Chubb Professional PortfolioSM  
Renewal Application

By completing this renewal application the applicant is applying for coverage with Chubb Insurance Company of Canada (the “Company”)

**Notice:** the liability coverage parts of chubb professional portfoliosm provide claims made coverage, which applies only to "claims" first made during the "policy period", or any applicable extended reporting period. Media liability coverage is available on a claims made or an occurrence basis. If the occurrence option is purchased, it provides occurrence-based coverage, which applies to claims made at any time that arise only from wrongful acts which occur during the policy period.

In all cases and solely with respect to the liability coverage parts: except as required by the law of the province of quebec, (1) the limit of liability to pay damages or settlements may be reduced or be completely exhausted by “defence costs” and “subpoena defence costs,” and “defence costs” and “subpoena defence costs” will be applied against the self-insured retention amount and; (2) in no event will  
the company be liable for “defence costs” or “subpoena defence costs” or the amount of any judgment or settlement in excess of the applicable limit of liablity. Read the entire renewal application carefully before signing.

**Application Instructions:**

1. Whenever used in this Renewal Application, the term "**Applicant**" shall mean the Parent Organization and all subsidiaries,  
unless otherwise stated.

2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

3. Attach the following as indicated below:

(a) Most recent annual financial statements, audited if outside audits are performed;

(b) Experience resume of key personnel, if **Applicant** has been in business less than three (3) years;

(c) Standard release forms and contracts with third party content providers, distributors, employees, etc. if requesting Media Liability Coverage; and

(d) Standard sales, service or license contracts and engagement letters, including standard non-disclosure and confidentiality agreements, if requesting Miscellaneous Professional and Technology Services Coverage or Technology Products and  
Services Coverage.

4. Complete Sections I –- III, IV A., and V – VIII in their entirety.

5. Complete the remaining Subsections (B through E) of Section IV only for those coverages for which Applicant is requesting a quotation (e.g. complete Subsection E. CyberSecurity Coverage if requesting a CyberSecurity quote).

(a) If requesting Errors & Omissions coverage, complete the relevant subsection of Section IV as follows:

i. Technology firms that derive more than 50% of their annual revenue from providing software, computer equipment and related technology services to others should select the Technology Products and Services Coverage Part and complete Subsection C. of Section IV.

ii. All other professional service providers should select the Miscellaneous Professional and Technology Services Coverage  
Part and complete Subsection B. of Section IV.

**I. Name, Address and Contact Information:**

1. Name of **Applicant**: \_\_\_\_\_

2. Address of **Applicant**: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. **Applicant’s** Web Site: \_\_\_\_\_

4. Name and Address (if different than above) of Primary Contact (Executive Officer authorized to receive notices and information regarding the proposed policy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

e-Mail: \_\_\_\_\_

**II. Insurance Information:**

1. Indicate below which coverages are being requested.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coverage Requested | Limit of Liability Requested | Limit of Liability Currently Purchased | Self-Insured Retention Requested | Self-Insurance Retention Currently Purchased | Current Insurer | Retro Date of Current Policy |
| Errors and Omissions Liability Coverages (Select One) | | | | | | |
| Miscellaneous Professional & Technology Services | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | dd/mm/yyyy |
| Technology Products & Services | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | dd/mm/yyyy |
| Media Liability Coverages (Select One) | | | | | | |
| MediaGuard Claims Made | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | dd/mm/yyyy |
| MediaGuard Occurrence | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | N/A |
| CyberSecurity Coverages (Select the coverages being requested) | | | | | | |
| Cyber Liability | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | dd/mm/yyyy |
| Privacy Regulatory Action Coverage | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |  | | |
| Privacy Notification & Crisis Management Expenses | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| Reward Expenses | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| Business Interruption & Extra Expense | $\_\_\_\_\_ | $\_\_\_\_\_ | N/A | $\_\_\_\_\_ |
| E-Threat Expense | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| E-Vandalism Expense | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |  | | |

2. For any new (not insured by Chubb for expiring policy term) liability coverages being requested in Question 1 above, attach  
a copy of all applications containing signed warranty statements completed in the past 3 years and submitted to any prior insurers in connection with any coverage part or policy of which this proposed insurance is a renewal or replacement.

