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|  | Chubb Insurance Company of Canada199 Bay Street, Suite 2500PO Box 139 Commerce Court StnToronto, oN M5L 1E2 |
|  |  |
|  | **Chubb Cyber Enterprise Risk Management Policy** |
|  |
| Cyber and Privacy Insurance |
|  |
| New Business Application Form |

# NOTICE

*NOTICE*: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS **POLICY** PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE DURING THE **POLICY PERIOD** OR AN APPLICABLE **EXTENDED REPORTING PERIOD** FOR ANY **INCIDENT** TAKING PLACE AFTER THE **RETROACTIVE DATE** BUT BEFORE THE END OF THE **POLICY PERIOD**.

EXCEPT WHERE THE INSURANCE LAWS OF QUEBEC APPLY, AMOUNTS INCURRED AS **CLAIMS EXPENSES** UNDER THIS **POLICY** SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE **INSURER** BE LIABLE FOR **CLAIMS EXPENSES** OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE BOLDFACED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE **POLICY** CAREFULLY.

# INSTRUCTIONS

All bold faced terms in this **Application** have the meanings as defined in the Chubb Cyber Enterprise Risk Management Policy wording. Please ask your insurance broker for a specimen copy of the policy wording for reference.

Please respond to answers clearly. the **Insurer** will rely on all statements made in this **Application**. This form must be dated and signed by the CEO, CFO, President, Risk Manager or General Counsel.

Completion of this **Application** may require input from your organization’s C-Suite, and risk management, information technology, human resources, finance and legal departments.

Please note that you may be asked to provide the following information as part of the underwriting process:

* Additional Data Security/Information Governance Details, based on combination of controls and revenue or record counts (over $500mm in annual revenues or 2M **Protected Information** records)
* List of all material litigation threatened or pending (detailing plaintiff’s name, cause(s) of action/allegations, and potential damages) which could potentially affect the coverage for which Applicant is applying
* Descriptions of any known acts, errors or omissions which could give rise to a claim(s) under the proposed policy
* Loss runs for the last five years
* Copy of Applicant’s in-house corporate privacy policy(ies) currently in use by your organization.

Need Help?

If you have any questions about the items asked in this form, please contact your insurance broker. A Chubb underwriter can also be made available to discuss the **Application**.

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| 1. **Applicant Information**
 |
| Desired Effective DateMm/dd/yyyy |
| Applicant Name (this would be the **Named Insured** on any **Policy** offered by the **Insurer**)Click here to enter text.  |
| Applicant Address (City, Province, Postal Code)Click here to enter text. |
| Contact NameClick here to enter text. | Title Click here to enter text. |
| Email AddressClick here to enter text. | Phone NumberClick here to enter text. |
| Please list all **Subsidiaries** for which coverage is desired (kindly attach an Organizational Chart)Click here to enter text. |
| Applicant TypeChoose an item. | Primary IndustryChoose an item. |
| Year EstablishedClick here to enter text. | Total Number of EmployeesEnter a number or choose an item. |
| Global Revenue (Prior Fiscal Year)Click here to enter text. | % Online Revenue (Prior Fiscal Year)Click here to enter text. |
| Global Revenue (Current Fiscal Year)Click here to enter text. | % Online Revenue (Current Fiscal Year)Click here to enter text. |
| Global Revenue (Projected for next Fiscal Year)Click here to enter text. | % Online Revenue (Projected for next Fiscal Year)Click here to enter text. |
| Primary Company Website(s)Click here to enter text. | Operations outside of CanadaChoose an item. |
| If YES to Operations outside of Canada, please list: | Click here to enter text. |
| If YES to Operations outside of Canada, please provide the Applicant’s non-domestic revenue as a percentage of total revenue for the current Fiscal year | Click here to enter text.% |
| **Information Privacy and Governance** |
| Which of the following types of **Protected Information** (Personally Identifiable Information, Protected Health Information or Third Party Corporate Information) does the Applicant store, process, transmit or otherwise have responsibility for securing? Please indicate total number of records (if known) inclusive of both internal or third parties: |
| 1. Government issued identification numbers (e.g. SIN, driver’s license numbers)
 | [ ] Yes [ ] No | # of records |
| 1. Credit and/or debit card numbers or other financial account numbers
 | [ ] Yes [ ] No | # of records |
| 1. Healthcare or medical records
 | [ ] Yes [ ] No | # of records |
| 1. Intellectual property (e.g. third party intellectual property trade secrets, M&A information)
 | [ ] Yes [ ] No | # of records |
| 1. User names and passwords
 | [ ] Yes [ ] No | # of records |
| 1. Does the Applicant maintain a data classification and data governance policy?
 | [ ] Yes [ ] No |
| 1. Does the Applicant maintain documentation that clearly identifies the storage and transmission of all **Protected Information**?
 | [ ] Yes [ ] No |
| 1. When was the Applicant’s privacy policy last reviewed?
 | mm/yyyy |
| 1. Do you provide adequate notice to individuals (e.g. customers, consumers) of any private/personal information that is being collected and/or shared?
 | [ ] Yes [ ] No |
| 1. (Optional) Additional comments regarding Information Privacy and Governance

