

London - T 519.850.1610 F 519.850.1614

GE	OUP EMPLOYEE BENEFIT - CYBER POLICY APPLICATION FORM
GENERAL INFORMATION:	
	Name of Applicant (Company Name): (and its current employees):
	Address:
	City: Postal Code:
POLICY AGGREGATE LIMIT REQUIRED:  \$\text{\$10,000}\$ \$\text{\$\text{\$25,000}}\$	
AS	SESSMENT:
	aber of employees (full time and part time)?
Nur	ber of employees located in Quebec or New Brunswick?
DE	DUCTIBLE:
\$25	
GE	NERAL 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 must report 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 attempt is first discovered by the employee.
3.	The employee must back 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 must change 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:	
to th	ASE 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 be 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 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 see 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 ance is based on the truth and completeness of this information.
by t app who	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 e insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the cation for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals be personal information is contained in this document have authorized that I agree to the above on their behalf.
NO	E: Insurance is not in effect until Premier has issued a binder or policy documents.
Ap	licant's Name: Position Held:
Ap	licant's Signature: Date:
Bro	kerage: Broker Name:
Prei	ker Email:  Broker phone:  ier 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 to specific quote for declaration of the underwriting insurance company(s).
	** Email application and attackments to populate appropriate (@promisergroup as **

Vancouver - T 604.669.5211 F 604.669.2667