

By completing this Application the Applicant is applying for insurance with Northbridge General Insurance Corporation (the "Insurer").

PLEASE READ CAREFULLY: This is an Application for a Claims Made and Reported policy. If a Policy is issued, it will cover only claims first made and reported to the Insurer during the policy period. The payment of loss, claim expenses (if permitted by law) and first party loss will reduce the Limit of Liability.

All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use separate sheet(s).

A. General Information

1. Name of Applicant: _____

2. Mailing Address: _____

3. Year Applicant's Business was established: _____

4. Please describe the Applicant's operations: _____

5. Applicant is: Individual Partnership Corporation Other: _____

6. Please provide all public facing URLs

7. Does the Applicant comply with the following basic security requirements?

- | | | |
|---|-----|----|
| (a) continuously running anti-virus software with all vendor automatic updates accepted on all the Applicant's computer systems | Yes | No |
| (b) i) vendors automatic patching (updates) enabled for all software and operating systems OR | Yes | No |
| ii) patch cycles tested and deployed against large or critical sets of servers and desktops? | Yes | No |
| (c) Does the Applicant use current firewall technology? | Yes | No |
| (d) Is there an established and documented system backup and recovery procedure in place? | Yes | No |
| i) If Yes, is it implemented on all systems under the Applicant's control? | Yes | No |

8. Does the Applicant use intrusion detection software or other monitoring services? Yes No

9. Please provide your Consolidated Gross Revenue for the current fiscal year and number of employees (including volunteers & independent contractors) by country:

Country	Revenue	# of Employees
Canada	_____	_____
USA	_____	_____
Foreign	_____	_____

10. Please select the Cyber Risk Limit/Aggregate of insurance the Applicant requires:

- | | | | | | | |
|--|-----------|-----------|-----------|-------------|-------------|--------------|
| \$50,000 | \$100,000 | \$250,000 | \$500,000 | \$1,000,000 | \$2,000,000 | Other: _____ |
| a) Please select the deductible required | \$1,000 | \$2,500 | \$5,000 | \$10,000 | | |

Cyber Risk Insurance Application



A. General Information

b) Does the Applicant currently carry Cyber/Network Security & Privacy Liability Insurance Policy? Yes No

Insurer	Expiry Date	Limit	Deductible	Premium	Retro Date

i) If coverage sublimits apply in the Applicant's current insurance, please specify Unknown

11. Does the applicant have more than 50,000 PII* records in either paper or digital format? Yes No

If yes, how many? If no, please do not answer.

50,001 to 100,000	100,001 to 500,000	500,001 to 1,000,000
1,000,001 to 5,000,000	5,000,001 to 10,000,000	> 10,000,000

*PII is personally identifiable information that can be used to identify, contact or locate a single individual (e.g. Social insurance number; Drivers license; healthcare details; credit card details for clients and employees)

B. Custom coverage

Complete Section B through G only if the Applicant: Requires Monoline coverage; requires a limit more than \$1M; has more than 50,000 records OR annual revenues are more than \$15,000,001; otherwise skip to, and complete Sections E through G only.

12. Does the Applicant accept payment card transactions? Yes No N/A

If Yes, is the Applicant compliant with the respective PCI DSS level? Yes No

If No, please explain why _____

If NO or N/A to Question 12, please explain why N/A or if No, provide the action plan to address non-compliant requirements or last date compliant.

13. Do all wireless networks have protected access using WPA2 or equal capabilities? Yes No

14. Does the Applicant have access control procedures and drive encryption to prevent unauthorized exposure of data on all portable devices (USB drives, laptops, smartphones, etc.)? Yes No

15. Does the Applicant encrypt all personally identifiable data while at rest in storage and during transmission? Yes No

(i) Is there an online multifactor authentication method required to access company sensitive data? Yes No

16. Does the Applicant have a documented information security policy? Yes No

(i) Are all employment positions clearly defined and employees assigned specific rights, privileges, and unique user ID passwords, which are reviewed and validated periodically? Yes No

(ii) Does the Applicant immediately terminate all associated computer access and user accounts as part of the exit process when an employee leaves the company? Yes No

(iii) Do all employees receive awareness training on cyber threats that can lead to breaches? Yes No