Click here to enter text. |
| Which of the following statements are valid as it relates to **Protected Information** governance? (Use the comments section for clarification as needed).  |
| 1. Does the Applicant encrypt **Protected Information** when:
 |
| 1. Transmitted over public networks (e.g. the Internet)
 | [ ] Yes [ ] No |
| 1. Stored on mobile assets (e.g. laptops, phones, tablets, flash drives)
 | [ ] Yes [ ] No |
| 1. Stored on enterprise assets (e.g. databases, file shares, backups)
 | [ ] Yes [ ] No |
| 1. Stored with third party services (e.g. cloud provider)
 | [ ] Yes [ ] No |
| 1. Does the Applicant store **Protected Information** on a secure network zone that is segmented from the internal network?
 | [ ] Yes [ ] No |
| 1. (Optional) What other technologies are used to secure **Protected Information** (e.g. tokenization)?

Click here to enter text. |
| 1. (Optional) Additional comments regarding Information Privacy and Governance:

Click here to enter text. |
| **Information Security Organization** |
| 1. Does the Applicant have an individual designated for overseeing information *security*?

Enter name and title | [ ] Yes [ ] No |
| 1. Does the Applicant have an individual designated for overseeing information *privacy*?

Enter name and title | [ ] Yes [ ] No |
| 1. Is the Applicant compliant with any of the following regulatory or compliance frameworks (please check all that apply and indicate most recent date of compliance):
 |
| [ ]  PIPEDA:Click here to enter a date. | [ ]  CASL:Click here to enter a date. | [ ]  Provincial PIPA:Click here to enter a date. |
| [ ]  Provincial PHIPA:Click here to enter a date. | [ ]  PCI-DSS:Click here to enter a date.Level:[ ]  1 [ ]  2 [ ]  3 [ ]  4 | [ ]  GDPR:Click here to enter a date. |
| [ ]  SOX:Click here to enter a date. | [ ]  ISO 1799:Click here to enter a date. | [ ]  HITECH:Click here to enter a date. |
| [ ]  SSAE 16:Click here to enter a date. | [ ]  HIPAA:Click here to enter a date. | [ ]  FISMA:Click here to enter a date. |
| [ ]  GLBA:Click here to enter a date. | [ ]  Other (Please describe): Click here to enter text.Click here to enter a date. |
| 1. If the Applicant accepts credit or debit card transactions, approximately how many transactions are processed a year?

Click here to enter text. |
| 1. Does the Applicant leverage any industry security frameworks for confidentiality, integrity and availability (e.g. NIST, COBIT)?

Comments |
| 1. Is the Applicant an active member in outside security or privacy groups (e.g. ISAC, IAPP, ISACA)?

Comments | [ ] Yes [ ] No |
| 1. (Optional) What percentage of the overall IT budget is allocated for security?

