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| **GROUP EMPLOYEE BENEFIT - CYBER POLICY APPLICATION FORM** | | | | | | | |  | |
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| **GENERAL INFORMATION:** | | | | | | | | | |
| 1. Name of Applicant (Company Name): | | | (and its current employees): | | | | | | |
| Address: | | | | | | | | | |
| City: | | Province: | | | Postal Code: | | | | |
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| **POLICY AGGREGATE LIMIT REQUIRED:** | | | | | | | | | |
| $10,000  $25,000 | | | | | | | | | |
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| **ASSESSMENT:** | | | | | | | | | |
| Number of employees (full time and part time)? | | | | | | | | |  |
| Number of employees located in Quebec or New Brunswick? | | | | | | | | |  |
|  | | | | | | | | | |
| **DEDUCTIBLE:** | | | | | | | | | |
| $250 | | | | | | | | | |
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| **GENERAL CONDITIONS** | | | | | | | | | |
| 1. The **cyber-attack, cyber extortion threat, identity theft, credit card fraud**, **phishing** attempt or cyber-crime must be first discovered by **the employee** during the Period of Insurance. 2. **The employee** mustreport the **cyber-attack,** **cyber extortion threat, identity theft, credit card fraud or phishing** attempt to **us** no later than fifteen (15) days after the **cyber-attack, cyber extortion threat, credit card fraud** or **phishing** attemptis first discovered by **the employee**. 3. **The employee** mustback up original **data** of **the employee’s computer system** at least every 30 days. If a service provider processes or stores data for **the employee**, **the employee** must make sure that the terms of the contract between **the employee** and the service provider allow **data** to be backed up. 4. **The employee** mustchange the passwords on **the employee’s computer system** or **connected home device** from the default password that existed on the **computer system** or **connected home device**. 5. **The employee** must have anti-virus software installed on **the employee’s computer system.**   If there is any other insurance covering **the employee’s** claim, **we** will only pay **our** proportionate share of **the employee’s** claim. | | | | | | | | | |
| We (the employer) will ensure all the General Conditions are advised and explained to all employees. | | | | | | | Agree  Do Not Agree | | |
|  | | | | | | | | | |
| **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.** | | | | | | | | | |
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| **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).* | | | | | | | | | |

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| \*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\* | |
| Vancouver - T 604.669.5211 F 604.669.2667 | London - T 519.850.1610 F 519.850.1614 |