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| Technology E&O, Cyber and Privacy Insurance |
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| New Business Application |

# 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.**

**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 UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.**

**In furtherance of this Application, the Insurer shall have the right, but is not obligated to, to conduct inspections, assessments, and audits by a third party loss control vendor, of the Applicant’s property, operations, systems, books, and records, including the Applicant’s network security, employee cyber security awareness, incident response plans, services provider contracts, and regulatory compliance to make loss control recommendations.**

**ALL TERMS UNDERLINED in this notice SHALL HAVE THE SAME MEANING AS PRESCRIBED IN THE POLICY. Terms Bolded below shall have the same meaning as PRESCRIBED in the policy.**

# INSTRUCTIONS

Please respond to questions clearly. Underwriters will rely on all statements made in this **Application**. This form must be dated and signed by a **Control Group Member** (as defined in the **Policy** or the Applicant’s Chief Executive Officer, Chief Financial Officer, President, Risk Manager, General Counsel, Chief Information Officer, Chief Information Security Officer, Chief Privacy Officer and Chief Technology Officer or equivalent positions).

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| **Applicant Information** | | |
| **Desired Effective Date**  Mm/dd/yyyy |  | |
| **Applicant Name**  Click here to enter text. | | |
| **Applicant Address (City, Province, Postal Code)**  Click here to enter text. | | |
| **Please list all Subsidiaries for which coverage is desired:**  Click here to enter text. | | |
| **Applicant Type**  Choose an item. | | **Ownership Structure**  Choose an item. |
| **Website Address**  Click here to enter text. | | **Year Established**  Click here to enter text. |
| **Global Revenue (Prior Fiscal Year)**  Click here to enter text. | | **% Domestic Revenue**  Click here to enter text. |
| **Global Revenue (Current Projected Fiscal Year)**  Click here to enter text. | | **% Online Revenue**  Click here to enter text. |
| **Total Number of Employees**  Enter a number or choose an item. | | |
| **Name and Title of Primary Cybersecurity Contact Person**  Click here to enter text. | | **Email Address (of cyber contact)**  Click here to enter text. |
| *This should be the employee of the applicant that Insurer should contact with information pertinent to cyber risks and incidents.* | | **Phone (of cyber contact)**  Click here to enter text. |

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| **Number of Records Containing Protected Information:**  What is the maximum total number of unique individual persons or organizations whose **Protected Information** could be compromised in a not-yet-discovered **Cyber Incident**, or will be stored or transmitted during the **Policy Period** on the Applicant’s **Computer System** or any **Shared Computer System** combined that relate to the Applicant’s business?  This should include **Protected Information** of employees, retirees, customers, partners and other third parties that the Applicant is responsible for securing, including **Protected Information** that is secured by third parties under contract with the Applicant. Multiple records or types of **Protected Information** relating to the same unique individual person or organization should be considered a single record.  Enter a number or choose an item |

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| **Nature of Operations** | | | | | | | |
| **Class of Business**  Describe nature of business operations, products or services in layperson terms. | | | | | | | |
| Please indicate the applicable percentage of total revenue derived from each product or service offered: | | | | | | | |
| Type of Product or Service | % Current Revenues |  | | Type of Product or Service | | % Current Revenues | |
| Application Service Provider | % |  | | IT Managed Services Provider | | % | |
| Automated Test Equipment | % |  | | Online Banking | | % | |
| Billing Services | % |  | | Online Brokerage | | % | |
| Bulletin Board System/Forum Sites | % |  | | Online Exchanges | | % | |
| Circuit Board Assembly – General | % |  | | Portals | | % | |
| Circuit Board Assembly – Specifc | % |  | | Production & Inspection Equipment | | % | |
| Collocation Facilities | % |  | | Retail E-Commerce | | % | |
| Computer-Aided Design | % |  | | Security Consulting and Services | | % | |
| Credit Card Processing | % |  | | Security Software, Monitoring, & Tools | | % | |
| CRM Consulting | % |  | | Software Development | | % | |
| Crowd Funding | % |  | | Software Installation – Custom | | % | |
| Data Entry/Timesharing | % |  | | Software Installation – Pre-packaged | | % | |
| Data Processing | % |  | | Specialty Programming | | % | |
| Data/Information Security | % |  | | Staffing Services (IT Services Only) | | % | |
| Document Management | % |  | | Systems Analysis | | % | |
| E-Commerce Consulting | % |  | | Systems Engineering | | % | |
| Electronic Components – capacitors, resistors, transistors | % |  | | Systems Integration | | % | |
| Electronic Contract Manufacturer | % |  | | Systems Maintenance | | % | |
| ERP Consulting | % |  | | Technical Research | | % | |
| Fiber Optic Cables | % |  | | Technical Support | | % | |
| Fulfillment/Logistics/Inventory Tools | % |  | | Technical Training | | % | |
| Graphic Design | % |  | | Telecommunications and Messaging | | % | |
| Hardware Assembly | % |  | | Telecommunication/Video Conferencing Equipment | | % | |
| Hardware Manufacturing | % |  | | Value Added Reselling | | % | |
| Healthcare | % |  | | Video Conferencing Services | | % | |
| Healthcare Electronic Records | % |  | | Video Game/Virtual Reality | | % | |
| Healthcare Information Technology | % |  | | Web Hosting | | % | |
| Infrastructure Equipment Manufacturing | % |  | | Web Maintenance Services | | % | |
| Infrastructure Software | % |  | | Wireless Communications Equipment | | % | |
| Internet Advertising | % |  | | Other: (Explain Below) | | % | |
| Internet Service Provider | % |  | |  | |  | |
| Other (Explained) | | | | | | | |
| Does the Applicant currently or will the Applicant potentially operate as any of the following? | | | | | | |
| * Accreditation Services Provider * Adult Content Provider * Credit Bureau * Cryptocurrency Exchange * Cybersecurity Products and Services * Data Aggregator/Broker/Warehouse * Direct Marketer * Financial Institution * Gambling Services Provider | | | * IT Managed Services Provider * Manufacturer of Life Safety Products/Software * Media Production Company * Payment Processor * Peer To Peer File Sharing * Social Media * Surveillance (Physical or Digital) * Third Party Claims Adminstrator | | | |
| Or does the Applicant derive more than 50% of its revenue from non-technology products and services (e.g. other than telecom, electronics, software, and computer-related services)?  **If Yes**, please provide details:  Click here to enter text. | | | | | Yes  No | |