Comments |
| 1. (Optional) Additional comments regarding the Information Security Organization:

Comments |

|  |
| --- |
| **Information Security**  |
| 1. Does the Applicant’s Board of Directors have a committee that oversees information security and privacy matters?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant have a formal risk assessment process that identifies critical assets, threats and vulnerabilities?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant have a disaster recovery plan (DRP) and business continuity plan (BCP)?

Comments | [ ] Yes [ ] No  |
| 1. If YES to Question 4c, what is the Applicant’s estimated downtime to recover from an **Interruption in Service**?

Click here to enter text. Hours |
| 1. If YES to Question 4c, when was the last time that the DRP and BCP were:

DRP: Tested: Click here to enter text. Updated: Click here to enter text.BCP: Tested: Click here to enter text. Updated: Click here to enter text.Comments |
| 1. Does the Applicant have an incident response plan (IRP) for determining the severity of a potential data security breach and providing prompt notification to all individuals who may be adversely affected by such exposure?

Comments | [ ] Yes [ ] No |
| 1. If YES to Question 4f, when was the last time that the IRP was:

IRP: Tested: Click here to enter text. Updated: Click here to enter text.Comments |
| 1. Does the Applicant have an intrusion detection solution that detects and alerts an individual or group responsible for reviewing malicious activity on the Applicant’s network?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant have an extrusion detection solutions that detects and alerts an individual or group responsible for reviewing malicious activity on the Applicant’s network?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant configure firewalls to restrict inbound and outbound network traffic to prevent unauthorized access to internal networks?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant perform reviews at least annually of the Applicant’s third party service providers to ensure they adhere to the Applicant’s requirements for data protection?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant use multi-factor authentication for remote network access originating from outside the Applicant’s network by employees and third parties (e.g. VPN, remote desktop)?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant conduct security vulnerability assessments to identify and remediate critical security vulnerabilities on the internal network and Applicant’s public website(s) on the Internet?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant install and update an anti-malware solution on all systems commonly affected by malicious software (particularly personal computers and servers)?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant use any software or hardware that has been officially retired (i.e. considered “end-of-life”) by the manufacturer (e.g. Windows 2003 or XP)?

List software | [ ] Yes [ ] No |
| 1. Does the Applicant update (e.g. patch, upgrade) commercial software for known security vulnerabilities per the manufacturer’s advice?

 Comments | [ ] Yes [ ] No |
| 1. Does the Applicant update open source software (e.g. Java, Linux, PHP, Python, OpenSSL) that is not commercially supported for known security vulnerabilities?

 Comments | [ ] Yes [ ] No |
| 1. Does the Applicant have processes established that ensure the proper addition, deletion, and modification of user accounts and associated access rights?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant enforce passwords that are at least seven characters and contain both numeric and alphabetic characters and that the user must be changed on a regular schedule?

 Comments | [ ] Yes [ ] No |
| 1. Does the Applicant require annual security awareness training for all personnel so they are aware of their responsibilities for protecting company information and systems?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant screen potential personnel prior to hire (e.g. background checks including previous employment history, drug screen, criminal record, credit history and reference checks)?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant have a solution to protect mobile devices (e.g. laptops, smartphones, tablets) to prevent unauthorized access in the event the device is lost or stolen?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant have entry controls that limit and monitor physical access to company facilities (e.g. offices, data centers)?

Comments | [ ] Yes [ ] No |
| **Third Party Technology Services (e.g. cloud, web hosting, co-location, managed services)** |
| 1. Is there an individual responsible for the security of the Applicant’s information that resides within the third party technology service providers operations?

Comments | [ ] Yes [ ] No |
| 1. Do the Applicant’s third party technology service providers meet regulatory standards that are required by the Applicant (e.g. PCI-DSS, PIPEDA, PIPA, PHIPA, HIPAA, SOX)?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant perform assessments or audits to ensure third party technology providers meet the Applicant’s security requirements?

