



# Cyber Liability Policy Application

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. **PLEASE ONLY COMPLETE SECTIONS THAT APPLY TO THE COVERAGE BEING REQUESTED.**

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 and attach separate sheet(s).

## Coverage Requested

|  | Yes / No   | Limit    | Retention |
|--|--|----------|-----------|
| • Network Security and Privacy Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | \$ _____  |
| • Media and Advertising Liability        | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | \$ _____  |
| • Network Extortion Threat               | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | \$ _____  |
| • Breach Event Services and Expenses     | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | \$ _____  |

## General Information

- Name of Applicant: \_\_\_\_\_
  - Mailing Address: \_\_\_\_\_  
Location Address (if different than above): \_\_\_\_\_
  - Applicant is:  Sole Proprietor  Corporation  Partnership  Other: \_\_\_\_\_
  - Date Established: \_\_\_\_\_
  - Web-Site Address(es): \_\_\_\_\_

- Is the Applicant controlled or owned by any other firm or business enterprise? Yes  No   
If Yes, provide the following information (if more space is required, complete and attach a separate sheet):

| Name of Entity | Nature of Operations / Relationship | % of Ownership |
|----------------|-------------------------------------|----------------|
|                |                                     | %              |
|                |                                     | %              |
|                |                                     | %              |

- Does the Applicant have any subsidiaries, past or present, that are, or were, more than 50% owned or controlled by the Applicant, either directly or indirectly through one or more of its subsidiaries, for which coverage is required? Yes  No

If Yes, provide the following information (if more space is required, complete and attach a separate sheet):

| Name of Entity | Nature of Operations | Jurisdiction of Incorporation | % of Ownership |
|----------------|----------------------|-------------------------------|----------------|
|                |                      |                               | %              |
|                |                      |                               | %              |
|                |                      |                               | %              |

- Does the Applicant have any business, premises or operations in the United States or foreign countries? Yes  No

If Yes, provide full details:

\_\_\_\_\_

\_\_\_\_\_

- (d) Does the Applicant share their systems with any of the above entities? Yes  No
- (e) Does the Applicant allow or have access to any other third-party system? Yes  No

If Yes, provide full details: \_\_\_\_\_

**Business Activities / Details**

3. (a) Business description: \_\_\_\_\_  
 \_\_\_\_\_

- (b) During the past 24 months has there been any change in the nature and size of the Applicant's business? Yes  No
- (c) In the next 12 months does the Applicant anticipate any significant change in the nature and size of their business? Yes  No
- (d) During the past 24 months has the Applicant's name changed or has the Applicant purchased, merged or consolidated with any other business? Yes  No
- (e) Does the Applicant provide data processing, data storage or data hosting services to third parties? Yes  No

If Yes to any of the above, provide full details: \_\_\_\_\_  
 \_\_\_\_\_

4. (a) Last completed Fiscal Year is from: \_\_\_\_\_ to \_\_\_\_\_  
 (Month/Year) (Month/Year)

(b) Provide the following information (at the time of completing this Application):

|                                | Canada | U.S.A. | Foreign / International |
|--------------------------------|--------|--------|-------------------------|
| Total Number of Employees      |        |        |                         |
| Total Number of Customers      |        |        |                         |
| Percentage of Online Customers | %      | %      | %                       |

(c) Gross Revenue by country:

|                            | Last Year's Gross Revenue | Estimated Current Year Gross Revenue | Projected Next Year's Gross Revenue |
|----------------------------|---------------------------|--------------------------------------|-------------------------------------|
| Canada                     | \$                        | \$                                   | \$                                  |
| U.S.A.                     | \$                        | \$                                   | \$                                  |
| Foreign / International    | \$                        | \$                                   | \$                                  |
| <b>TOTAL GROSS REVENUE</b> | <b>\$</b>                 | <b>\$</b>                            | <b>\$</b>                           |