3. Policy Period Requested:

From: dd/mm/yyyy to: dd/mm/yyyy  
both days at 12:01 a.m. at the principal address of the Parent Organization.

4. Does **Applicant** maintain general liability insurance for the purchase of bodily injury, property damage,  Yes  No  
personal injury and advertising injury coverage, including products-completed operations insurance?

**III. General Risk Information:**

1. Provide the legal structure of **Applicant**: \_\_\_\_\_

2. Year established: \_\_\_\_ Province of Incorporation: \_\_\_\_\_ Primary SIC Code: \_\_\_\_\_

3. Nature of **Applicant’s** business: \_\_\_\_\_

4. Does **Applicant** operate any subsidiaries, affiliates or other related entity(ies) (including DBAs)?  Yes  No

If “Yes”:

(a) Is coverage desired for any of these entities?  Yes  No

(b) Are any of these entities engaged in operations that are unrelated to the primary business  Yes  No  
of **Applicant**?

If “Yes” to either of the above, list all such entities and their operations on a separate sheet and attach it to this Application.

5. (a) During the past five years has **Applicant** completed any merger, acquisition, or divestment,  Yes  No  
or emerged from bankruptcy?

(b) Is **Applicant** anticipating completing any of the above in the next 12 months?  Yes  No

If “Yes” to either, explain on a separate sheet and attach it to this Renewal Application. Include a summary  
description of due diligence performed in connection with potential liabilities and claims arising from any  
past event.

If **Applicant** acquired another entity, indicate whether the purchase was:  an asset-only purchase or  
  an asset and liability purchase.

6. (a) Complete the following information for **Applicant**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Prior Fiscal Year | Current Fiscal Year Annualized Projection | Projected Fiscal (Next) Year |
| i. | Number of Employees | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| ii. | Total Assets | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| iii. | Gross Revenue | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| iv. | Gross Revenue from professional services and technology products and services (included in iii. above) | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| v. | Gross Revenue from media activities (included in iii. above) | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| vi. | Gross Revenue from online sales and internet activities (included in iii. above) | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| vii. | Total budget for production activities | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| viii. | Total advertising expenditures for media activities | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |

(b) Advise the percentage of prior fiscal year gross revenues derived outside of Canada: \_\_%

(c) For the prior fiscal year gross revenue listed on line iii of question 6(a), indicate the revenue derived from each service  
or activity **Applicant** performs for a fee, or each product sold or distributed by **Applicant**:

|  |  |
| --- | --- |
| Service, Activity or Product (please be specific) | Annual Revenue Each Service, Activity or Product |
| \_\_\_\_\_ | $\_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ |

**IV. Coverage Specific Risk Information:**

**A. Operational Analysis, Policies and Procedures** (Applicable to All Applicants)

1. Does **Applicant** collect, store or process personally identifiable or other confidential information  Yes  No  
(see listed in (b) below?

If “Yes”:

(a) How many records are held, including but not limited to, **Applicant’s** prospective, current and  
former customers, business partners and employees? \_\_\_\_\_

(b) Check all forms of personally identifiable or confidential information that apply:  
 Credit Card Information  Financial Information  Personal Information  
 Customer Information  Healthcare Information  Trade Secrets  
 Other (Describe): \_\_\_\_\_

(c) Does **Applicant** shred, destroy or delete all written, printed or electronic personally identifiable  Yes  No  
or other confidential information when it is being discarded or is no longer required?

(d) Does **Applicant** store personally identifiable or other confidential information on mobile devices?  Yes  No

If “Yes”, does Applicant have the ability to remotely wipe such devices clean of any business  Yes  No  
critical data?

2. Has **Applicant** implemented a written information security policy which is applicable to all of  Yes  No  
**Applicant’s** business units?

