

# INSURANCE BROKERS CYBER APPLICATION FORM

1) Contact Information:

- a) Contact Name \_\_\_\_\_
- b) Contact Phone/E-mail \_\_\_\_\_ / \_\_\_\_\_
- c) Names(s) of Applicant \_\_\_\_\_
- d) Address \_\_\_\_\_
- e) Website Address \_\_\_\_\_

2) Are the number of PII's (PII is defined as a personally identifiable record on an individual that can be used to identify, contact or locate a single individual) retained on your computer network, databases and in your records less than 250,000?     Yes /  No

3) Combined annual commission revenues for all entities to be included within this insurance :    CAD\$ \_\_\_\_\_

Annual Revenues (\$M CAD)	OPTION 1 \$1,000,000	OPTION 2 \$2,000,000	RETENTION
\$0 - \$1M	\$1,663	\$2,738	\$2,500
\$1 - \$2.5M	\$2,093	\$4,081	\$2,500
\$2.5 - \$5M	\$2,415	\$4,565	\$2,500
\$5 - \$7.5M	\$2,738	\$4,995	\$5,000
\$7.5M - \$10M	\$3,006	\$5,425	\$5,000
\$10M - \$12.5M	\$3,383	\$5,936	\$5,000
\$12.5M - \$15M	\$3,651	\$6,393	\$5,000
\$15 - \$20M	\$4,888	\$6,608	\$10,000
<b>OVER +\$20M</b>	<b>REFER</b>	<b>REFER</b>	<b>REFER</b>

*\*Premium includes a policy fee payable in full to underwriters (\$50)  
\*Higher limits available by referral upon request*

4) Limit Desired/ \$ \_\_\_\_\_ Insurance Cost from Table above \$ \_\_\_\_\_

- 5) If the revenue or limit is \$2m or greater, is Endpoint detection and response (EDR) in place?     Yes  No
- 6) Do you have a Disaster Recovery plan in force to minimize income loss due to system failure?     Yes  No
- 7) Is sensitive and confidential data stored on your network encrypted or masked?     Yes  No

Are all portable and mobile devices encrypted?     Yes  No

If you have answered 'No' to question 7, please detail the type and how much PII is stored on portable media devices and how is it protected in the absence of encryption

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 8) Do you have firewalls and automatically updating antivirus software in force across your network?     Yes  No
- 9) Do you conduct routine employee training regarding records management and IT security issues?     Yes  No
- 10) Do you implement Multi-Factor Authentication (MFA) for remote access?     Yes  No
- 11) Do you have offsite (e.g. cloud) back-ups less than a month old?     Yes  No
- 12) Can you recover all of your business critical data and systems in 10 days?     Yes  No





13) Has your organization, in the last 3 years, experienced an incident (email phishing scams, network outages, intrusions, loss of data or other circumstances) which could give rise to a claim against this insurance policy?

Yes  No

a) If you have experienced an incident, please briefly describe

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Any Additional Comments / Information:

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**IMPORTANT – Policy Statement of Fact**

By accepting this insurance, you confirm that the facts contained in the proposal form are true. These statements, and all information you or anyone on your behalf provided before we agree to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, we will be entitled to treat this insurance as if it had never existed. You should keep this Statement of Fact and a copy of the completed proposal form for your records. This application must be signed by the applicant. Signing this form does not bind the company to complete the insurance. With reference to risks being applied for in the United States, please note that in certain states, any person who knowingly and with intent to defraud any insurance company or other person submits an application for insurance containing any false information or conceals the purpose of misleading information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized principal, partner, director, risk manager, or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow principals, partners, directors, risk managers or employees to enable you to answer the questions accurately.

**DISCLAIMER– Acceptance of Quote Request Form by Underwriters**

The submission of this document to APRIL does not guarantee coverage in force until the information disclosed in the quote sheet has been reviewed satisfactorily by Underwriters. Acceptance of risk will be acknowledged by Underwriters upon issuance of an agreed Certificate of Insurance, as per the Agreed Overview terms and conditions outlined below. For quote sheets not including affirmative answers to the questions above, Underwriters reserve the right to request additional details before considering offering terms pursuant to the Agreed Overview.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