17. In the event of an attack (e.g. ransomware) what is the applicant's RTO (Restore time objective)?

1 - 4 hours	4 - 8 hours	8 - 12 hours	More than 12 hours
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(i) How does the applicant plan to accomplish that objective? _____

Cyber Risk Insurance Application



B. Custom coverage

18. Does the Applicant have a formal program in place to conduct third-party penetration testing or audit network security controls annually?	Yes	No	
(i) If YES, are test/audit findings tracked, remediated and retested?	Yes	No	
19. Does the Applicant have a documented privacy policy including breach reporting guidelines? If Yes:	Yes	No	
(a) Does it address the Applicant's provincial obligations under privacy and data protection laws?	Yes	No	
(b) Does it address the Applicant's worldwide obligations under privacy and data protection laws?	Yes	No	N/A
(c) Does it include a statement for users as to how their information collected will be used, and for what purposes?	Yes	No	
(d) Are there procedures			
(i) for honouring customers' requests for access to their personal information?	Yes	No	
(ii) for honouring customers "opt-out" requests?	Yes	No	
(iii) to monitor the period for which customer data is retained and processes for deleting this information at the end of that period?	Yes	No	
(iv) for deleting all sensitive data from systems and devices before their disposal or being assigned to new users within the company?	Yes	No	

C. Third-Party Service Providers

20. Does the Applicant conduct regular reviews of your third-party service providers and partners to ensure that they meet the Applicants requirements for protecting information in their care?	Yes	No	
21. Does the Applicant obtain proof of Cyber/Network Security & Privacy Liability or Technology E&O Insurance from such third party service providers and partners?	Yes	No	

D. Multimedia & Intellectual Property

22. Does all public facing media activity receive legal review before publication?	Yes	No	
23. Does the Applicant have a process in force to review all content and media releases for trademark and copyright clearance and ensure consent of use is obtained before publication?	Yes	No	
24. Does the Applicant have procedures to either edit, remove or respond to offending, inappropriate, inaccurate or infringing content, including website or social media content?	Yes	No	

E. Warranty Statements

25. During the last 5 years has the Applicant experienced a network security breach, virus or malicious code attack, loss or theft of data (physical or digital), or a hacking or ransomware incident?	Yes	No	
26. Are there any facts, circumstances or situations which could give rise to a claim being made against any insured that may be covered by this Policy?	Yes	No	
27. During the last 5 years, has any loss or any claim been made against the Applicant, whether insured or not, in respect to any of the types of insurance requested in this Application?	Yes	No	
28. Has the Applicant ever been declined, non-renewed or cancelled by any insurer for Cyber/Network Security & Privacy Liability Insurance?	Yes	No	
If YES, please explain:	_____		

Cyber Risk Insurance Application



E. Warranty Statements

29. During the last 5 years, has the Applicant received a complaint regarding content posted online by or on behalf of the Applicant? Yes No

If YES to any of the above in Section E, please provide full details on a separate sheet, including (i) date of such claim, (ii) claimant's name, (iii) description including damages alleged, (iv) amount of indemnity and expenses paid and (v) current status & (vi) Corrective measures implemented to prevent similar claims.

Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in response to Question 26, any claim or action arising from such fact, circumstance or situation will be excluded from coverage under the proposed policy, if issued by the Insurer.

F. Declarations

- (i) The Applicant's submission of this Application, and its attachments, does not obligate the Insurer to issue, or the Applicant to purchase a policy. This Application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed to be attached to and form part of the policy. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary and is permitted by law.
- (ii) **Coverage cannot be bound unless this Application form has been fully completed and signed.** The undersigned has the power to complete and execute this Application, including Question 26, on behalf of all persons proposed for this insurance and declares that, after inquiry, the statements set forth herein, together with all materials and information submitted or requested by the Insurer, are true.

G. Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, declares that it has obtained the necessary consent for the collection, use and disclosure by the Insurer of any personal information provided above or in connection with this application or any renewal or change in coverage, for the purposes of offering and providing products and services to meet the insured organization's needs, assessing and underwriting risks on a prudent basis, determining insurance product prices, investigating and settling claims, detecting and preventing fraud or other illegal activities, analyzing business results and compiling statistics, reporting to regulatory or industry entities, and acting as required or authorized by law.

COMPLETED AND DULY SIGNED AND DATED.

Signed: _____ Please print name: _____
Title: _____ Date: _____