If Yes, when was the last audit completed? As of date | [ ] Yes [ ] No |
| 1. Does the Applicant have a formal process for reviewing and approving contracts with third party technology service providers?

Comments | [ ] Yes [ ] No |
| 1. Does the Applicant require contractual indemnification from third party technology service providers?
 | [ ] Yes [ ] No |
| 1. (Optional) Additional comments regarding Third Party Technology Services:

Comments |
| **Current Network and Technology Providers (if applicable; required at the time of binding)** |
| Internet Communication ServicesEnter Provider(s) | Credit Card Processor(s)Enter Provider(s) |
| Website HostingEnter Provider(s) | Other Providers (e.g. Human Resource, Point of Sale)Enter Provider(s) |
| Collocation ServicesEnter Provider(s) | Anti-Virus SoftwareEnter Provider(s) |
| Managed Security ServicesEnter Provider(s) | Firewall TechnologyEnter Provider(s) |
| Broadband ASP ServicesEnter Provider(s) | Intrusion Detection SoftwareEnter Provider(s) |
| Outsourcing ServicesEnter Provider(s) | Cloud Services (e.g. Amazon, Salesforce, Office365)Enter Provider(s) |
| Please complete the following information for cloud providers who process or store **Protected Information** for Applicant. Use the optional comments if more space is required. |
| Cloud Provider | Type | Service  | # of Records | Encrypted Storage |
| Enter Provider | Choose an item. | Choose an item. | # of Records | Choose an item. |
| Enter Provider | Choose an item. | Choose an item. | # of Records | Choose an item. |
| Enter Provider | Choose an item. | Choose an item. | # of Records | Choose an item. |
| (Optional) Additional comments regarding Cloud Services: Click here to enter text. |
| **Internet Media Information (only required if Internet Media Coverage is being requested)** |
| 1. Please list the principal domain names and social media addresses for which coverage is requested:

Click here to enter text. |
| 1. Has legal counsel screened the use of all trademarks and service marks, including Applicant’s use of domain names and metatags, to ensure they do not infringe on the intellectual property rights of others?

 Comments | [ ] Yes [ ] No |
| 1. Does Applicant obtain written permissions or releases from third party content providers and contributors, including freelancers, independent contractors, and other talent?

Comments | [ ] Yes [ ] No |
| 1. Does Applicant require indemnification or hold harmless agreements from third parties (including outside advertising or marketing agencies) when Applicant contracts with them to create or manage content on Applicant’s behalf?

 Comments | [ ] Yes [ ] No |
| 1. If Applicant sells advertising space on any of its websites, are providers of advertisements required to execute indemnification and hold harmless agreements in Applicant’s favour?

Comments | [ ] Yes [ ] No |
| 1. Have Applicant’s privacy policy, terms of use, terms of service and other customer policies been reviewed by counsel?

CommentsIf Yes to 7f, how frequently is the privacy policy reviewed for currency? Comments | [ ] Yes [ ] No |
| 1. Does Applicant involve legal counsel in reviewing content prior to publication or in evaluating whether it should be removed when notified that content is defamatory, infringing, in violation of a third party’s privacy rights, or otherwise improper?

Comments | [ ] Yes [ ] No |
| 1. Does Applicant’s website(s) include content directed at children under the age of 18? Comments
 | [ ] Yes [ ] No |
| 1. Does Applicant collect data about children who use its website(s)?
2. If Yes to 7i, does Applicant obtain parental consent regarding collection of data about children who use its website(s)?

Comments | [ ] Yes [ ] No[ ] Yes [ ] No |
| 1. Please describe the Applicant’s process to review content prior to publication to avoid the posting, publishing or disseminating of content that is defamatory, infringing, in violation of a third party’s privacy rights or otherwise improper:

Click here to enter text. |
| 1. Please describe the Applicant’s review and takedown procedure when notified that content is defamatory, infringing, in violation of a third party’s privacy rights or otherwise improper:

Click here to enter text. |
| 1. (Optional) Additional comments regarding the Internet Media Information:

