

**PERSONAL LINES - CYBER APPLICATION**

**GENERAL INFORMATION:**

1. Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**TECHNICAL ASSESSMENT:**

2. Do you have anti-virus software installed on your computer system?  YES  NO  
 3. Have the passwords on your computer system and connected home devices been changed from the default password that existed on the computer system or home devices?  YES  NO

**CLAIMS / CIRCUMSTANCES:**

4. Have you had any claims or circumstances of cyber-attacks, cyber extortion threats, identity theft, credit card fraud, phishing, or other liability or property claims or financial losses within the past 5 years?  YES  NO  
 If yes, how many have you had? \_\_\_\_\_  
 Please describe the incident(s): \_\_\_\_\_  
 5. In light of any incident(s), please describe details of any repeat attacks and remediation work to reduce or eliminate future loss?  
 \_\_\_\_\_  
 6. Are you aware of any cyber-attacks, cyber extortion threat, identity theft, credit card fraud or phishing attempts or losses within the past 30 days?  YES  NO

**AGGREGATE LIMIT REQUIRED:**

\$25,000  \$50,000  \$100,000  \$250,000  \$500,000  
 Cyber Bullying Extension:  YES  NO

**DEDUCTIBLE:**

\$100 (surcharge applies)  \$500 (Standard Base)

**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 - [newbizpersonal@premiergroup.ca](mailto:newbizpersonal@premiergroup.ca) \*\***

**Vancouver - T 604.669.5211 F 604.669.2667      London - T 519.850.1610 F 519.850.1614**