virus installed on all computers (including mobile devices)** | YES |       | NO |       |
|  | Use intrusion detection software to detect unauthorized access to internal networks  |
|  | and computer systems? | YES |       | NO |       |
|  | Up-grade all security software as new releases/improvements become available? | YES |       | NO |       |
|  | Implement encryption on laptop computers, desktop computers, and other portable media devices? |  |  |  |  |
|  | Use encryption to protect data on all systems when data is 'at rest'? | YES |       | NO |       |
|  | Use encryption to protect data on all systems when data is 'in transit'?  | YES |       | NO |       |
|  | Are authentication measures for incoming email (SPF, DKIM and/or DMARC) implemented and strictly enforced?  | YES |       | NO |       |
|  | Is multi-factor authentication required for access privileged user accounts? | YES |       | NO |       |
|  | ***Encryption must be on desktops, laptops, home based computers, mobile devices including (smartphones, notebooks, tablets and USB's)***  |
|  | **If "NO" has been answered for any Security Measures please provide full details regarding the procedures the Applicant employs to ensure the security of information** |
|  |       |
| Indicate how often sensitive/valuable information is backed up  |       |
| Do back ups include off -line and off-site generations segregate from networks | YES |       | NO |       |
| **If "NO" has been answered, please provide a brief description of your back up system** |
|       |
| Indicate the length of time the Applicant stores information?  |       |
|  |  |
| **Ransomware**  |
|  | Do you deploy endpoint protection across your enterprise? | YES |       | NO |       |
|  | Do you use multi-factor authentication to gain access to your computer network? | YES |       | NO |       |
|  | Are your backups encrypted and kept separate from your network (‘offline’), or in a cloud service? | YES |       | NO |       |
|  | How often do you test the data integrity of these back-ups?  |       |
|  | Have you tested the successful restoration and recovery of key servers/configurations and data from backups in the last 6 months? | YES |       | NO |       |
|  | Do you install patches across your network at least monthly? | YES |       | NO |       |
|  | Is there an incident response plan in place which is tested specifically regarding a ransomware event? | YES |       | NO |       |
|  | Are incoming emails scanned for malicious content?  | YES |       | NO |       |
|  |  |  |  |  |  |
| **Cyber Crime** |
|  | Please estimate the number of fund transfers sent on a daily basis: |       |
|  | Estimate the average size of a fund transfer |       |
|  | Please confirm dual verification is in place before amending account details and sending fund transfer requests? (for example, by phone and email) | YES |       | NO |       |
|  | For fund transfers of $25k, is authorization from more than one individual required? | YES |       | NO |       |
|  | Are all employees with fund transfer authority given specific cybercrime training? | YES |       | NO |       |
|  | Are external emails flagged to notify the employee it has come from the outside network?  | YES |       | NO |       |
|  |
| **Website and Content Information**  |
| Does the Applicant |
|  | Have an **Informational Website**? | YES |       | NO |       |
|  | Have a **Transactional** or **Accessible Website?** | YES |       | NO |       |
| **Internet and Website Controls** |
|  | Have a review procedure to screen the content for copyright or trademark infringement or  |
|  | invasion of privacy issues?  | YES |       | NO |       |
|  | Have a clearance procedure for website content (e.g. removal of controversial, offensive, infringing or |
|  | out-dated material)?  | YES |       | NO |       |
|  | Have a procedure in place for responding to allegations that content created, displayed or published is libelous,  |
|  | infringing, or in violation of a third party’s privacy rights? | YES |       | NO |       |
|  | **If "NO" to any of the questions regarding Internet and Website Controls describe the procedures in place to avoid posting of improper content**  |
|  |       |
| Has the applicant ever had a suit filed against them, a cease or desist demand, or been subject to  |
| a complaint or a claim, alleging trademark, copyright, software copyright, invasion of  |
| privacy, or defamation regarding any content? | YES |       | NO |       |
| **If "YES" please provide full details**  |       |
| **Please Read** |
| The Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications |
| or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or |
| misstated. The Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any  |
| material changes in all such information, after signing the application and prior to issuance of the policy, and  |
| acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or |
| authorization or agreement to bind the insurance based upon such changes. |
|  |
| Further, the Applicant understands and acknowledges that: |
| 1.  | If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental |
|  | applications, and any other statements furnished to the Company in conjunction with this application, all of  |
|  | which are hereby incorporated by reference into this application and made a part thereof. |
|  |
| 2. | This application will be the basis of the policy and will be incorporated by references into and made part of  |
|  | such policy; and |
|  |
| 3. | The Applicant's failure to report to its current insurance company any claim made against it during the current  |
|  | policy term, or act, omission or circumstances which the Applicant is aware of which may give rise to a claim  |
|  | before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to  |
|  | believe that any such act, omission or circumstances might reasonably be expected to be the basis of a claim. |
|  |  |
| 4. | The policy applied for provides coverage on a claims made and reported basis and will apply only to claims  |
|  | that are first made against the insured and reported in writing to the Company during the policy period.  |
|  | Claims expenses are within and reduce the limit of liability. |
|  |
| The Applicant hereby authorizes the release of claim information to the Company from any current or prior  |
| Insurer of the Applicant. |
|  |
| **Fraud Warnings** |
| Any person who knowingly includes any false or misleading information on an application for an insurance policy  |
| may be subject to criminal and civil penalties. |
|  |
| **Applicant Acknowledgement** |

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| The undersigned authorized officer of the organization declares that to the best of his/her knowledge, the statements |
| set forth herein are true. Signing of this application does not bind the Company (Insurer) to offer, nor the Applicant to  |
| accept insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, |
| and this form will be attached to and become part of the policy. |
|  |
| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in  |
| connection with this application (including but not limited to the information contained in this form) has been collected |
| in accordance with applicable privacy legislation and this information shall only be used or shared by Company to  |
| assess, underwrite and price insurance products and related services, administer and service insurance policies,  |
| evaluate and investigate claim, detect and prevent fraud, analyze and audit business results and/or comply with. |
| regulatory legal requirements |
| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |
| **Broker Signature** |  |  |