If “Yes”:

(a) Does **Applicant** test the security required by the security policy at least annually?  Yes  No

(b) Does **Applicant** regularly identify and assess new threats and vulnerabilities and adjust the  Yes  No  
security accordingly?

(c) Does **Applicant’s** information security policy include policies for the use and storage of  Yes  No  
personally identifiable or other confidential information on mobile devices?

3. Does **Applicant** have a Business Continuity and Disaster Recovery Plan?  Yes  No

If “Yes”:

(a) Is the Plan reviewed and updated at least bi-annually?  Yes  No

(b) Is the Plan tested as least annually?  Yes  No

(c) Have any problems identified in review or testing been rectified?  Yes  No

(d) How long does it take **Applicant** to restore operations after a computer attack or other   
loss/corruption of data? \_\_\_\_\_

4. Does **Applicant** have a written incident response plan that addresses network security incidents  Yes  No  
or privacy threats?

If “Yes”, list **Applicant’s** data breach vendors and network security and privacy counsel:  
\_\_\_\_\_

5. Does **Applicant** currently use, or have plans in the next year to use, the services of  Yes  No  
a cloud service provider?

If “Yes”, complete the following:

(a) What impact would an interruption or cessation of such services  None  Slight  Significant  
have on **Applicant’s** ability to meet customer contractual obligations?

(b) Does **Applicant’s** disaster recovery or business continuity plan specifically address restoration  Yes  No  
and recovery of business operations provided by a cloud service provider?

**B. Miscellaneous Professional & Technology Services Professional Liability**(Complete only if requesting this coverage)

1. Describe the services and any supporting products offered by **Applicant**, including any Subsidiaries, for which Miscellaneous Professional & Technology Services coverage is requested. If **Applicant** creates content for others  
for a fee, also complete Subsection C, Media Liability Coverage of this Section of the Application.  
\_\_\_\_\_

2. Do the services offered by **Applicant** include technology services performed for third parties?  Yes  No  
Note: **Applicant’s** internal use of technology to perform professional services does not constitute  
the performance of technology services for third parties.

If “Yes”, complete the following.

(a) What percentage of prior fiscal year revenues was derived from technology services? \_\_%

(b) Do **Applicant’s** technology services include:

i. Cloud services, Infrastructure as a Service, or Platform as a Service?  Yes  No

ii. Data or network security consulting, software or applications?  Yes  No

iii. Hardware manufacturing?  Yes  No

iv. Internet Service Provider services?  Yes  No

v. Software as a Service?  Yes  No

vi. Authorized access to client systems that store, or were created to store, personally  Yes  No  
identifiable information?

If “Yes” to any of the above, attach a detailed description.

(c) Is **Applicant** creating, installing, servicing or maintaining any of the following:

i. Gaming, gambling or adult education software, applications or websites?  Yes  No

ii. Social media applications or websites?  Yes  No

iii. Electronic health records or medical diagnostic software or applications?  Yes  No

iv. Supply chain management software or applications?  Yes  No

v. Customer relationship management software or applications?  Yes  No

vi. Enterprise resource planning software or applications?  Yes  No

vii. Stock or commodities trading platforms?  Yes  No

viii. Software or applications authorizing or processing credit card payments?  Yes  No

ix. Aerospace, automobile, aviation or satellite software or hardware?  Yes  No

x. Mobile applications?  Yes  No

If “Yes” to any of the above, attach a detailed description.

(d) Indicate the percentage of **Applicant’s** most recent fiscal year revenue which is derived from software which is:

Less than 2 years old: \_\_%; More than 2 years old: \_\_%; and upgrades of existing software: \_\_%.

3. Provide the percentage of professionals employed by **Applicant** with the following years of experience:

Less than 3 years: \_\_%; Between 3-10 years: \_\_%; More than 10 years: \_\_%.

