



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 15 FOR DETAILS ON OUR PRIVACY POLICY.

Media Application Errors and Omissions General Liability Cyber

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

General Information

1. Please provide the following details (including all trading names and subsidiaries):

Name:	Date of establishment:

Website address:

2. Address/es of all companies (including subsidiaries):

Address including postal/zip code:

3. Please supply details of all principals, directors, partners:

Name:	Qualifications:	How long with the company?

4. Please state total numbers of:

Principals, directors, partners:	Qualified staff:	Administration:	Others:

5. Do you currently have a professional indemnity policy in place? Yes No

If YES, please provide:

Renewal date:

Limit of liability:

Retroactive date:

6. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation? Yes No

If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken:

7. Do you use sub-contractors? Yes No

If YES,

a. What percentage of your turnover was paid to sub-contractors in the last financial year? %

b. What is the nature of work undertaken by sub-contractors?

c. Do you require cover for them under this policy? Yes No

d. Are sub-contractors required to carry errors and omissions insurance to a similar limit? Yes No

If NO to 8d, please provide details as to why not:

8. Please complete the following:

a. Financial year end date:

	Last complete financial year	Current year	Estimate for coming year
b. Total turnover including fee income:	\$	\$	\$
c. Estimated percentage split of your turnover including fee income for:			
i. Work carried out for Canadian clients:	%	%	%
ii. Work carried out for US clients not subject to US law:	%	%	%
iii. Work carried out for US clients subject to US law:	%	%	%
iv. Work carried out for clients anywhere else in the world:	%	%	%
v. Operating profit:	\$	\$	\$

Business Activities

9. Split of turnover including fees in the last complete financial year. If a new start-up, please anticipate your figures:

Marketing consultancy	%
Market research	%
Digital marketing	%
Direct marketing	%
Telemarketing	%
Creation of content for advertisements	%
Design of printed literature and documents	%
Media buying / placement	%
Sales promotion	%
Graphic design	%
Corporate identity / brand consultancy	%
Creative consultancy	%
Public relations	%
Exhibition, conference design	%
Shop, point of sale design	%
Database management / list broking	%
Post production	%
Illustration and animation	%
Photography	%
Printing for third parties	%
Other work – details below	
	%
	%
Total	100%

10. Is there a structured process or procedure in place to ensure that your work does not infringe a third party’s intellectual property rights and that you obtain all appropriate licenses or permissions from copyright holders when you use any photographs, pictures, film clips, music or any other content? Yes No

If **NO**, please explain why not:

11. Do you use internal or external lawyers for clearance advice?

Yes

No

Please provide further details:

12. Please give details of your three largest contracts in the last five financial years (give details of current projects if new start-up):

Largest contract:

Start and end dates:

Nature of contract:

Name and business of client:

Total contract value:

Income to you:

Second largest contract:

Start and end dates:

Nature of contract:

Name and business of client:

Total contract value:

Income to you:

Third largest contract:

Start and end dates:

Nature of contract:

Name and business of client:

Total contract value:

Income to you:

13. If you send marketing communications to consumers including post, email, telephone or text, do you always obtain or verify explicit consent (opting in) from each individual before these communications are sent?

Yes

No

N/A

If NO, please explain:

14. Does your business process, transact or store any personal data as defined under consumer data protection law, or any other legal protection for personal data? Yes No

If YES, please confirm how many personal data records you process, transact or store annually

15. Do you carry out any printing activities for third parties? Yes No

If YES:

a. What is your largest print contract (by number of pieces printed)?

b. What is the total cost of your largest print contract? \$

c. Does any of your printing involve medical records, personally identifiable records, government records or financial information? Yes No

If YES, please provide details:

d. Do you always obtain final client sign-off before going to print? Yes No

16. Do you carry out any direct marketing or sales promotion work? Yes No

If YES, do you carry out any mailings? Yes No

If YES:

a. What is your largest mailing (by number of pieces printed)?

b. What is the total cost of your largest mailing contract? \$

c. Do you undertake 100% mailings (contracts where 100% of the client database must receive the mailing)? Yes No

i. If YES, please provide details of the nature of the mailing(s) and client(s)

ii. What percentage of your total mailings are 100% mailings? %

17. Do you produce any commercials or promotional films? Yes No

If YES, how is this split into the activities listed below:

a. Production of advertisements for commercial TV %

b. Production of advisements for cinema %

c. Production of promotional /information / corporate videos %

d. Production of music videos %

e. Others, please specify %

%

%

Total 100%

Risk Management

18. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes No

19. Above what amount do payments require at least a two-stage sign-off? \$

20. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? Yes No

If YES,

a. Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution? Yes No

b. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? Yes No

c. What steps have you taken to ensure that the transaction has been completed successfully?

