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## APPLICATION – 2.0 - INSURANCE FOR SOCIAL MEDIA COMPANIES

This is an application for a media liability package policy aimed at a wide range of social media and web 2.0 companies. As well as cover for intellectual property rights infringement and defamation, the policy also includes Errors and Omissions, cyber and privacy liability, privacy breach notification costs, property, business interruption and Commercial General Liability. Limits are available up to \$10,000,000 and worldwide cover is provided as standard. Simply complete the form and return it to your agent.

### INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the 2.0 policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses 1, 2, 3, 4 (sections A and B only) and 6 (section A only) of this policy provide cover on a claims made basis. Under these insuring clauses any claim must be first made against the insured and notified to us during the period of the policy to be covered. These insuring clauses do not cover any claim arising out of any actual or alleged wrongful act occurring before the retroactive date.

### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. Once you have completed the form please return it directly to your insurance agent.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the additional information section at the back of the form.

**SECTION 1: COMPANY DETAILS**

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Insured company: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

1.2 Please state when your company was established: \_\_\_\_\_

1.3 a) How many principals / directors / officers / partners are there in the company? \_\_\_\_\_

b) Please show the details of all principals / partners / directors:

NAME	YEARS IN POSITION	YEARS EXPERIENCE	QUALIFICATIONS

c) Please state the number of employees: \_\_\_\_\_

1.4. Please state the following:

	LAST COMPLETE FINANCIAL YEAR	ESTIMATE FOR CURRENT FINANCIAL YEAR	ESTIMATE FOR NEXT FINANCIAL YEAR
Canadian revenue:	\$	\$	\$
USA revenue:	\$	\$	\$
Other territory revenue:	\$	\$	\$
Total revenue:	\$	\$	\$
Gross profit:	\$	\$	\$
Payroll:	\$	\$	\$

Date of company financial year end: \_\_\_\_\_ Currency: \_\_\_\_\_

1.5 Please provide details on any private equity or venture capital funding received to date, or planned funding rounds in the next 12 months:

DATE OF FUNDING	FUNDING AMOUNT	INVESTOR
	\$	
	\$	
	\$	
	\$	
	\$	

## SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your websites or applications:

*If you have a brochure, or company literature, please attach to this form.*

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2.2 Please provide a full breakdown of your total revenue by source (e.g. advertising, subscriptions, product sales etc.):  
*The total of all revenue sources listed here should equal 100%.*

	%
	%
	%
	%
	%
	%
	%
	%
	%
Total	%

2.3 Do your activities include event or conference organizing?  Yes  No

If Yes, please provide details of the type of events organized below:

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2.4 Do your activities include the sale of any tangible goods or products (i.e. excluding software or services)?

Yes  No If Yes, please provide details:

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2.5 Do your activities include filming on location in an area to which the public have access?  Yes  No

If Yes, please provide details:

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2.6 Do your activities include rigging or set construction?  Yes  No

If Yes, please provide details:

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2.7 Do any of your employees engage in manual work?  Yes  No

If Yes, please state the percentage of your overall payroll that relates to manual work: \_\_\_\_\_%

2.8 Do any of your employees work at a height in excess of 10 metres?  Yes  No

If Yes, please provide more details:

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2.9 Please list all of your current public facing URLs:

URL	NATURE OF WEBSITE	STAGE OF DEVELOPMENT (E.G. ALPHA, BETA, LIVE)	ESTIMATED CURRENT MONTHLY UNIQUE VISITORS	ESTIMATED MONTHLY UNIQUE VISITORS OVER THE NEXT 12 MONTHS

2.10 Please detail which of the following data types you collect:

Credit or debit card details  Yes  No

Social security numbers  Yes  No

Credit history or ratings  Yes  No

Medical records or health information  Yes  No

Customer bank records or details  Yes  No

Third party corporate confidential data  Yes  No

### SECTION 3: RISK MANAGEMENT

3.1 Do you have a written procedure for ensuring all appropriate licensing fees are paid with respect to any third party content that you use (e.g. music, video, etc.)?  Yes  No

If No, please provide details:

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3.2 Please provide the name of the law firm you consult in respect of your social media activities, including content review procedures and complaints handling:

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3.3 Is all advice adhered to?  Yes  No

If No, please explain under what circumstances:

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3.4 Has your business concept been subject to full legal review?  Yes  No

If Yes, please detail any qualifying remarks:

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3.5 Do you have written notice and takedown procedures to either edit, remove or respond to offending, inappropriate, inaccurate or infringing content?  Yes  No

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3.6 What process do you have in place for moderating user generated content (UGC)?

