

INTELLECT CYBER RISK CYBER LIABILITY APPLICATION



Along with this application, we ask that you attach copies of the following information:

1. Loss runs for the last five years
2. Your most recent annual report or audited financial statements
3. Copy of Standard Contracts and/or Agreements used with clients
4. Latest edition of your Internet and Network Security Policy (if applying for Network Security & Privacy Breach Liability)
5. Latest edition of your Privacy Policy (if applying for Network Security & Privacy Breach Liability)

COVERAGE REQUESTED

Current Policy Term: _____

Requested Effective Date: _____

Request for the following Coverages:

- | | |
|--|--|
| <input type="checkbox"/> Network Security & Privacy Breach Liability | <input type="checkbox"/> Digital Asset Loss |
| <input type="checkbox"/> E-Media Liability | <input type="checkbox"/> Cyber Extortion Threat |
| <input type="checkbox"/> Privacy Breach Expense | <input type="checkbox"/> Network Business Interruption |

GENERAL INFORMATION

Name of Insured (Include names of all subsidiary companies to be insured): _____

Principal Address (street, city, province and postal code): _____

Branch Address (street, city, province and postal code): _____

Website Address: _____

Date firm established: _____

Named Insured is:

- Corporation Partnership Joint Venture Individual
- Other (Please describe): _____

GENERAL INFORMATION *(cont'd)***REVENUE**

	Canada	U.S.	Foreign	Total
Last year:	\$ _____	\$ _____	\$ _____	\$ _____
Projected current year:	\$ _____	\$ _____	\$ _____	\$ _____
Projected next year:	\$ _____	\$ _____	\$ _____	\$ _____

1. Please list the countries that account for your foreign revenues: _____

EMPLOYEES

Canada	U.S.	Foreign	Professional	Sales
_____	_____	_____	_____	_____
Representatives	Clerical	Other		
_____	_____	_____		

ACQUISITIONS & DIVESTURES

1. Have any operations or portions thereof, been sold during the past three (3) years? Yes No

If yes, were the liabilities retained? Yes No

2. Have there been any acquisitions of, or mergers with any companies in the past three (3) years? Yes No

If yes, please describe: _____

PRODUCTS & SERVICES

1. Provide a full description of operations (attach additional sheet(s) if required): _____

2. Describe the end user of the products/services: _____

3. Please indicate the principal market(s) for your products or services and revenue split for each::

Aerospace or Avionics	% _____	Supply Chain Management	% _____
Enterprise Resource Planning	% _____	Enterprise Application Integration	% _____
Customer Relationship Management	% _____	Fire, Security or Emergency Applications	% _____

GENERAL INFORMATION *(cont'd)*

Electronic Security Advice/Products	% _____	Process Control	% _____
Oil & Gas/Power/Nuclear Energy	% _____	Pollution or Environmental	% _____
Municipal or Provincial Government	% _____	Federal Government	% _____
Anti Terrorism Applications	% _____	Military / Defense	% _____
Banking of Financial Transactions	% _____	Content or Knowledge Management	% _____
Smart Card / Smart Chip	% _____	Payroll or Accounting	% _____
Human Resources	% _____	Entertainment or Gaming	% _____
eBusiness Consulting Services	% _____	Privacy Applications	% _____

4. Describe any future products and/or services that are under development and expected to go to market within the next few years: _____

NETWORK SECURITY & PRIVACY BREACH COVERAGE LIABILITY APPLICATION

IF COVERAGE IS NOT REQUIRED FOR INTELLECT NETWORK SECURITY & PRIVACY BREACH LIABILITY, PLEASE DO NOT COMPLETE THIS SECTION.

NETWORK SECURITY & PRIVACY BREACH - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other \$ _____

DEDUCTIBLE *(EACH CLAIM):*

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other \$ _____

REQUESTED RETROACTIVE DATE: _____

Has continuous coverage been maintained since this date: Yes No

PRIVACY BREACH EXPENSE - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 Other \$ _____

BUSINESS INTERRUPTION - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 Other \$ _____

DIGITAL ASSETS - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 Other \$ _____

NETWORK SECURITY & PRIVACY BREACH COVERAGE LIABILITY APPLICATION *(cont'd)*

CYBER EXTORTION - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 Other \$

NETWORK SECURITY:

Please have a Senior IT member (such as Chief Information Officer or Chief Security Officer) complete this section.

1. Is there a written information security program (WISP) and/or formalized network and physical security policy statement?

Yes No If yes, please provide a copy.

2. Is a Chief Security Officer currently employed? Yes No

If no, what position is responsible for the management of, and compliance with, the network security policies?

3. Has there been a third party audit of the network security process and practices? Yes No

If yes, please name security firm: _____

Date of last assessment: _____

Please provide a copy of the audit and all recommendations, including response to the recommendations.

