

GENERAL INFORMATION:

1. Company/Trading Name (inc any subsidiaries to be included on the policy): _____
 Location Address: _____
 City: _____ Province: _____ Postal Code: _____
2. Is the organization part of a franchise? YES NO
3. Operating countries: _____
4. Website Address: _____
5. Last complete financial year revenue: Canada/US: _____ Other: _____ Total: _____

6. OPERATIONS (Please check all that apply):

Healthcare:			
<input type="checkbox"/> Alternative therapy	<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Counselling	<input type="checkbox"/> Dental Surgery
<input type="checkbox"/> Dentist	<input type="checkbox"/> Doctor	<input type="checkbox"/> Fertility or Sexual Health	<input type="checkbox"/> First Aid
<input type="checkbox"/> General practice	<input type="checkbox"/> Home care / professional care	<input type="checkbox"/> Hospital / medical clinic	<input type="checkbox"/> Nursing Homes
<input type="checkbox"/> Optometrist	<input type="checkbox"/> Radiology	<input type="checkbox"/> Rehab clinic	<input type="checkbox"/> Safety Instructors
<input type="checkbox"/> Surgical Centre	<input type="checkbox"/> Other Healthcare _____		
Technology:			
<input type="checkbox"/> Consulting	<input type="checkbox"/> Data or Cloud Storage	<input type="checkbox"/> Data Processing	<input type="checkbox"/> Hardware - Design
<input type="checkbox"/> Hardware - Installation	<input type="checkbox"/> Hardware - maintenance / modification	<input type="checkbox"/> Hardware - sales only	<input type="checkbox"/> Managed service providers
<input type="checkbox"/> Programming	<input type="checkbox"/> Software - Design	<input type="checkbox"/> Software - Installation	<input type="checkbox"/> Software - maintenance / modification
<input type="checkbox"/> Software - sales only	<input type="checkbox"/> Support	<input type="checkbox"/> Training	
<input type="checkbox"/> Other Technology _____			
Sales:			
<input type="checkbox"/> Auto	<input type="checkbox"/> B2B/Wholesale	<input type="checkbox"/> Florists	<input type="checkbox"/> Furniture (wholesale)
<input type="checkbox"/> Retail	<input type="checkbox"/> Other Sales _____		
Service Providers:			
<input type="checkbox"/> Accountant	<input type="checkbox"/> Advertising	<input type="checkbox"/> Architect / Engineer	<input type="checkbox"/> Background checks
<input type="checkbox"/> Billing services	<input type="checkbox"/> Building Contractors	<input type="checkbox"/> Catering	<input type="checkbox"/> Construction
<input type="checkbox"/> Data aggregator	<input type="checkbox"/> Debt collection / collection agency	<input type="checkbox"/> Decorators	<input type="checkbox"/> Law firms
<input type="checkbox"/> Mortgage Brokers	<input type="checkbox"/> Payment processing	<input type="checkbox"/> Printing /Publishing	<input type="checkbox"/> Real Estate Agents
<input type="checkbox"/> Residential Property Managers	<input type="checkbox"/> Service aggregator	<input type="checkbox"/> Social Services	<input type="checkbox"/> Taxis & Private Hires
<input type="checkbox"/> Other Service _____			
Other Industries:			
<input type="checkbox"/> Adult Entertainment	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Airfields	<input type="checkbox"/> Airline
<input type="checkbox"/> Behavioral marketing	<input type="checkbox"/> Casinos	<input type="checkbox"/> Charities	<input type="checkbox"/> Cinemas
<input type="checkbox"/> Cryptocurrency	<input type="checkbox"/> Dating sites	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Gas Station
<input type="checkbox"/> Government Owned Entity	<input type="checkbox"/> Hospitality - Restaurant/Café	<input type="checkbox"/> Hotels	<input type="checkbox"/> Libraries
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Municipality	<input type="checkbox"/> Museums	<input type="checkbox"/> Realty / Property owner
<input type="checkbox"/> Security Company with biometric data services	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> University/schools	<input type="checkbox"/> Zoos
<input type="checkbox"/> Other _____			

TECHNICAL ASSESSMENT:

- 7. Do you have anti-virus deployed across your network? YES NO
- 8. Are firewalls deployed at all endpoints? YES NO
- 9. Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or does your outsourced service provider meet this requirement on your behalf? YES NO
- 10. Do you require the use of 2 factor authentication for all remote access? YES NO
- 11. Do you encrypt all mobile devices and laptops which are used to store personal data? YES NO
- 12. Are access controls employed using the principle of least privilege? YES NO
- 13. Are you currently up to date with any relevant regulatory and industry framework? (e.g. Payment Card Industry (PCI), PIPEDA, CAN-SPAM Act, CPA or similar) YES NO
- 14. Do you have a process in place whereby checks are in place to ensure that any website or print content does not infringe on any trademarks or copyrights? YES NO
- 15. How do you protect personal data? (e.g. Access controls, segregation, encryption)

CLAIMS/CIRCUMSTANCES:

- 16. Have you had any claims or circumstances within the past 5 years that would have triggered the proposed policy? YES NO
 If yes, please describe the incident: _____
- 17. In light of any incident, please provide details of any repeat attacks and remediation work that has been undertaken as a result.

LIMIT REQUIRED:

- \$100,000 \$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name: _____	Position Held: _____
Applicant's Signature: _____	Date: _____
Brokerage: _____	Broker Name: _____
Broker Email: _____	Broker phone: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizcommercial@premiergroup.ca **

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