

**GENERAL INFORMATION:**

1. Company/Trading Name (inc any subsidiaries to be included on the policy): \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
2. Is the organization part of a franchise?  YES  NO
3. Operating countries: \_\_\_\_\_
4. Website Address: \_\_\_\_\_
5. Last complete financial year revenue: Canada/US: \_\_\_\_\_ Other: \_\_\_\_\_ Total: \_\_\_\_\_

**6. OPERATIONS (Please check all that apply):**

**Healthcare:**

<input type="checkbox"/> Alternative therapy	<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Counselling	<input type="checkbox"/> Dental Surgery
<input type="checkbox"/> Dentist	<input type="checkbox"/> Doctor	<input type="checkbox"/> Fertility or Sexual Health	<input type="checkbox"/> First Aid
<input type="checkbox"/> General practice	<input type="checkbox"/> Home care / professional care	<input type="checkbox"/> Hospital / medical clinic	<input type="checkbox"/> Nursing Homes
<input type="checkbox"/> Optometrist	<input type="checkbox"/> Radiology	<input type="checkbox"/> Rehab clinic	<input type="checkbox"/> Safety Instructors
<input type="checkbox"/> Surgical Centre	<input type="checkbox"/> Other Healthcare _____		

**Technology:**

<input type="checkbox"/> Consulting	<input type="checkbox"/> Data or Cloud Storage	<input type="checkbox"/> Data Processing	<input type="checkbox"/> Hardware - Design
<input type="checkbox"/> Hardware - Installation	<input type="checkbox"/> Hardware - maintenance / modification	<input type="checkbox"/> Hardware - sales only	<input type="checkbox"/> Managed service providers
<input type="checkbox"/> Programming	<input type="checkbox"/> Software - Design	<input type="checkbox"/> Software - Installation	<input type="checkbox"/> Software - maintenance / modification
<input type="checkbox"/> Software - sales only	<input type="checkbox"/> Support	<input type="checkbox"/> Training	
<input type="checkbox"/> Other Technology _____			

**Sales:**

<input type="checkbox"/> Auto	<input type="checkbox"/> B2B/Wholesale	<input type="checkbox"/> Florists	<input type="checkbox"/> Furniture (wholesale)
<input type="checkbox"/> Retail	<input type="checkbox"/> Other Sales _____		

**Service Providers:**

<input type="checkbox"/> Accountant	<input type="checkbox"/> Advertising	<input type="checkbox"/> Architect / Engineer	<input type="checkbox"/> Background checks
<input type="checkbox"/> Billing services	<input type="checkbox"/> Building Contractors	<input type="checkbox"/> Catering	<input type="checkbox"/> Construction
<input type="checkbox"/> Data aggregator	<input type="checkbox"/> Debt collection / collection agency	<input type="checkbox"/> Decorators	<input type="checkbox"/> Law firms
<input type="checkbox"/> Mortgage Brokers	<input type="checkbox"/> Payment processing	<input type="checkbox"/> Printing /Publishing	<input type="checkbox"/> Real Estate Agents
<input type="checkbox"/> Residential Property Managers	<input type="checkbox"/> Service aggregator	<input type="checkbox"/> Social Services	<input type="checkbox"/> Taxis & Private Hires
<input type="checkbox"/> Other Service _____			

**Other Industries:**

<input type="checkbox"/> Adult Entertainment	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Airfields	<input type="checkbox"/> Airline
<input type="checkbox"/> Behavioral marketing	<input type="checkbox"/> Casinos	<input type="checkbox"/> Charities	<input type="checkbox"/> Cinemas
<input type="checkbox"/> Cryptocurrency	<input type="checkbox"/> Dating sites	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Gas Station
<input type="checkbox"/> Government Owned Entity	<input type="checkbox"/> Hospitality - Restaurant/Café	<input type="checkbox"/> Hotels	<input type="checkbox"/> Libraries
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Municipality	<input type="checkbox"/> Museums	<input type="checkbox"/> Realty / Property owner
<input type="checkbox"/> Security Company with biometric data services	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> University/schools	<input type="checkbox"/> Zoos
<input type="checkbox"/> Other _____			

**TECHNICAL ASSESSMENT:**

- Basic**
- 7. Do you have anti-virus deployed across your network?  YES  NO
  - 8. Are host-based and network firewalls configured to disallow inbound connections by default?  YES  NO
  - 9. Are all critical vulnerabilities patched within 30 days?  YES  NO
  - 10. Do you encrypt all data at rest, in-transit and all portable devices which are used to store personal data?  YES  NO
  - 11. Are you currently up to date with any relevant regulatory and industry framework, e.g., Payment Card Industry (PCI), PIPEDA, Portability & Accountability Act (HIPAA), Gramm-Leach Bliley, CAN-SPAM Act, CPA or similar.?  YES  NO
  - 12. Do you have a process in place whereby checks are in place to ensure that any website or print content does not infringe on any trademarks or copyrights?  YES  NO

- Further**
- 13. Are access controls employed using the principle of least privilege?  YES  NO
  - 14. Do you maintain physically disconnected 'offline' back-ups for all critical data?  YES  NO
  - 15. Please confirm that you have NO open Remote Desktop Ports (RDPs)  YES  NO
  - 16. Do you require the use of multi-factor authentication for:
    - a. All remote access (including employees, vendors and 3rd parties)?  YES  NO
    - b. Privileged users?  YES  NO

- Advance**
- 17. Do you utilise any next generation anti-virus or behavioural analysis including Endpoint Detection and Response (EDR)?  YES  NO  
 If yes, please state which product is used (e.g. CrowdStrike Falcon, SentinelOne)? \_\_\_\_\_
  - 18. Are employees trained in phishing and social engineering techniques?  YES  NO
  - 19. Do you utilise email filtering tools, e.g. SPF (Sender Policy Framework), DKIM (DomainKeys Identified Mail), DMARC (Domain-based Message Authentication, Reporting and Conformance)?  YES  NO

**CLAIMS/CIRCUMSTANCES:**

- c. Have you had any claims or circumstances within the past 5 years that would have triggered the proposed policy?  YES  NO  
 If yes, please describe the incident: \_\_\_\_\_  
 \_\_\_\_\_
- d. In light of any incident, please provide details of any repeat attacks and remediation work that has been undertaken as a result.  
 \_\_\_\_\_  
 \_\_\_\_\_

**LIMIT REQUIRED:**

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

**DECLARATION / CONSENT:**

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

<b>Applicant's Name:</b>	<b>Position Held:</b>
<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Brokerage:</b>	<b>Broker Name:</b>
<b>Broker Email:</b>	<b>Broker phone:</b>

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

\*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\*

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