4. Provide the following information about **Applicant’s** largest client relationships over the past 12 months and indicate the average value and duration of all active contracts:

|  |  |  |  |
| --- | --- | --- | --- |
| Client | Annual Revenue | Contract Duration | Service |
| \_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

5. Does **Applicant** derive more than 10% of its revenues from government entities?  Yes  No

6. Has **Applicant** ever sued a client to collect fees?  Yes  No

7. (a) Does **Applicant** use a written agreement (e.g., contract, engagement letter,  Always  Sometimes  Never  
sales agreement, purchase order) with clients?

(b) Does **Applicant** use legal counsel to review all written agreements with clients?  Yes  No

8. Does **Applicant** subcontract services to others, including independent contractors?  Yes  No

If “Yes”:

(a) What percentage of services are subcontracted: \_\_%

(b) Does **Applicant** require subcontractors to carry their own E&O insurance?  Yes  No

(c) Does **Applicant** contractually require indemnification from subcontractors?  Yes  No

(d) Describe services subcontracted to others:  
\_\_\_\_\_

9. (a) Does **Applicant** belong to any professional service associations?  Yes  No

(b) Does **Applicant** have a written procedural manual?  Yes  No

(c) Does **Applicant** have an internal training program?  Yes  No

(d) Do employees participate in external industry training or continuing education?  Yes  No

**C. Technology Products and Services Coverage** (Complete only if requesting this coverage)

**Products, Services and Industries Served**

1. How many distinct products or services does **Applicant** offer? \_\_\_\_\_

2. Has **Applicant** discontinued any products or services in the past three years?  Yes  No

If “Yes”, does **Applicant** continue to provide service or maintenance?  Yes  No

3. Does **Applicant** have any products or services entering the market within the next year that are  Yes  No  
substantially different in scope or end use than current products or services?

4. Complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Types of Products & Services | Industries Served | Business or Consumer Use | Current Fiscal Year Revenue Projection |
| Pre-packaged Software | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Custom Software | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Enterprise Applications –  ERP, CRM, SCM | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Computer or networking hardware manufacturing | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| ISP, ASP, and Hosting | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Cloud Services, Infrastructure as a Service, and Platform as a Service | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Consulting | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Managed Security Consulting | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Health Information Technology | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Process Control Software | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| System Integration, Value-Added Reselling | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Data or Content Retrieval or Aggregation | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Web Site Design | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Search Engine Portals | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Video Game or Other Media Content Development | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Credit Card or Payment-Processing Services, Including Related Hardware or Software Products or Applications | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Mobile Phones, Devices or Products and/or Related Software Applications | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Operator of Auction, File-Sharing or Social-Networking Web Sites | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |
| Business Processing Outsourcing (e.g. call centres, service and maintenance, etc.) | \_\_\_\_\_ | \_\_\_\_\_ | $\_\_\_\_\_ |

5. In the performance of fee-based services, are non-technology professionals, whether licensed or not  Yes  No  
(e.g. architects, lawyers, health care workers), required to fulfill **Applicant’s** contractual obligations?

If “Yes”, describe the services provided by such professionals:  
\_\_\_\_\_

6. Has **Applicant** ever designed, manufactured, distributed, licensed, sold, serviced or maintained  Yes  No  
non-technology products?

If “Yes”, describe all such products:  
\_\_\_\_\_

7. Indicate the percentage of prior fiscal year gross revenues derived from the following:

(a) North America \_\_% (b) United Kingdom/European Union \_\_%

8. How many customers represent 10% or more of **Applicant’s** gross revenues? \_\_\_\_\_

If one or more, do any represent 25% or more of **Applicant’s** gross revenues?  Yes  No

9. What would be the largest financial and business impact on customers from a failure of any of  
Applicant’s products or services?

No disruption  Minor or delayed  Major or immediate  
If other than “No disruption”, describe impact on confidentiality, integrity and availability of data:  
\_\_\_\_\_

10. Does **Applicant** engage subcontractors or other third parties to provide development,  Yes  No  
implementation, maintenance or support services for its products or services?  
If “Yes”, describe contracted work:  
\_\_\_\_\_

11. Does **Applicant** have a process to evaluate the financial condition of customers and suppliers?  Yes  No

**Contract & Project Management**

1. Does **Applicant** have stated minimum contract standards, including any non-disclosure and  Yes  No  
confidentiality agreements?