(d) For the total Last Year's Gross Revenue indicated in (c) above, what is the approximate percentage of revenue generated online? \_\_\_\_\_%

**Network Security and Privacy & Breach Event Services Coverages**

5. (a) Does the Applicant have a Chief Privacy Officer, or Chief Information Officer who has responsibility for meeting worldwide obligations under privacy/data protection laws? Yes  No

If No, provide details on who is responsible for security and privacy: \_\_\_\_\_  
 \_\_\_\_\_

- (b) Does the Applicant have written information security and privacy policies which outlines the company controls and procedures for the secure care, handling, storage and access of private, sensitive or confidential information? Yes  No
- (c) Do these policies comply with laws governing the handling and/or disclosure of such information? Yes  No
- (d) Does the Applicant perform security audits to ensure compliance with the security policy? Yes  No
- If Yes: (i) who performs the audits? \_\_\_\_\_
- (ii) frequency of audits: \_\_\_\_\_
- (iii) are recommendations always followed? Yes  No
- (e) Does the Applicant perform privacy audits to ensure compliance with their privacy policy? Yes  No
- If Yes: (i) who performs the audits? \_\_\_\_\_
- (ii) frequency of audits: \_\_\_\_\_
- (iii) are recommendations always followed? Yes  No
- (f) Are all employees trained in security & privacy policies with documentation of training? Yes  No
- (g) Does the Applicant employ electronic information gathering techniques such as spyware, adware, cookies, Google Analytics or Meta Pixel? Yes  No
- If "Yes", have your clients, employees, or any other person that is the subject of these information gathering techniques, been made aware of, and have they consented to, this information being collected? Yes  No
6. (a) Is the Applicant familiar with the new privacy laws in Québec, known as Law 25 (ex-Bill 64) that came into effect September 2022? Yes  No
- (b) Is the Applicant in compliance with the provisions of such privacy laws mentioned in (a) above? Yes  No
- If "No" to any of the above, please explain: \_\_\_\_\_
- 
7. (a) Does the Applicant collect, process or maintain personal information as part of business activities including collecting over a website? Yes  No
- (b) Does the Applicant's website display a privacy disclosure statement or notice? Yes  No
- (c) Indicate the types of private and sensitive information that the Applicant receives, stores, uses or processes:
- (i) financial account payment information:
- (A) credit card or debit account number: Yes  No
- (B) chequing, banking or automated clearing house information: Yes  No
- (C) financial data: Yes  No
- (ii) government issued identification information: Yes  No
- (iii) name, address, contact information: Yes  No
- (iv) medical or health related information: Yes  No
- (v) information on children who use the Applicants website: Yes  No
- If Yes, are there controls in place to obtain parental permission: Yes  No
- (vi) trade secrets or intellectual property information: Yes  No
- (vii) third party corporate information: Yes  No
- (d) (i) Provide the number of records maintained by the Applicant containing the information noted in (c) above:

- 0-5,000                       5,001-10,000                       10,001-25,000                       25,001-50,000  
 50,001-100,000                       If above 100,000, provide amount: \_\_\_\_\_

(ii) What percentage of these individuals live in the United States? \_\_\_\_\_ %

- (e) Is any personal or private information gathered from customers or users, sold, disclosed or distributed to any third party? Yes  No   
 If Yes, is prior permission obtained from the customers or clients? Yes  No
- (f) Is employee access to personally identifiable or sensitive information:  
 (i) on a business need to know basis? Yes  No   
 (ii) terminated immediately when an employee exits the company? Yes  No
- (g) Are third party vendors provided private or sensitive information? Yes  No   
 If Yes, is there a review completed of the third party vendor's information security plan? Yes  No

8. (a) Describe security of the Applicant's premises and facilities: \_\_\_\_\_

\_\_\_\_\_

(b) Describe security measures used to prevent access to Applicant's systems or servers (both internally and externally):

