



If a policy is issued, the coverage will apply only to claims that are first made against the insured during the policy period.

General Information

1. Name of Applicant:
2. Mailing Address:
3. Nature of Business:
4. Website:
5. The Corporation has continuously been in business since: and, is incorporated under the laws of:
6. Please provide the following information:

	CANADA	U.S.A.	OTHER
a) Revenues:	Previous 12 months: Current 12 months: Projected 12 months:	Previous 12 months: Current 12 months: Projected 12 months:	Previous 12 months: Current 12 months: Projected 12 months:
b) Number of Employees:			
c) Number of Locations:			
d) Total # of Records of Personally Identifiable Information (PII)			
e) Total # of Records of Protected Health Information (PHI)			

Coverages – Please note that requested coverage is not automatically provided. The policy, if issued will determine the coverage.

		Limit of Insurance	Retention	Retroactive Date
Maximum Policy Aggregate				
A. LIABILITY				
	Combined Liability Limit			
	Error or Omission Liability – Your Product and Your Services			
	Information Risk Liability			
	Communication Liability			
	Privacy Administrative Proceeding, Fines and Consumer Redress Liability			
	1. Each Proceeding Defense			
	2. Privacy Administrative Fines and Consumer Redress Fund			
B. FIRST PARTY		Limits of Insurance	Retention	
	Combined First Party Limit			
	Incident Management Expense*			
	Information Restoration Expense			
	Hardware Replacement Expense			
	Extortion Payments and Rewards			
	Forensic Expense			
	Telecommunications Theft Expense**			
	Computer and Funds Transfer Fraud**			
			Waiting Period	
	Net Business Income and Extra Expense**			

**Includes; Data Breach Expense; Information Risk Expense; Notification Expense **By Endorsement*

Technology Errors and Omissions: Service/Products/Description of Operations

1. Description of Operations:
2. Do you require written contracts or agreements with all customers? YES NO
- Are all modifications or mid-term changes to a contract made in writing? YES NO
- If "No", to either, please explain when you would not require written contracts or modifications:

Information Risk Liability Coverage

1. Do you:
- a. have a virus protection program in place? YES NO
 - b. have a firewall in place? YES NO
 - c. have a firewall in place? YES NO
 - d. enforce a software update process, including updating patches and anti-virus software? YES NO
 - e. control access to critical and sensitive computer systems? YES NO
 - f. have a person or group responsible for information security? YES NO
 - g. have a program in place to periodically test security controls? YES NO
 - h. store sensitive data on web servers? YES NO
- If "Yes," is the data encrypted? YES NO
- If "No," please describe any offsetting measures:
2. Is your data encrypted:
- at rest? YES NO
 - in transit? YES NO
3. Do you store personally identifiable information (PII), protected health information (PHI) or other confidential information on laptops, smartphones, memory sticks or other mobile devices? YES NO
- If "Yes", do you encrypt such information? YES NO
- If "Yes," please describe the encryption technologies used for each:
- laptops:
 - smartphones:
 - memory sticks:
 - other mobile devices:
4. Do you accept credit cards? YES NO
- If "Yes," are you approved as PCI (Payment Card Industry) DSS (Data Security Standard) compliant? YES NO
5. Do you collect, receive, transmit or process PII/PHI (including credit/debit cards)? YES NO
- If "Yes", :
- a. what is the total number of records handled annually?
 - b. what is the total number of records?
 - c. are you able to identify whose PII/PHI is being held? YES NO
 - d. Are you able to contact individuals if their information is breached? YES NO
 - e. Do you pull your customers' credit bureau data on a regular basis? YES NO
- If "Yes," describe your records destruction policy:

6. Do you outsource any aspect of your:	
a. Computer system/network(i.e., hosting, back up site, etc.); or	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Information security (i.e., intrusion detection, firewall, etc.)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes" to either, please identify the principal vendor(s):	
7. Do you have a written information security incident response plan in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. How long does it take to restore your operations after a computer attack or other loss/corruption of data?	
<input type="checkbox"/> 12 hours or less <input type="checkbox"/> 12-24 hours <input type="checkbox"/> More than 24 hours	
9. Do you regularly test restoration of data from your back up tapes?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Do you have an alternate site for data processing and any Internet services you provide?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Do you have a disaster recovery plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes," do you test it at least annually?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Communication Liability – Complete only if applying for COMMUNICATION LIABILITY coverage

1. Do you have a comprehensive written policy and process in place for managing intellectual property rights?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do you allow employees or others to post to your website?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes", do you monitor or inappropriate postings and take action if they are found?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Do you have an intellectual property clearance policy including legal review in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do you monitor compliance with the terms of use and privacy policy posted on your website?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Claims, Facts and Circumstances History

1. Has the Applicant or any individual or entity proposed for coverage suffered any known intrusions, unauthorized access, or been a target of a security or virus incident of its Computer Systems in the most recent past 24 months? If "Yes," how many intrusions occurred? If "Yes," and if any loss was caused by any such intrusions, including lost time, lost business income or costs to repair any damage to systems or to reconstruct data or software, please describe the loss that occurred, and state value of any lost time, income and the cost of any repair or reconstruction:	YES <input type="checkbox"/> NO <input type="checkbox"/>
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2. During the past five years, has the Applicant or any individual or entity proposed for coverage submitted any claims or given notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim that might fall within the scope of insurance with any insurer or self-insurance instrument of which the requested coverages would be a direct or indirect replacement? If "Yes," provide details: NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE UNDERWRITER, ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION IS EXCLUDED FROM THE PROPOSED INSURANCE, AND ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION IS EXCLUDED FROM THE PROPOSED INSURANCE.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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3. Is the Applicant or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim that may fall within the scope of the proposed insurance? If "Yes," provide details: NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES FO THE UNDERWRITER, ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR, OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO THIS QUESTION IS EXCLUDED FROM THE PROPOSED INSURANCE.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Declaration for the Application

The undersigned declares that:

- (a) he or she has been duly authorized by the Corporation to complete this Application and that all statements contained herein are true and complete;
- (b) reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- (c) the financial statements submitted with this Application reflect the current financial situation of the Corporation and its subsidiaries (if this is not the case, please provide details on a separate sheet).

The undersigned agrees that:

- (a) if between the date of this Application and the effective date of the policy, the statements and information contained in this Application change in any way, he or she will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- (b) this application and all documents attached hereto shall form part of the policy, should one be issued.

Signature

Position (Chairperson of the Board, President or General Manager)

Date

Corporation

Upon request only, please provide the following additional information:

- The latest Audited Financial Statements and latest Interim Statements;
- Breach Response Plan