2. Do global contracts or agreements comply with stated minimum standards?  Yes  No

3. Does **Applicant** accept customized contracts, purchase orders or agreements?  Yes  No  
If “Yes”, does legal counsel or senior management review all such contracts, purchase orders  Yes  No  
or agreements prior to execution?

4. Indicate whether **Applicant’s** contract and project management procedures include the following:

(a) A written proposal or request for information in order to determine customer performance expectations  Yes  No

(b) A written contract of specifications of products and services you will provide, signed by the customer  Yes  No

(c) A document outlining the responsibilities of all parties  Yes  No

(d) A document outlining the scope of the project or services  Yes  No

(e) Interim changes documented with customer sign-off  Yes  No

(f) Performance milestones acknowledged and accepted with customer sign-off when achieved  Yes  No

(g) Physical and electronic measures to safeguard customer content, information or material  Yes  No  
received pursuant to the terms and conditions of all non-disclosure and confidentiality agreements

5. What is the most common value of **Applicant’s** average performance-based contract, purchase order or agreement?  
 \_\_\_\_\_

6. What is the duration, in months, of **Applicant’s** most common performance-based contract, purchase order or agreement?  
 \_\_\_\_\_

7. Provide the following information for the five largest contracts, purchase orders or agreements excluding ongoing service and maintenance revenue:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Customer | Annual Revenue | Contract Amount | Contract Duration | Product or Service |
| \_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

**Quality Control**

1. Indicate whether **Applicant’s** quality control procedures include the following:

(a) Written and formalized quality-control program  Yes  No

(b) Alpha testing  Yes  No

(c) Beta testing  Yes  No

(d) Formal customer-acceptance procedure  Yes  No

(e) Systems-development methodology in writing  Yes  No

(f) Formal product-recall plan  Yes  No

(g) Formal policy for documenting and responding to customer complaints or requests for changes  Yes  No  
or fixes

(h) Use of tools (e.g., static analyzers) or other forensic methodologies to assist in identifying code  Yes  No  
vulnerabilities

2. Indicate whether **Applicant’s** products or services comply with any of the following accepted  
industry standards:

(a) IEEE  Yes  No

(b) ANSI  Yes  No

(c) CE Mark  Yes  No

(d) UL/CSA  Yes  No

(e) ASTM  Yes  No

(f) Other(s): \_\_\_\_\_  Yes  No

3. Do all developers receive training on best practices and techniques for writing secure applications?  Yes  No  
 N/A, **Applicant** does not develop software or firmware   
If “Yes”, indicate whether such training addresses the following:

(a) Input validation  Yes  No

(b) Authentication/authorization  Yes  No

(c) Auditing/logging  Yes  No

(d) Session management  Yes  No

(e) Error handling  Yes  No

(f) Data encryption  Yes  No

4. Does an information-security officer or development QC manager employed by **Applicant** have  Yes  No  
responsibility for ensuring that all products are continually evaluated throughout their life cycle for  
known security vulnerabilities?

5. Does **Applicant** have a document-retention policy addressing all business functions?  Yes  No

**Training, Support & Dispute Resolution**

1. Does **Applicant** conduct formal sales and marketing training for employees and third party  Yes  No  
vendors engaged in the sale of **Applicant** products and services?

2. Does **Applicant** conduct formal sales and marketing training for employees and third party  Yes  No  
vendors engaged in the sale of **Applicant** products and services?

3. Indicate whether **Applicant**:

(a) Provides at least two forms of customer or product support  Yes  No

(b) Offers customer support 24 hours a day  Yes  No

(c) Maintains written logs for customer complaints of problems or downtime  Yes  No  
If “Yes”, how long are they retained? (number of whole or partial months) \_\_\_\_\_

(d) Informs customers of problems it discovers  Yes  No

(e) Has formal escalation procedures for customer or product-support complaints, or issues that  Yes  No  
are not easily resolved

4. Does **Applicant** have any contracts currently past due?  Yes  No

5. Has **Applicant** experienced any contract disputes within the past five years?  Yes  No  
If “Yes”, have any customers withheld payment or requested a refund as a result of a contract  Yes  No  
dispute within the past three years?

