

## RENEWAL QUESTIONNAIRE - MISCELLANEOUS PROFESSIONALS Page 1 of 1 Name of applicant: Policy Number: Expiry Date: \_\_\_\_\_ Have there been any changes in operations? YES ☐ NO ☐ (If YES, please describe): \_\_\_\_ Are all online and remote IT services that the Insured own, utilise and operate for its business during the current COVID-19 crisis ☐ YES ☐ NO functioning properly? Are all records, data and files that the Insured own, utilise and operate for its business are and have been accessible during the ☐ YES ☐ NO current COVID-19 crisis? Operations or Services: Actual Revenues for expiring term: Est. Annual Revenue - next 12 months: Nature of Work: CDN\$ US\$ FOREIGN\$ CDN\$ US\$ **FOREIGN\$** Total What is the Applicant's average contract value? Largest contract value? Current Number of US Employees: \_\_\_\_ Current Number of CDN Employees: \_\_\_\_ Is the Company (partners, directors, officers or employees) aware of any disputes or fee disputes since the last application for ☐ YES ☐ NO insurance was completed? (If YES, please describe): \_ Is the Company (partners, directors, officers or employees) aware of any other fact, situation or circumstance that may result in a ☐ YES ☐ NO written demand or civil proceedings for compensatory damages? (If YES, please describe): Additional Insured(s) (If applicable): \_ NEW THIS YEAR, ENHANCED WORDING AVAILABLE FOR "CYBER LIABILITY" PLEASE CONFIRM: ☐ YES ☐ NO Does the Company store any medical/health information for clients? • If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? ☐ YES ☐ NO • If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and ☐ YES ☐ NO firewalls in place)? • Higher cyber limits may be available, please contact your underwriter for details. Is all sensitive data encrypted while standing and during transmission? ☐ YES ☐ NO • If yes, please name the encryption technologies used: \_\_ ☐ YES ☐ NO Is there a virus protection program in place? ☐ YES ☐ NO Are there firewalls in place? 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. Name and Title of Applicant: Signature: \_\_ Brokerage: Broker Contact Name: \_\_\_\_ Signature: \_\_\_

Broker Email: \_\_\_\_\_

\*\* Email application and attachments to - processingcommercial@premiergroup.ca \*\*

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Broker fax:

Broker Telephone: \_\_