\_\_\_\_\_

(c) Describe security measures used to protect confidentiality and integrity of the Applicant's data or data which is entrusted to the Applicant:

\_\_\_\_\_

9. Does the Applicant currently have the following IT security features in place?

|   |   |   |   |
|---|---|---|---|
| Anti virus  | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> | Firewall                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> |
| Advanced endpoint protection (malwares)                     | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> | Incident response plan                        | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> |
| Device inventory  | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> | Intrusion detection system                    | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> |
| Document/email retention and destruction policy             | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> | Multi-factor authentication                   | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> |
| Employee training in security and privacy policies          | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> | Penetration tests                             | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> |
| Encryption on mobile devices                                | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> | Scanned incoming emails for malicious content | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> |
| Encryption on backups                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> | Spam filtering                                | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> |
| Encryption on databases and servers                         | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> | VPN for remote access                         | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> |
| Encryption on data transmitted within and from organization | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> | Vulnerability scans                           | Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> |

**If you answered "No" or "Partial" to any of the above, please provide detailed explanations in Appendix A at the end of this form.**

10. If the Applicant accepts credit or payment card transactions for the payment of goods or services, is the Applicant compliant with applicable data transaction compliance standards (i.e. Payment Card Industry Data Security Standard compliance)? Yes  No
11. (a) Does the Applicant enforce a software update process, including patches and anti-virus software? Yes  No
- (b) How frequently is patching done? Please describe: \_\_\_\_\_
- (c) Does the Applicant use any end-of-life or unsupported software? Yes  No   
If Yes, how are they separated from the rest of the Applicant's network? \_\_\_\_\_
- (d) How frequently are computer systems and data backups performed? \_\_\_\_\_
- (e) How frequently are such backups tested? \_\_\_\_\_
- (f) Are backups stored off-site in a secure location? Yes  No
- (g) Does the Applicant have an incident response plan dealing with network unauthorized access or computer viruses? Yes  No
- (h) Does the Applicant have a disaster recovery plan or business continuity plan in force to avoid business interruption due to system failure? Yes  No
- (i) What would be the maximum estimated daily financial loss in the event of a system interruption including web down-time? \$ \_\_\_\_\_
12. (a) Describe all security breaches and privacy complaints or violations that have occurred in the last 5 years:  
\_\_\_\_\_  
\_\_\_\_\_
- (b) Describe preventive measures taken to avoid future security breaches or privacy violations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Are any of the following network system functions outsourced to a third party?
- (a) Hosting Facility Yes  No
- (b) Co-location Facility Yes  No
- (c) Management Security Services Provided Yes  No
- (d) Data Storage Facility Yes  No
- (e) Other (provide details): \_\_\_\_\_
- If Yes: (i) is a written agreement in place with the third-party provider? Yes  No
- (ii) does the agreement require a level of security commensurate with the Applicants information systems security policy? Yes  No
14. Does the Applicant have any unpatched vulnerabilities? Yes  No
- If "Yes", Are any of those unpatched vulnerabilities associated with a known widespread event such as Solar Winds, Microsoft Exchange, Log4j? Yes  No
- If "Yes", please Explain: \_\_\_\_\_  
\_\_\_\_\_
15. What process or procedure is in place to ensure outsourced service providers have addressed the Log4j vulnerability? \_\_\_\_\_  
\_\_\_\_\_

16. Does the Applicant currently hold the Cyber Secure Canada, ISO 27000 or ISO 27001 certification, or any other similar cyber security certification? Yes  No

**Media and Advertising – complete this section only if this coverage is being requested.**

17. (a) Provide the following details on the websites the Applicant administers:

| Website Address* | Type of Content on the Website | Avg Views per Month |
|------------------|--------------------------------|---------------------|
|                  |                                |                     |
|                  |                                |                     |
|                  |                                |                     |
|                  |                                |                     |

\*If a website is not yet online, attach a description.