**D. Mediaguard Coverage** (Complete only if requesting this coverage. NOTE: If Applicant is a technology firm, or seeking coverage for authors liability, blanket producers liability, commercial producers liability, distributors liability, library acquisition and development liability, music liability, producers liability or public appearances liability, do NOT complete this Section IV(D); instead complete the relevant Supplemental Application).

1. Please describe all content and related activities for which media liability coverage is sought (including any content created for third parties for a fee, such as advertising or trademarks):  
\_\_\_\_\_

2. Please describe **Applicant’s** policy and practice regarding editorial, legal and clearance review of content prior to dissemination, release or posting, including:

(a) The names of the individuals conducting the review, their experience, and the procedures/guidelines for referring  
to inside/outside counsel:  
\_\_\_\_\_

(b) The names of inside/outside counsel, years of experience, and how often inside/outside counsel is used to  
conduct reviews:  
\_\_\_\_\_

(c) Vetting third-party provided content and obtaining necessary licenses, consents and releases for use of such content:  
\_\_\_\_\_

(d) Ensuring the use of disclaimer language:  
\_\_\_\_\_

(e) Conducting intellectual property, product/service design and domain name searches:  
\_\_\_\_\_

3. Indicate whether any products or services sold, distributed or advertised by **Applicant** are represented  
as being:

(a) Compatible with, alike or a clone of another company’s product or service?  Yes  No

(b) Superior to or comparable to the products or services of others?  Yes  No  
If “Yes” to either, is legal review performed prior to the sale, dissemination or advertisement of  Yes  No  
such products or services?

4. Does **Applicant** have “take-down” procedures in place for removing any content that allegedly  Yes  No  
defames any person or organization, violates any individual’s right to privacy, or infringes on  
copyrights, trademarks or other intellectual property held by third parties?  
If “Yes”, please describe Applicant’s policy and practice for timely implementing these take-down procedures:  
\_\_\_\_\_

5. What percentage (%) of **Applicant’s** content is derived from news or feature syndications or wire services? \_\_%

6. What percentage (%) of **Applicant’s** content is supplied by third parties such as stringers, freelancers,  
clients or non-employees? \_\_%

7. Are contracts with indemnification and evidence of media or E&O insurance required from  Yes  No  
third-party content providers (including clients), vendors and/or suppliers?  
If “No”, please explain:  
\_\_\_\_\_

8. Describe **Applicant’s** policy and practice regarding retractions or corrections:  
\_\_\_\_\_

9. Describe **Applicant’s** policy and practice regarding (1) the review of licenses allowing the use of a third party’s intellectual property in order to assure compliance with limitations on the term, or other scope of usage under the license, or (2) potential differences of opinion between licensor and licensee regarding limitations regarding the scope  
of the license. For example: Are tickler files (or systems) used to monitor term limitations? Who has responsibility in **Applicant’s** organization to spot and resolve anticipated differences of opinion about limitations on use that involve  
the scope of the license?  
\_\_\_\_\_

10. Does **Applicant** engage in any live programming?  Yes  No  
If “Yes”, describe any type of delay device utilized and **Applicant’s** policy and practice regarding the  
use of such device:  
\_\_\_\_\_

11. Does **Applicant** engage in the following newsgathering practices? Check all that apply and provide  
a description:

(a) Hidden camera/microphones  Yes  No

(b) “Ride alongs”  Yes  No

(c) Reliance on anonymous sources  Yes  No

(d) “Undercover” investigations  Yes  No

\_\_\_\_\_

12. Does **Applicant** develop software code or create, distribute or license computer software?  Yes  No  
If “Yes”, what percentage of such software or software code is under your direct control? \_\_%

**E. Cybersecurity Coverage** (Complete only if requesting this coverage).

1. How many servers does Applicant either own or otherwise have dedicated to their use? \_\_\_\_\_

2. Do **Applicant’s** web servers have direct access to personally identifiable or other confidential  Yes  No  
information?