4. Is all sensitive data encrypted while standing and during transmission? Yes No

If yes, please name encryption technologies used: _____

5. Is there a virus protection program in place? Yes No

6. Are there firewalls in place? Yes No

If yes, do firewalls have an Intrusion Detection system? Yes No

7. Are all security threats and incidents logged and investigated? Yes No

8. Is there a disaster recovery and business continuation plan? Yes No

9. Does your company perform routine software updates and patch installations? Yes No

10. Are documented procedures in place for users and password management? Yes No

If yes are they monitored for compliance? Yes No

11. Are users required to use non – trivial password of at least six characters? Yes No

12. How are unused computers, portable storage devices, smart phones, auxiliary equipment and other electronic equipment disposed of? _____

13. Are all associated computer access and user accounts terminated when an employee leaves the company? Yes No

NETWORK SECURITY & PRIVACY BREACH COVERAGE LIABILITY APPLICATION *(cont'd)*

14. a) Does Application outsource any of the following critical network systems functions (check all that apply):

- Hosting Facility
- Co-Location Facility
- Managed Security Services Provided (MSSP)
- Data Storage Facility
- Other - Please give details:

b) Do these service providers have adequate security and indemnity agreements in place? Yes No

15. What would be the maximum estimated daily financial loss in the event of a system interruption including web downtime?

16. How long would it take for you to restore your operations after an unplanned system outage?

17. What would be the maximum estimated cost to restore or recollect your company's digital assets (software, electronic data, customer lists and/or information ect.) in the event of a computer attack or network breach?

18. Is there a physical security program in place to prohibit and track unauthorized access to your computer systems? Yes No

19. Is network data and configuration backed up daily? Yes No

20. Is a complete back-up done routinely at a secure off-site storage facility? Yes No

21. Does your company provide mobile devices or laptops for their employees? Yes No

- a) Approximately how many devices are in circulation? _____
- b) Is sensitive or confidential information stored on these devices? Yes No
- c) Is there a security and usage policy in place? Yes No
- d) Are laptop users required to authenticate through a secure VPN? Yes No
- e) Is the same level of protection used as desktops within the office? Yes No
- f) Are employees allowed to use their personal devices (including computers) for work usage? Yes No
- g) Do all smartphones using/accessing company system resources have anti-virus software installed and regularly updated? Yes No
- h) Do you utilize enterprise device management solutions to administer patch management, software updates, antivirus and/or other company wise updates to smartphones? Yes No
- i) Are remote wipe capabilities enabled on all company used smart phones, laptops, and tablets in case the device is lost or stolen? Yes No

22. Is there an employee web usage policy in place? Yes No

If yes, is access restricted to inappropriate website or social media? Yes No

PRIVACY BREACH LIABILITY AND PRIVACY BREACH EXPENSE:

1. Is there a Chief Privacy Officer? Yes No

If no, what position is responsible for the management of, and compliance with your privacy policies?

2. Within the past two years, has an outside privacy audit been passed or has a privacy certification been received? Yes No

Date Completed: _____

If yes, please provide a copy of the audit and all recommendations, including response to recommendations.

3. Within the last year, has an internal audit or assessment to determine compliance with your privacy policies been conducted? Yes No

If yes, have all recommendations been resolved? Yes No

Please provide a copy of the audit and all recommendations, including response to recommendations.

4. Please detail which of the following data types you store on your network or on your hosting provider's site (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Social Insurance Numbers (Canada) | <input type="checkbox"/> Social Security Numbers(|
| <input type="checkbox"/> Driver's License Numbers | <input type="checkbox"/> Geo-location Data |
| <input type="checkbox"/> Payment Card Details | <input type="checkbox"/> Medical records/Health Information |
| <input type="checkbox"/> E-mail Addresses | <input type="checkbox"/> Trade Secrets/Intellectual property of others |
| <input type="checkbox"/> Individual names and addresses | <input type="checkbox"/> Bank Account and/or Routing number |
| <input type="checkbox"/> Bank records/details (Customers and/or employees) | <input type="checkbox"/> Credit history and rating |
| <input type="checkbox"/> Other: please describe _____ | |

5. Approximately how many private individuals do you hold sensitive data on?

- 0 1 to 1,000 1,001 to 5,000 5,001 to 10,000 10,001 to 25,000 25,001 to 50,000 > 50,000

6. What percentage of these individuals reside in the United States?

- 0% <25% 26% to 50% 51% to 75% >75%

7. Is any of the information regulated by privacy, consumer protection, and/or data protection regulations in Canada (such as but not limited to PIPEDA, Privacy Act, PHIPA [Ontario], etc.) or the United States (such as but not limited to HIPPA/HITECH, GLB, FCRA/FACTA, 201 CMR 17.00 [Massachusetts], etc.) or other laws or legislation protection and personal information?

Yes No

8. Is personally identifiable data shared, sold or released to third parties?

Yes No

If yes, is the agreement to sell or release the information subject to a written agreement?