(b) Do any of the websites contain blogs, chat rooms or forums? Yes  No

If Yes, provide full details: \_\_\_\_\_

18. (a) Indicate the type of content utilized by the Applicant (check all that apply):

| Content                |                          | Content           |                          |
|------------------------|--------------------------|-------------------|--------------------------|
| Adult                  | <input type="checkbox"/> | Gambling / Gaming | <input type="checkbox"/> |
| Advertising            | <input type="checkbox"/> | Legal             | <input type="checkbox"/> |
| Children's Interest    | <input type="checkbox"/> | Medical           | <input type="checkbox"/> |
| Commentary / Editorial | <input type="checkbox"/> | Music             | <input type="checkbox"/> |
| Customer Application   | <input type="checkbox"/> | News              | <input type="checkbox"/> |
| Downloadable Software  | <input type="checkbox"/> | Sports            | <input type="checkbox"/> |
| Film / Video           | <input type="checkbox"/> | Travel            | <input type="checkbox"/> |
| Financial              | <input type="checkbox"/> | Other: _____      | <input type="checkbox"/> |

(b) Indicate the percentage of content:

(i) created by the Applicant: \_\_\_\_\_ %

(ii) created by others for the Applicant: \_\_\_\_\_ %

(iii) previously published, broadcast, released, etc.: \_\_\_\_\_ %

(iv) content uploaded or created by users: \_\_\_\_\_ %

(c) Does the Applicant facilitate the uploading / downloading of content including software, applications, pictures or music? Yes  No

(d) Does a law firm, experienced in the Applicants field, review all content prior to posting, disseminating, uttering or releasing? Yes  No

(e) Does the Applicant edit, customize, amend or reconfigure any content created by others? Yes  No

(f) Do all parties providing content indemnify the Applicant in writing for claims arising out of use of such content, including previously published, broadcast or released content? Yes  No

(g) Does the Applicant always obtain full releases, rights, licenses and consent for all content provided by others including previously published, broadcast or released content? Yes  No

(h) Describe procedures to prevent infringement of copyrighted material, trademark and licensed software:  
 \_\_\_\_\_  
 \_\_\_\_\_

- (i) Describe the protocol for removing controversial, offensive, potentially defamatory or infringing material:

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**Prior Insurance**

19. (a) Provide details of all Cyber Liability Insurance held during the past three years:

| Name of Insurer | Limit of Policy | Deductible/Retention | Expiry Date | Premium |
|-----------------|-----------------|----------------------|-------------|---------|
|                 |                 |                      |             |         |
|                 |                 |                      |             |         |
|                 |                 |                      |             |         |

- (b) When was the first date on which the Applicant purchased continuous claims made coverage? \_\_\_\_\_  
(MM/DD/YYYY)

**Past Activities**

20. (a) Has any insurance been refused or cancelled in the past five years? Yes  No
- (b) Does the Applicant or any other person proposed for this insurance have knowledge or information of any claim, demand, suit, or proceeding which has been made or is pending against any insured proposed for coverage under the proposed insurance? Yes  No
- (c) Have there been any suits, claims, occurrences (including allegations) made against the Applicant or any other person proposed for this insurance in the last five years? Yes  No
- (d) Has the Applicant been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation in the last five years? Yes  No
- (e) Has the Applicant notified consumers or any other third party of a data breach incident involving the applicant in the last five years? Yes  No
- (f) Has the Applicant experienced an actual or attempted extortion demand with respect to its computer systems in the last five years? Yes  No
- (g) Has the Applicant been involved in, or is aware of, any disputes over any domain names under their control in the last five years? Yes  No

***If Yes to any of the above, attach details.***

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER**

21. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes  No

If Yes, provide details: \_\_\_\_\_

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It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

**FALSE INFORMATION**

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

**DECLARATIONS AND SIGNATURE**

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The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

|           |       |
|-----------|-------|
| Applicant | Date  |
| Signature | Title |