All UGC moderated prior to publication

All UGC moderated post publication

All UGC reactively moderated in response to community feedback

3.7 Do you use any digital fingerprinting software to automatically identify similar content to that which has already been subject to an infringement notice?  Yes  No

3.8 Do you trademark your proprietary products?  Yes  No

If No, please explain why:

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3.9 Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data?

Yes  No

3.10 Do you have a privacy policy and terms of use on your website?  Yes  No

If Yes, has it been legally reviewed?  Yes  No

If you have answered 'No' to either of the above questions, please explain below:

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3.11 Do you have a specific policy for managing all "opt-in"/ "opt-out" marketing requests?  Yes  No

If No, then please explain:

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3.12 Do you ensure parental consent is obtained before collecting personal information on minors?  Yes  No

3.13 Do your internal IT systems comply with all of our minimum security requirements detailed below?  Yes  No

- Anti-virus software must be installed on all desktops and servers (excluding database servers) and updated on at least a weekly basis;
- All external network gateways must be protected by a firewall;
- All critical data must be backed up on at least a weekly basis;
- All back-ups should be stored in a secure location offsite or in a fireproof safe; and
- The integrity of all back-ups should be verified on at least a monthly basis.

If No, then please explain:

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3.14 In the event of a system interruption (including web downtime), what is your maximum estimated daily financial loss?  
\$ \_\_\_\_\_ Note: This figure will set the maximum limit for your system business interruption cover.

3.15 Do you ensure that all sensitive data is encrypted while standing and during transmission?  Yes  No

3.16 Do you outsource the handling of sensitive data to any third party?  Yes  No

## SECTION 4: PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_

PREMISES 2

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_

Please continue on a separate sheet if more than 2 premises are to be insured.

4.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of party: \_\_\_\_\_

Interest of party \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

4.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?  Yes  No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?  Yes  No

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?  Yes  No

d) In a good state of repair and occupied solely as offices?  Yes  No

e) Self contained with a lockable entrance door?  Yes  No

f) Protected by an intruder alarm that is subject to an annual maintenance contract?  Yes  No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system  Yes  No

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?  Yes  No

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No

j) Fitted with sprinklers either fully or partially?  Yes  No

NOTE: Assuming you have answered Yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

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## SECTION 5: INSURANCE REQUIREMENTS

5.1 Please provide details of your current or required insurance policies:

TYPE OF INSURANCE	INCEPTION/ EXPIRY DATE	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	INSURER	RETROACTIVE DATE (IF KNOWN)
Media Liability		\$	\$	\$		
Errors and Omissions		\$	\$	\$		
Cyber/Privacy Liability		\$	\$	\$		
Commercial General Liability		\$	\$	\$		
Property		\$	\$	\$		

5.2 Please detail the amounts to be insured below for each premises (complete only if you require property cover):

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main building	\$	\$
Landlord's fixtures & fittings and tenant improvements	\$	\$
All items at your premises or in a secure alternative location <sup>1</sup>	\$	\$

<sup>1</sup> If some of your contents are stored in a secure alternative location (such as a hosting facility) please list these alternative locations in question 4.1.

5.3 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items: \$\_\_\_\_\_

Please also state the approximate percentage of the time that these items are away from your premises: \_\_\_\_\_%

5.4 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these items: \$\_\_\_\_\_

Please also state the approximate percentage of the time that these items are away from your premises: \_\_\_\_\_%

5.5 Would you like a quotation for either of the following extensions: Earthquake:  Yes  No  
Flood:  Yes  No

5.6 Please detail the amounts to be insured below for business interruption cover (complete only if you require this cover):

Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to recommence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of revenue, costs and expenses, loss of research and development expenditure, project delay costs or outstanding debts. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business interruption cover ('Flexible First Loss'):	\$	

## SECTION 6: CLAIMS EXPERIENCE & INSURANCE HISTORY

6.1 Regarding all of the types of insurance to which this application form relates AFTER FULL ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last 5 years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a, b, c, d and e above:  Yes  No

If the answer to the above is Yes, then please complete the attached claims history form.

## ADDITIONAL INFORMATION:

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ADDITIONAL INFORMATION (CONTINUED):

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We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

# CLAIMS HISTORY FORM

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$