Yes No

9. Are there specific privacy and data security provisions in your sub-contracting agreement?

Yes No

10. Is there a document, data, and equipment retention and destruction policy?

Yes No

11. Is training provided for employees on privacy, data security and related issues?

Yes No

12. In all cases do hiring procedures include the following? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Education background checks | <input type="checkbox"/> Criminal checks |
| <input type="checkbox"/> Credit checks | <input type="checkbox"/> Work history |
| <input type="checkbox"/> Drug testing | |

PRIVACY BREACH LIABILITY AND PRIVACY BREACH EXPENSE (cont'd):

13. Please indicate your annual turnover.

 <5% 6% to 25% 26% to 50% 51% to 75% >75%

14. Do you utilize temporary or seasonal staff?

 Yes No
E-MEDIA COVERAGE LIABILITY APPLICATION

IF COVERAGE IS NOT REQUIRED FOR INTELLECT E-MEDIA LIABILITY, PLEASE DO NOT COMPLETE THIS SECTION.

LIMIT OF INSURANCE (EACH CLAIM /AGGREGATE CLAIM):
 \$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other \$
DEDUCTIBLE (EACH CLAIM):
 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other \$
REQUESTED RETROACTIVE DATE:

Has continuous coverage been maintained since this date:

 Yes No

1. How many externally facing websites to you have or manage for others (ie website for customer, partners, or investors)?

 1 2 to 3 3 to 5 5 to 7 more than 7

If more than one, please list addresses of all websites: _____

2. Describe the function of your websites (check all that apply):

- Informative: information and content about what you do
- Interactive: visitors can interact with the site for customer service, information request, etc.
- E-Commerce: for buying/selling goods and services
- User Account Access: access to user accounts such as online banking or credit card payment site

3. What type of content is available on your websites? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Applicant's Information | <input type="checkbox"/> Dating Service |
| <input type="checkbox"/> Promotions | <input type="checkbox"/> Commentary/News |
| <input type="checkbox"/> "How to" | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Software | <input type="checkbox"/> Online Gambling |
| <input type="checkbox"/> Adult Only | <input type="checkbox"/> Religious/Cultural |
| <input type="checkbox"/> Digital Music | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Law/Legal | <input type="checkbox"/> Games/Contests |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Children's |
| <input type="checkbox"/> Comedy | <input type="checkbox"/> Blogging |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Medical/Healthcare |

4. Is content on the company's website ever created by others?

 Yes No

If yes, what percentage?

_____ %

E-MEDIA COVERAGE LIABILITY APPLICATION *(cont'd)*

5. Do websites or websites managed for others include blogs, chat rooms or bulletin boards? Yes No
6. Are there formal and active procedures for editing or removing controversial, offensive or infringing material from the company's website or websites managed for others? Yes No
7. Is personal information (name, addresses, etc.) collected about visitors to your website? Yes No
- If yes, in this information ever shared with outside parties? Yes No
8. Is there an individual or group responsible for the timeliness, appropriateness, and legality of the content posted on your website or websites managed for others? Yes No
9. Is there software or materials (photos, video, text, etc.) that can be downloaded and used by others on your websites or websites managed for others? Yes No
- If yes, are the rights necessary to circulate owned for this material? Yes No
10. Are materials of others used in the websites you control, design or develop, including (photos, videos, text)? Yes No
- If yes, have the rights been obtained for this material? Yes No
11. Does your company use any form of social media to advertise? Yes No
- a) If yes, please list the forms of social media used: _____
- b) Is this administered through third party agency? Yes No
- c) Do any of the above allow the public to freely post or comment on your content? Yes No
- d) Do you keep these forms of social media moderated? Yes No

APPLICANT HISTORY

1. Are you aware of any circumstances that could result in a claim or suit? Yes No

If yes, please provide details: _____

2. Has any company declined to write, cancelled or non renewed Cyber Liability cover for this company? Yes No

If yes, please provide details: _____

3. Is Cyber Liability coverage currently purchased? Yes No

Please provide details of all Errors & Omissions / Professional Liability Insurance carried in the past three years:

Insurer	Policy Period	Limit	Premium	Retroactive Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. During the past five years, has the Applicant’s business experienced any type of network breach or release of privacy data? Yes No

If yes, please provide details including subsequent remedial measures put in place since the incident to avoid similar situations in the future: _____

5. During the past five years, have the Applicant, partners, principals or employees had one or more claims because of professional services, or are the Applicants, partners, principals or employees aware of any facts or circumstances or allegations which any give rise to a claim? Yes No

If yes, please provide details: _____

NOTE: THE INSURANCE WILL NOT COVER CLAIMS MENTIONED IN REPLY TO #4 OR #5 ABOVE OR CLAIMS RESULTING FROM THE FACTS MENTIONED IN #4 OR #5 OR CLAIMS RESULTING FROM ANY ACT, ERROR, FAULT, OMISSION OR CIRCUMSTANCE KNOWN TO THE APPLICANT BEFORE THE EFFECTIVE DATE OF THE POLICY.

APPLICANT ACKNOWLEDGMENT

For the purposes of this application, the authorized representative of all person(s) and entity(ties) proposed for this insurance declare that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete.

Signature of Authorized Representative: _____ Date: _____

PLEASE PRINT CLEARLY

Name of Authorized Representative: _____ Title: _____

MUST BE SIGNED BY A PRINCIPAL OR PARTNER