Cyber Risk Insurance Detailed Application

NOTES	**All questions must be completed**
	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

Please describe the Applicant's operations and services

_____

Number of Employees _____

Total Domestic Gross Revenues

Prior Year $ _____ Last Year Gross Profit $ _____

Domains

List all Domain Names associated with the Named Insured:

_____

Claims, Circumstances and Other Historical Information

Please tick all boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

☐ Cyber Extortion ☐ Data Loss ☐ Denial of Service Attack ☐ IP Infringement

☐ Malware Infection ☐ Privacy Breach ☐ Ransomware ☐ Theft of Funds

☐ Other (please specify)

If you ticked any of the boxes above, did the incident(s) have a direct financial impact on your business of more than $10,000?   YES ☐   NO ☐

If yes, please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again.

Is the applicant aware of any circumstances that could give rise to a claim under this insurance policy?　　　YES ☐　　NO ☐

If yes, please explain the circumstances and/or potential claims: _____

Within the last 3 years have you been subject to any complaints concerning the content of your website, advertising materials, social media, or other publications?　YES ☐　　NO ☐

If yes, please explain the circumstances _____

IT Infrastructure and Resourcing

What is your annual IT budget? _____

What approximate percentage of your IT budget is spent on IT security? _____

Data Storage and Management

Approximate the total number of unique sensitive records that are in the care, custody and/or control of the applicant or a third party on the applicant's behalf. If able, also provide the breakdown of said records below

Total unique sensitive records _____

Personally Identifiable Information _____

Protected Health Information _____

Payment Card Information _____

Estimated annual volume of payment card transactions _____

Other (please describe) _____

Which of the following apply with respect to the applicant's storage and processing of credit card information? Select all that apply:

- Point-to-Point Encryption ☐
- End-to-End Encryption ☐
- EMV terminals enabled for all POS ☐
- Encryption of card data when stored ☐
- Anti-tampering processes ☐
- Not applicable ☐

Which of the following apply with respect to applicant's encryption of personally identifiable information? Select all that apply:

- Data in-transit ☐
- Data at-rest on applicant's network ☐
- Data on mobile devices ☐
- Data on backups ☐
- Data with third-party/cloud providers ☐
- Data on employee-owned devices ☐
- Not applicable ☐

Do you implement encryption on laptop computer, desktop computers and other portable media devices?　　　YES ☐　　NO ☐

How often does the applicant backup critical data and applications?

☐ Continuously　　☐ Daily　　☐ Weekly　　☐ Monthly
☐ Other (please describe) _____

Intact Public Entities – CRIDA-0324

Intact Public Entities
278 Pinebush Road, Suite 200, Cambridge, Ontario, N1T 1Z6
Toll free 1 800 265 4000 intactpublicentities.ca

The applicant's backups: Check all that apply:

- Are disconnected from the network/offline ☐
- Are stored with a cloud provider ☐
- Are tested via backup restoration drills ☐
- If tested, how frequently? _____
- Are encrypted ☐
- Are subject to malware scanning ☐
- Require MFA for access ☐
- Require unique credentials and are stored separately ☐

Endpoint and Perimeter Security

Do you use an endpoint detection and response (EDR) product on your network and deployed on all endpoints on your network?   YES ☐   NO ☐

How often do you conduct penetration testing of your network architecture and provide details of the third-party providers you use to conduct penetration testing (if applicable)?

_____

Does the applicant require any of the following? Check all that apply:

- MFA for all employee remote access ☐
- MFA for all third-party remote access ☐
- MFA for SaaS applications/cloud MFA ☐
- MFA for all email access ☐
- MFA for privileged/administrator access ☐
- MFA for all critical applications/systems ☐
- MFA for all segmented network zones ☐
- Role based access for all employees ☐

Business Continuity

Do you have a business continuity/disaster recovery plan?   YES ☐   NO ☐

If yes, how frequently is it tested _____

Do you test the successful restoration and recovery of key server configurations and data from backups?   YES ☐   NO ☐

If yes, how frequently is it tested _____

Email Security

Do you use Microsoft Office 365   YES ☐   NO ☐

If you are an Office 365 user, please provide your Microsoft Secure Score (administrators can find the score using the following link https://security.microsoft.com/securescore):

Which of the following e-mail security controls does the applicant utilize? Select all that apply:

- Tagging all inbound emails from external sources ☐
- Providing all employees with the ability to report suspicious emails ☐
- SPF enforcement on all inbound emails ☐
- DKIM enforcement on all inbound emails ☐
- DMARC on email domains ☐

Network Security

Do non-IT users have local administrator rights on their laptops/desktops? YES ☐ NO ☐

Do you use a network monitoring solution to alert your organization to suspicious activity or malicious behaviour on your network? YES ☐ NO ☐

Do you have any end of life or end of support software? YES ☐ NO ☐

If yes, please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again.

Does the applicant segment IT networks from OT/SCADA/ICS/IoT networks? YES ☐ NO ☐

Which of the following apply to the applicant with respect to security maintenance? Select all that apply:

- Applicant has defined and follows formal patch management procedures ☐
- Applicant follows a severity-based process for critical patch deployment ☐
- Applicant deploys patches and changes in a test environment prior to deployment in production environments ☐
- Applicant has a documented change control process. ☐
- Applicant performs regular maintenance (including component replacement) to minimize unplanned downtime ☐
- Applicant can "roll back" system changes to prior stable configurations after a change ☐

Which training does the applicant provide to its employees? Select all that apply:

- Training ☐
- Security Training ☐
- Privacy Training ☐
- Anti-Phishing Training ☐
- Simulating Phishing ☐

If applicable, provide vendors and frequency of training.

Additional Controls

Does the applicant utilize any of the following procedures when authenticating funds/securities transfer instructions prior to transferring? Select all that apply:

- Call to a predetermined number ☐
- Text to a predetermined number ☐
- Confirmed receipt of verification code ☐
- Other _____

For fund transfers of $25k, is authorization from more than one individual required? YES ☐ NO ☐

Do you enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right? YES ☐ NO ☐

Intact Public Entities – CRIDA-0324

Intact Public Entities
278 Pinebush Road, Suite 200, Cambridge, Ontario, N1T 1Z6
Toll free 1 800 265 4000 intactpublicentities.ca

Which of the following security controls does the applicant utilize? Select all that apply and provide vendors:

Security Control		Vendor
Anti-Malware Software	☐	_____
Endpoint Detection and Response	☐	_____
Unified Threat Management	☐	_____
Next-Generation Firewalls	☐	_____
Web Application Firewall	☐	_____
Intrusion Detection Software	☐	_____
Intrusion Prevention Software	☐	_____
CDN or DDoS Protection	☐	_____
Security Information and Event Management/Log Management Software:	☐	_____
Data Loss Prevention	☐	_____
User and Entity Behavioral Analytics	☐	_____
File Integrity Monitoring	☐	_____
Privileged Access Management	☐	_____
Attack Surface Monitoring Tool (Nessus, Qualys, Shodan, Censys, etc.	☐	_____
Security Ratings Tool (BitSight, Security Scorecard, etc.):	☐	_____

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.

Intact Public Entities – CRIDA-0324

Intact Public Entities
278 Pinebush Road, Suite 200, Cambridge, Ontario, N1T 1Z6
Toll free 1 800 265 4000 intactpublicentities.ca

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

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	_____		

Intact Public Entities – CRIDA-0324

Intact Public Entities
278 Pinebush Road, Suite 200, Cambridge, Ontario, N1T 1Z6
Toll free 1 800 265 4000 intactpublicentities.ca