3. Is **Applicant** subject to any law or regulation concerning privacy or the safeguarding of personally  Yes  No  
identifiable or other confidential information (other than Canadian federal, provincial or U.S. state  
“breach notification” laws, e.g., PIPEDA, PHIPA, PIPA, HIPAA, HITECH)?  
If “Yes”, indicate what law(s) or regulation(s): \_\_\_\_\_  
If “Yes”, is **Applicant** compliant with the law(s) or regulation(s)?  Yes  No  
If “No”, explain **Applicant’s** lack of compliance: \_\_\_\_\_

**PCI Compliance**

1. Is **Applicant** subject to the Payment Card Industry (PCI) Security Standard?  Yes  No  
If “Yes”:

(a) Is **Applicant** PCI compliant?  Yes  No  
If the **Applicant** is not PCI compliant, please attach an explanation.  
\_\_\_\_\_

(b) How many credit or debit card transactions does **Applicant** process annually? \_\_\_\_\_

(c) Does **Applicant**:

i. Mask all but the last four digits of a card number when displaying or printing cardholder data?  Yes  No

ii. Ensure that card-validation codes are not stored in any of **Applicant’s** databases, log files or  Yes  No  
anywhere else within their network?

iii. Encrypt all account information on **Applicant’s** databases?  Yes  No

iv. Encrypt or use tokenization for all account information at the point of sale?  Yes  No

**Information Security Training and Assessments**

1. Does **Applicant** employ a designated security officer or equivalent (CSO/CISO)?  Yes  No  
If “No”, who within the organization has been designated to manage and implement information  
security policies, procedures and processes?  
\_\_\_\_\_

2. Does **Applicant** employ a chief privacy officer or equivalent?  Yes  No  
If “No”, what role within **Applicant** is responsible for the management of and compliance with  
**Applicant’s** privacy policies?  
\_\_\_\_\_

3. Does **Applicant** have firewalls that filter both inbound and outbound traffic?  Yes  No

4. Are anti-virus programs installed on all of **Applicant’s** PC’s, network and mobile systems/devices?  Yes  No  
If “Yes”, how frequently are the virus detection signatures updated? \_\_\_\_\_

5. Does **Applicant** employ intrusion detection or intrusion protection devices on their network,  Yes  No  
or IDS or IPS software that **Applicant** hosts?  
If “Yes”, how frequently are logs reviewed? \_\_\_\_\_

6. Does **Applicant** run penetration tests or vulnerability scans against all parts of their network?  Yes  No  
If “Yes”, how often are the tests/scans run? \_\_\_\_\_

7. Does **Applicant** perform software patches?  Yes  No  
If “Yes”, who performs such patches and how often are patches performed?  
\_\_\_\_\_

8. Does **Applicant** have encryption tools to enhance the integrity and confidentiality of personally  Yes  No  
identifiable or other confidential information?  
If “Yes”, in which scenarios is data encrypted (check all that apply)?  
 Data at Rest

Data in Transit

Data Transferred to Removable Media (e.g., CD’s, Backup Tapes, USB Devices, etc.)

9. Does **Applicant** provide training to employees and other authorized users on network security and  Yes  No  
privacy issues including legal liabilities and threats such as social engineering (e.g., phishing), spam,  
dumpster diving, etc?  
If “Yes”, describe the method and frequency of training:  
\_\_\_\_\_

10. Has an external system security assessment, other than vulnerability scans or penetration tests,  Yes  No  
been conducted within the past 12 months?  
If “Yes”, indicate who conducted the assessment, attach copies of results and indicate whether all critical recommendations have been corrected or complied with.  
\_\_\_\_\_  
If “No”, attach an explanation.  
\_\_\_\_\_