21. Do you carry out work only under a standard contract signed by every client? Yes No

If YES, please supply a copy of your standard form of contract, or otherwise a typical example of contract used. Attached

If NO, are all contracts vetted by a legally qualified person before being agreed? Yes No

22. When entering into contracts do you always:

a. Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? Yes No

b. Cap your overall liability at a reasonable level? Yes No

c. Work to a written specification with your clients outlining the scope of each job? Yes No

d. Ensure that changes to the scope of work are reflected in a written variation of the contract? Yes No

If NO, to any of the above, please explain why:

23. Do you commit clients to contracts with third parties? Yes No

If **YES**, do you always obtain clients written acceptance of the terms of contracts before committing them? Yes No

If written acceptance is **NOT** obtained, please provide details as to why not or in what circumstances this might not happen:

24. Do you conduct any marketing material campaigns involving communications to consumers, including by post, e-mail, telephone or SMS? Yes No

If **YES**, do you have appropriate policies and procedures in place to ensure that specific consent has been obtained or verified in compliance with relevant data protection legislation? Yes No

If **NO**, please explain why not:

25. Does your business obtain, record, store or otherwise process any personal data as defined under any relevant data protection legislation? Yes No

If **YES**, please confirm:

e. How many personal data records are processed annually?

f. What proportion of data records processed contain a highly sensitive element (for example, banking account number, debit/credit card number, health information, passport number).

g. You adhere to and comply with the prevailing Canadian data security law where relevant? Yes No

26. Do you sell or share personally identifiable data with third parties? Yes No

If **YES**, please confirm that you obtain explicit consent from all relevant parties prior to such data being sold or shared.

27. Has any proposal for similar insurance made on your behalf, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied? Yes No

If **YES**, please provide details:

28. Is there any other information that you consider material to the insurance required?

Yes No

If YES, please provide details:

29. For what limits of indemnity are quotations required?

- \$250,000
- \$500,000
- \$1,000,000
- \$2,000,000
- \$5,000,000
- \$10,000,000
- Other

Claims

30. In respect of any of the risks to which this application relates:

- a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? Yes No
- b. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? Yes No

If YES to a. or b., please provide details:

Date of claim/loss:	Brief details of each claim/loss:	Total cost of claim/loss paid	Estimated total cost of claim/loss:

c. What steps have been taken to prevent a recurrence?

31. Are you, after full enquiry:

- a. Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners? Yes No
- b. Aware of any shortcoming in your work for a client which is likely to give rise to a claim against you? This includes
 - i. A shortcoming known to you, but not your client, which you cannot reasonably put right? Yes No
 - ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? Yes No
 - iii. An escalating level of complaint from your client on a particular project? Yes No
 - iv. A client withholding payment due to you after any complaint? Yes No

If **YES** to any of the above, please provide details:

-
- 32. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?** Yes No

If **YES**, please provide details:

General Liability

Only complete if GCL required, if not required, please tick here:

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- 33. Do you undertake any work of a manual nature (such as installation, construction, alteration, maintenance or repair work), either through your own direct employees or through any subcontractors engaged by you? (For the avoidance of doubt, this does NOT include the installation of IT hardware or software but DOES include the type of work expected of an electrical contractor e.g. re-wiring an office):** Yes No

If **YES**, please provide details:

34. Do you manufacture any products or do you supply any products that are manufactured by others? (This is not applicable to Technology Consultants or Technology Contractors, unless the failure of the product to perform its intended function could result in loss of life, bodily injury or destruction of or damage to physical property): Yes No

If YES, please provide details:

35. Do you carry out any work in the USA and if so, does this represent more than 20% of your total turnover? Yes No

If YES, please provide details:

36. Do you perform work above two stories in height (other than interior remodelling)? Yes No

If YES, what percentage of your turnover % Maximum height? meters

37. Do you perform any work below ground level? Yes No

If YES, what percentage of your turnover % Maximum depth? meters

38. Have you or will you perform work in connection with: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes No

If YES, please provide details:

39. Have there been any Liability claims made against you in the last 5 years? Yes No

If YES, please provide details:

Cyber Extension

Only complete if cyber extension required. If not required, please tick here:

40. Please provide a financial value for your IT network (including but not limited to hardware, software, cabling and firmware): \$

41. Please estimate the total number of Personally Identifiable Information records, including employees and customers, that your company holds:

Personally Identifiable Information relates to records/data that can be used to uniquely identify, contact, or locate a single person or can be used with other sources to uniquely identify a single individual.