Click here to enter text. |
| **Current Loss Information** |
| In the past *five years*, has the Applicant ever experienced any of the following events or incidents? Please check all that apply. Please use the comments section below to describe any current losses.  |
| 1. Applicant was declined for Privacy, Cyber, Network or similar insurance, or had an existing policy cancelled.
 | [ ] Yes [ ] No |
| 1. Applicant had either detected a privacy breach or a discovered a **Network Security Failure** incident.
 | [ ] Yes [ ] No |
| 1. Applicant has been the subject of a complaint from a member of the public to, or investigated by, any Privacy Commissioner or similar privacy regulator in any jurisdiction where the Applicant may have employees or customers.
 | [ ] Yes [ ] No |
| 1. If the Applicant accepts Credit Cards, the Applicant has been the subject of a Payment Card Industry Compliance investigation resulting in a PCI Assessments, Fines or Penalties.
 | [ ] Yes [ ] No |
| 1. Applicant sustained a loss of revenue due to a systems intrusion, denial-of-service, tampering, malicious code attack or other type of cyber attack.
 | [ ] Yes [ ] No |
| 1. Applicant had portable media (e.g. laptop, backup tapes) that was lost or stolen and was not encrypted.
 | [ ] Yes [ ] No |
| 1. Applicant had to notify customers that their personal information was or may have been compromised as a result of the Applicant’s activities
 | [ ] Yes [ ] No |
| 1. Applicant received a complaint concerning the content of the Applicant’s website(s) or other online services related to intellectual property infringement, content offences, or advertising offences
 | [ ] Yes [ ] No |
| 1. Applicant sustained an unscheduled network outage that lasted over 24 hours
 | [ ] Yes [ ] No |
| 1. (Optional) Additional information regarding Current Loss Information:

Click here to enter text. |
| **Current Coverage** |
| Which of the following policies does the Applicant currently have in force:  |
| [ ] General Liability Policy | [ ] Cyber/Privacy Liability Policy |
| [ ] D&O Policy | [ ] Crime |
| [ ] Professional Liability | [ ] Other Related Policy Please Specify |
| (Optional) Additional comments regarding Current Coverage:Click here to enter text.  |
| 1. **Warranty Statement**
 |
| The undersigned, acting as an authorized representative for the Proposed **Insureds**, represents and warrants, after reasonable inquiry, that no Proposed **Insured**, as of the effective date of this **Application**, has knowledge or information of any claim or loss, or fact, circumstance, or situation that could reasonably be expected to give rise to a claim or loss to which the **Policy** would apply, except ("Disclosed Event"): |
| Click here to enter text. |
| If none, please mark here: [ ]  None |
| It is understood that the **Insurer** has relied on the knowledge or information herein as being true and accurate and the undersigned, acting as an authorized representative for the Proposed **Insureds**, acknowledges and agrees that: (i) no Proposed **Insured** shall have coverage for any claim or action based upon, arising from or in consequence of any Disclosed Event; and (ii) if any Proposed **Insured** has knowledge of any claim or loss, or fact, circumstance, or situation that could reasonably be expected to give rise to any claim or loss; or such claim or loss, or fact, circumstance or situation has not been accurately or truthfully disclosed to the **Insurer** herein, the **Insurer** shall not be liable for any claim or action that arises from such claim or loss, or fact, circumstance, or situation. |

# FRAUD WARNING STATEMENTS

The Applicant's submission of this **Application** does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

# MATERIAL CHANGE

If there is any material change in the answers to the questions in this **Application** before the policy inception date, the Applicant must immediately notify the **Insurer** in writing, and any outstanding quotation may be modified or withdrawn.

# DECLARATION AND SIGNATURE

For the purposes of this **Application**, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this **Application** and any attachments or information submitted with this **Application**, are true and complete. The undersigned agree that this **Application** and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The **Insurer** will have relied upon this **Application**, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a Claim or potential Claim.

This **Application** must be signed by the CEO, CFO, President, Risk Manager or General Counsel of the **Named Insured**, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Print Name | Title | Signature |
|  |
|  |  |  |  |