**Backup, Archiving and Service Providers**

1. How frequently does **Applicant** back up electronic data? \_\_\_\_\_

2. Does **Applicant** store back up electronic data with a third party service/cloud provider?  Yes  No  
If “Yes”, indicate the provider: \_\_\_\_\_

3. Does **Applicant** otherwise use any third-party technology service/cloud providers?  Yes  No  
If “Yes”, indicate the provider(s) and purpose:  
\_\_\_\_\_  
If “Yes” to 2 or 3 above, does **Applicant** have written contracts with the respective Service/cloud  Yes  No  
providers?  
If “Yes” to 2 or 3 above, does **Applicant** review the service/cloud provider(s) most recent security  Yes  No  
audit (i.e., SSAE-16)  
If “Yes” to 2 or 3 above, do **Applicant’s** contracts with the service/cloud provider(s) state that the   
service/cloud provider:

(a) Has primary responsibility for the security of **Applicant’s** information?  Yes  No

(b) Has a contractual responsibility for any losses or expenses associated with any failure to safeguard  Yes  No  
**Applicant’s** electronic data?

**V. Warranty: Prior Knowledge of Facts/Circumstances/Situations**

1. For the purposes of any new (not insured by Chubb for expiring policy term) coverages being requested, have there been any claims made during the past five (5) years or incidents (including Network Security or Privacy incidents) during the past two (2) years or losses against **Applicant**?  Yes  No

If “Yes”, attach a complete description of the claims or incident(s), including whether **Applicant** reported the incident(s) to the insurance carrier.

1. If requesting new (not insured by Chubb for expiring policy term) Media Liability coverage, please indicate in the past five (5) years how many subpoenas have been served on **Applicant**, seeking documents or information obtained in the course of newsgathering activities?

(a) Of these, how many times has **Applicant** challenged the subpoena by filing a motion in court?

(b) Provide a list detailing all **Defence Costs** incurred in connection with each separate challenge to a subpoena listed in Question 2(b) above:

1. In the past five (5) years, have any of **Applicant’s** products or services been recalled from use?  Yes  No

If “Yes”, attach a complete description of the recall, including whether **Applicant** reported the recall to any insurance carrier.

1. In the past five (5) years, have there been any administrative, civil or criminal investigations of **Applicant** by any governmental or regulatory authority?  Yes  No

**VI. Warranty: Prior Knowledge of Facts/Circumstances/Situations**

1. **Applicant** must complete the warranty statement below:

* For any new (not insured by Chubb for expiring policy term) **Liability** Coverage Part for which coverage is requested  
  and is not currently purchased, as indicated in Section II, INSURANCE INFORMATION, Question 1 of this Renewal Application; or
* If **Applicant** is requesting larger limits than are currently purchased, as indicated in Section II, INSURANCE INFORMATION, Question 1 of this Renewal Application.

The statement applies to those coverage types for which no coverage is currently maintained; and any larger limits of  
liability requested.

For Alaska, Florida, Georgia, Kansas, Kentucky, Maine, Montana, Nebraska, New Hampshire, North Carolina, Oklahoma, Oregon, South Dakota, Virginia, Washington and West Virginia Residents ONLY: the title of this section and any other  
reference to “Warranty” is deleted and replaced with “**Applicant** Representation”.

No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to  
suppose might give rise to any claim that would fall within the scope of the proposed coverage:

NONE  or, except \_\_\_\_\_

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such   
act, circumstance, or situation exists, whether or not disclosed in response to Question 1 above, any claim or action arising  
from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

**VII. Material Change**

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

**VIII. Declarations, Fraud Warnings and Signatures**

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

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Application and in any attachments or other documents submitted with this Renewal Application are true and complete. The undersigned agree that this Renewal Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

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

|  |  |  |
| --- | --- | --- |
| dd/mm/yyyy |  | \_\_\_\_\_ |
| Date | Signature | Title |

\*This Renewal Application must be signed by the chief executive officer, president, or chief financial officer of the **Applicant’s** parent organization as the authorized representative of the person(s) and entity(ies) proposed for this insurance.