

GROUP EMPLOYEE BENEFIT - CYBER POLICY APPLICATION FORM

GENERAL INFORMATION:

1. Name of Applicant (Company Name): _____ (and its current employees): _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

MAXIMUM LIMIT OF LIABILITY PER EMPLOYEE:

☐ \$10,000 ☐ \$25,000

ASSESSMENT:

Number of employees (full time and part time)? _____
 Number of employees located in Quebec or New Brunswick? _____

DEDUCTIBLE:

\$250

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** 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:

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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