

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: _____

OPERATIONS (Please check all that apply):

6. 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 _____		

7. 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 _____			

8. 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 _____		

9. 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 _____			

10. 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 _____			

11. Does your organization collect Biometric data? YES NO
12. Does your organization use tracking technology, such as metapixel? YES NO

TECHNICAL ASSESSMENT:

Basic

- 13. Are all computers in your organization running Windows 10 or later? YES NO
 If **NO**, is all end-of-life segregated and offline? YES NO
- 14. Do you protect all your devices with anti-virus, anti-malware, and/or endpoint protection software? YES NO
- 15. Do you install all security patches (e.g., those issued by Microsoft) within 60 days of release? YES NO
- 16. Do you use cloud-based email services (e.g., Office365, Gmail, Microsoft Outlook on the web)? YES NO
 If **YES**, have you enabled multifactor authentication (MFA) on all accounts? YES NO
- 17. Do you allow remote access to your network (e.g., enabling employees to work from home)? YES NO
 If **YES**, do you require multi-factor authentication (MFA) for all remote connections? YES NO
- 18. Have you taken measures to ensure that you comply with all privacy and data protection laws and regulations that apply to your organization (e.g., PCI, HIPAA, PIPEDA)? YES NO

Please add any additional commentary/clarifications to answers provided here: _____

Further

- 19. Are firewalls installed at all gateways and configured to block inbound connections by default? YES NO
- 20. Are access controls employed using the principle of least privilege? YES NO
- 21. Do you maintain physically disconnected 'offline' back-ups (e.g., tape drives) for all critical data? YES NO
- 22. Have you tested the successful restoration and recovery of key server configurations and data from backups in the last 6 months? YES NO
- 23. Have you disabled all Remote Desktop Protocol (RDP) ports? YES NO
- 24. Do you encrypt all personal and confidential data in-transit? YES NO
- 25. Have you taken measures to ensure that your organization's website and print content do not infringe on any trademarks or copyrights? YES NO
- 26. Do you scan all incoming emails for malicious attachments and/or links? YES NO

Please add any additional commentary/clarifications to answers provided here: _____

Advance

- 27. Do you utilise next generation anti-virus or behavioral analysis software, including Endpoint Detection and Response (EDR) tools? YES NO
 If **YES**, please state which product is used (e.g., CrowdStrike Falcon, SentinelOne)? _____
- 28. Are employees trained in phishing and social engineering techniques? YES NO
- 29. Do you utilise email filtering tools and/or software? YES NO
 If **YES**: please state which software and/or tools are used (e.g., Proofpoint with e.g. SPF, DKIM and DMARC enabled): _____
- 30. Have you disabled all local administrator accounts on workstations and servers? YES NO
 If **NO**, do all local administrator accounts utilise a unique password? YES NO
- 31. Do you run any version of Windows Server? YES NO
 If **YES**, do you take frequent back-ups of Active Directory servers? YES NO
 If **YES**, do all login attempts to Domain Administrator accounts require multifactor authentication (MFA)? YES NO

Please add any additional commentary/clarifications to answers provided here: _____

CLAIMS/CIRCUMSTANCES:

- 32. In the past 5 years have you or any entity falling within the definition of 'Insured' under the proposed Policy:
 - a. Received a claim or complaint regarding privacy, data protection or network security? YES NO
 - b. Been subject to any government or regulatory investigation regarding an alleged violation of privacy and/or data protection legislation/regulation? YES NO
 - c. Received a complaint or cease and desist demand alleging intellectual property infringement? YES NO
 - d. Notified any persons of a privacy violation and/or data breach incident? YES NO
 - e. Received an extortion demand relating to your data and/or computer systems? YES NO
 - f. Experienced a network outage that resulted in a significant disruption to your operations? YES NO

If you have answered "Yes" to any of the above, please provide details including cause of loss; financial costs incurred to date; and remediation action taken to prevent recurrence of incident:

Date of Incident (mm/dd/yyyy)	Expected Financial Costs Incurred	Description of Incident & Remediation Performed
	\$	
	\$	
	\$	

LIMIT REQUIRED:

\$250,000 \$1,000,000 \$2,000,000 \$5,000,000 Other Limits: _____

DECLARATION / CONSENT:

Please confirm that the answers provided to the questions in this application are applicable to your entire organization, including all subsidiaries for whom you are seeking cover under the proposed cyber insurance policy. YES NO

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.

Applicant's Name: _____ **Position Held:** _____

Applicant's Signature: _____ **Date:** _____

Brokerage: _____ **Broker Name:** _____

Broker Email: _____ **Broker phone:** _____

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 ****
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