



[Professional Services]  
**CYBERSURE APPLICATION**  
Comprehensive Cyber Insurance



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# CYBERSURE APPLICATION

## PART 1 GENERAL INFORMATION

Broker:	Contact Person:	Tel:
Name of Insured (Full Legal Name):		
Operating Name:		
Business Office Address:		Postal Code:
Mailing Address (if different than above):		Postal Code:
Business Website (URL):		
Date Established (DD/MM/YY):	Number of Employees:	
Annual Gross Income: \$	Annual Net Operating Expenses: \$	
Percentage of Annual Gross Revenue generated from the United States:	%	
Business Description:		

### PRIMARY INDUSTRY

Please select the most appropriate industry class that applies to your organization

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> Accommodation & Food Services           | <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting | <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Automotive Repair            | <input type="checkbox"/> Construction  |
| <input type="checkbox"/> Educational Services                    | <input type="checkbox"/> Finance & Insurance                      | <input type="checkbox"/> Healthcare & Social Assistance   | <input type="checkbox"/> Information & Technology     | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Mining, Quarrying, Oil & Gas Extraction | <input type="checkbox"/> Personal Services                        | <input type="checkbox"/> Professional Services            | <input type="checkbox"/> Public Administration        | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> Religious Organizations                 | <input type="checkbox"/> Rental & Leasing                         | <input type="checkbox"/> Retail Trade                     | <input type="checkbox"/> Transportation & Warehousing | <input type="checkbox"/> Utilities     |
| <input type="checkbox"/> Wholesale                               |   |   |   |  |

## PART 2 POLICY DETAILS

Policy Period: Effective: (DD/MM/YY) To: Expiry Date: (DD/MM/YY)

#### Combined Annual Aggregate Limit Requested

- \$25,000   
  \$50,000   
  \$100,000   
  \$250,000   
  \$500,000   
  \$1,000,000

#### Deductible Requested \*

- \$1,000   
  \$2,500   
  \$5,000   
  \$10,000   
  \$250,000   
  \$50,000   
  \$100,000

\*Minimum Deductible available for \$250,000, \$500,000, and \$1,000,000 limits is \$2,500

## PART 3 PREVIOUS CYBER HISTORY

With respect to the prior insurance history, which of the following statements apply to your organization? (Please select all that apply)

- You currently hold or have ever held cyber insurance providing the same or similar coverage as the insurance sought
- Any insurer cancelled or non-renewed a policy that provided the same or similar coverage as the insurance applying for

## PART 4 PREVIOUS CYBER INCIDENTS

Have you, at any time during the past 36 months, experienced any cyber incident(s) mentioned below or experienced a lawsuit or other formal dispute (with either a private party or government agency) arising from a cyber incident?  Yes  No

If "Yes" to above, the following questions must be answered. If "No" please proceed to Part 5.

How many cyber incidents did you experience in the past 36 months?  One  Two  Three or more

**Please select any boxes below that relate to any cyber incident that you have experienced in the last 36 months:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Business Income Loss              | <input type="checkbox"/> Cyber Extortion          | <input type="checkbox"/> Data Loss               | <input type="checkbox"/> Denial of Service Attack    |
| <input type="checkbox"/> Electronic Media Incident         | <input type="checkbox"/> Fraud Loss               | <input type="checkbox"/> Incident Response Costs | <input type="checkbox"/> Malware Infection & Hacking |
| <input type="checkbox"/> Network Service Failure Liability | <input type="checkbox"/> Personal Identity Theft  | <input type="checkbox"/> Privacy Breach          | <input type="checkbox"/> Ransomware                  |
| <input type="checkbox"/> Regulatory Proceeding             | <input type="checkbox"/> Theft or Loss of Laptops |  |  |
| <input type="checkbox"/> Other (please specify: _____)     |   |  |  |

Are you aware of any actual or alleged fact, circumstance, situation, error or omission, or potential issue which might give rise to a loss or claim against you under the cyber insurance policy for which you are applying for or any similar insurance presently or previously in effect or currently proposed?

Yes  No

Please provide details regarding the above cyber incident(s), including dates of loss, Cause of Loss and individual loss amounts:

Please provide details regarding any, and all, corrective actions taken in response to above cyber incident(s) to mitigate future exposures:

**No additional information is needed if Limit requested is \$25,000 or \$50,000. You may skip Parts 5 - 8 below. Below additional questions are only required for \$100,000, \$250,000, \$500,000 and \$1,000,000 Limits.**

## **PART 5 BACKUP AND ARCHIVING**

With respect to the data backup, which of the following statements apply to your organization? **(Please select all that apply):**

Performing backups of business critical data on at least a weekly basis

The backups of business critical data is stored offsite in a secure location

You store backups of business critical data in an offsite secure location and you test the restore process

If you test your restore process, please select the frequency:  Monthly  1 – 6 months  6 months or

## **PART 6 COMPUTER SYSTEMS CONTROL**

With respect to your computer/network systems, which of the following incident preventative actions do you currently have in place? **(Please select all that apply):**

Using up-to-date anti-virus and anti-malware protection on all your endpoints (desktops, laptops, servers, etc.) and firewalls on all of your internal access points

Implementing all critical patches for zero day vulnerabilities after they have been released by the vendor

Requiring Multi Factor Authentication (MFA) for any remote access to your network as well as all Company email accounts

Providing each user of your system with a separate individual account

**PART 7 INTERNAL POLICIES AND STANDARDS**

Which of the following data security and privacy policies have you implemented at your organization? (Please select all that apply)

Restricting employees' and external users' access to IT systems privileges and personal information on a business-need-to-know basis	<input type="checkbox"/>
Implementation of a Business continuity plan, recovery plan and/or an incident response plan	<input type="checkbox"/>
Encryption all of your mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data?	<input type="checkbox"/>
Reviewing all advertising and other content prior to publication	<input type="checkbox"/>
Provide annual training and education to employees to increase security awareness and to prepare users to be more resilient and vigilant against phishing	<input type="checkbox"/>
Implementing a password policy enforcing the use of long and complex passwords across your organization?	<input type="checkbox"/>
Long and complex passwords are defined as: eight characters or more; not consisting of words included in dictionaries; free of consecutive identical, all-numeric or all-alphabetic characters	<input type="checkbox"/>

**PART 8 CRIME CONTROLS**

Reviewing and authorizing any transfer of funds, signing of cheques (above \$10,000) or issuing instructions for the disbursement of assets, funds or investments by at least two members of staff	<input type="checkbox"/>
Verifying all requests to change customer/vendor/supplier details by confirming via a direct call using the existing contact information previously provided and on file from the entity requesting the change	<input type="checkbox"/>

**NOTICE TO APPLICANT:**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**BROKER DECLARATION**

How long have you known this applicant? \_\_\_\_\_

Is this account new or renewal to you? \_\_\_\_\_

Have you personally viewed the applicants operations? \_\_\_\_\_

What is the condition of facilities and equipment? \_\_\_\_\_

What is the applicant's attitude toward risk management and insurance? \_\_\_\_\_

Do you recommend this applicant? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_