42. Do you see either 37 or 38 changing substantially in the next 12 months? Yes No

If YES, please provide details:

43. Please highlight which bands of Personally Identifiable Information records you hold:

Low Sensitivity	e.g. name, email address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Moderate Sensitivity	e.g. home address, protected health information, telephone numbers, Insurance policy number, date of birth, Individual tax number, driver's licence number, passport number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Sensitivity	e.g. banking or saving account number, debit card number, credit card number	<input type="checkbox"/> Yes	<input type="checkbox"/> No

44. Please estimate what proportion of the total number of Personally Identifiable Information records which you hold that include a High Sensitivity element: %

45. How fast are you likely to incur a loss of profit as a result of an IT network compromise and a total system downtime?

Level 1:	Level 2:	Level 3:	Level 4:	Level 5:
48hours+ <input type="checkbox"/>	24 – 48 hours <input type="checkbox"/>	12-24 hours <input type="checkbox"/>	1-12 hours <input type="checkbox"/>	Immediately <input type="checkbox"/>

46. In the event of your IT network being subjected to a non-scheduled closure and total downtime, please estimate your maximum daily loss of profit (net profit before tax): \$

47. Do you have a disaster recovery plan which protects you against any sudden or unexpected failure of your IT network and security breach/data compromise? Yes No

If NO, please advise how you would deal with such an event in a time critical manner:

If YES, please advise:

- a. Is the backup system managed by a third party? Yes No
- b. How regularly is it tested?
- c. When was it last tested?
- d. How long did it take to switch to this back up system?

In addition to the previous questions please confirm that you are able to comply with the statements made below. If, for whatever reason you are unable to confirm compliance with the below statements please provide an explanation to accompany this signed and dated document. Signing of the declaration will constitute compliance with the below statements.

Cyber Extension Statement of Fact

- a. You have a Chief Security Officer (CSO) or someone responsible for data security.
- b. You adhere to and comply with the following data security law where relevant: the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial Acts and regulation, and in the United States, “non-public personal information” as defined in the Gramm-Leach Bliley Act of 1999, or as amended; Payment Card Industry (PCI) Data Security Standards.
- c. If the data held is medically related, you comply with the ‘protected health’ information as defined in the provincial legislation in Canada, or, in the United States, the Health Insurance Portability and Accountability Act of 1996, as amended.
- d. You ensure that all Personally Identifiable Information records are backed up and held at a secondary location.
- e. You have firewalls protecting all external IT network gateways.
- f. You use encryption tools to ensure the integrity and confidentiality of all Personally Identifiable Information records including those on removable media.
- g. You use anti-virus software and anti-spyware.
- h. You have a vulnerability assessment program that monitors for IT network security and data security breaches and ensures timely updates of antivirus and anti-spyware signatures and critical security patches.
- i. You have an internet and email usage policy written into all employment contracts which is clearly communicated to all employees.
- j. You implement a data protection policy for the handling of data including Personally Identifiable Information records which is clearly communicated to all employees.
- k. All Personally Identifiable Information records, including those contained in a physical form (paper, disks, CDs, hard drives), disposed of or recycled by a confidential and secure means which is recognised throughout the organisation.
- l. You have a privacy policy on your website.
- m. You have a specific policy for managing all ‘opt-in’/‘opt-out’ marketing requests including the use/storage of cookies on a browsers system/device.
- n. You have a procedure for responding to allegations that content created, displayed or published is libellous, infringing intellectual property rights, or in violation of a third party’s privacy rights.
- o. You have a “take-down” policy which allows you remove any third party content applied to any of your message boards, chat rooms or forums on your websites (including websites you may host for third-parties).
- p. You obtain written warranties and indemnities from third parties for content they have created for you (including advertising agents).
- q. Your business has never been declined for a Cyber and Data Security insurance policy, or had an existing policy cancelled.
- r. You have never experienced an event that did or may have given rise to a claim or circumstance under a cyber and data security policy, including but not limited to hacking incident, virus or malicious code attack, cyber extortion attempt, breach of secure data, wrongful disclosure of personal data or interference with rights of privacy?

Agreed

Not Agreed If **NOT**, please provide further information

NOTICE CONCERNING PERSONAL INFORMATION

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law;

- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: <https://swgins.com/page/privacy.html>

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided.

Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

Signature of Principal/ Director/Partner:

Date:



Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at PrivacyOfficer@swgins.com.

CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at www.privcom.gc.ca.

Please refer to the updated comprehensive version of privacy policy on our website: <https://swgins.com/page/privacy.html>