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| **Current Loss Information** | |
| Within the past three years, has the Applicant had any actual or potential **Incidents** or **Claims** to which the **Policy** would apply; or is the Applicant aware of any fact, circumstance, or situation that could resonably be expected to give rise to an **Incident** or **Claim** to which the **Policy** would apply? | Yes  No |
| **If Yes**, please provide details:  Click here to enter text. |  |

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| **Technology E&O** |

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| From what percentage of customers does the Applicant obtain documented contracts, purchase orders or user acceptance agreements? | Choose an item. |
| **If<90%**, Does the Applicant work under direct supervision of their customers and obtain milestone signoffs during their projects or jobs? | Yes No  Unknown |
| What is the size of the Applicant’s largest customer relationship in terms of annual revenue? | Click here to enter text. |
| Does qualified legal counsel assist in the development of the Applicant’s standard customer contracts, and any substantially customized contracts? | Yes No  Unknown |
| Which of the following contractual provisions (favourable to the Applicant or mutually beneficial) are found in the majority of the Applicant’s customer contracts, purchase orders, or user agreements? |  |
| 1. A limitation of liabilities for consequential damages?   **If Yes**, what percentage contain this? | Yes No Unknown  Choose an item. |
| 1. Disclaimers of Warranties 2. Hold Harmless 3. Exclusive Remedies 4. Caps on Damages   **If Yes**, what is the most common cap on damages? | Yes No  Unknown  Yes No  Unknown  Yes No  Unknown  Yes No  Unknown  Choose an item. |
| Does the Applicant subcontract work to others?  **If Yes:** | Yes No |
| 1. What percentage of the Applicant’s revenue is derived from work subcontracted to others? | Choose an item. |
| 1. Does the Applicant require that subcontractors carry professional liability or Technology E&O insurance with liability limits of at least $1,000,000? | Yes No  Unknown |
| 1. Does the Applicant obtain written contracts from subcontractors containing indemnification or hold harmless agreements in favour of the Applicant? | Yes No  Unknown |
| Does the Applicant provide products or work which are critical to the operation of aircraft or aircraft control? | Yes No  Unknown |
| Does the Applicant provide consumer products or services? | Yes No  Unknown |
| What percent of the Applicant’s revenues come from work performed for:   1. the Federal Government of Canada? 2. (Canadian) Provincial, Territorial, and other Governmental entities? 3. the Federal Government of the United States of America? 4. (US) State, Local, and other Governmental entities? | Choose an item.  Choose an item. |

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| **Cyber and Media Controls** | |
| Which of the following IT security controls does the Applicant have in place? |  |
| 1. Antivirus and Firewalls (Windows 10 or higher qualifies for <10 employees) | Yes No  Unknown |
| 1. Encryption of Sensitive Data at Rest and In Transit | Yes No  Unknown |
| 1. Encryption and Endpoint Protection on Mobile Computing Devices | Yes No  Unknown |
| 1. Formal Vulnerability Management and Software Patching Procedures | Yes No  Unknown |
| 1. Formal Data Backup and Recovery Procedures in Place and Tested Periodically | Yes No  Unknown |
| 1. Formal Cyber Incident Response Plan in Place and Tested Periodically | Yes No  Unknown |
| 1. Multifactor Authentication on Corporate Email | Yes No  Unknown |
| 1. Multifactor Authentication on Corporate Network, Systems, and VPNs | Yes No  Unknown |
| 1. Enterprise Email Security Solutions (e.g. Gateway, Sandbox, Filtering) | Yes No  Unknown |
| 1. Phishing and CyberSecurity Awareness Training for Employees | Yes No  Unknown |
| Does the Applicant rely on Cloud Computing, Software-as-a-Service, or any other outsourced computer hosting for revenue-generating operations? | Yes  No  Unknown |
| **If Yes**, what percent of Applicant’s revenue is dependent on such services?  **If >1%**, select best description of offsite redundancies in place on such services: | Choose an item.  Choose an item. |
| Does the Applicant accept payment card (Credit/debit card) transactions? | Yes  No |
| **If Yes**, is the Applicant PCI compliant? (via assessment or self-attestation) | Yes  No  Unknown |
| Does the Applicant deal with protected health information as defined under applicable privacy laws including PIPEDA, HIPAA or other equivalent legislation? | Yes  No |
| **If Yes**, is Applicant compliant with such laws including PIPEDA, HIPAA and the HITECH Act? | Yes  No  Unknown |
| Does the Applicant have operations or customers in California, or any responsibilities under the California Confidentiality of Medical Information Act? | Yes  No  Unknown |

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| 1. **Privacy** | |
| Does the Applicant use or provide any technologies (e.g. cookies, pixels, web browsing tracking, user location tools) that engage with or track internet user activities or both? | Yes  No  Unknown |
| If **Yes**, please complete the below:   1. Is the Applicant in compliance with all relevant privacy laws and regulations in all applicable jurisdictions ? | Yes  No  Unknown |
| 1. Does the Applicant have a written privacy policy and regularly update it to align to such laws and regulations and technology tracking practices? | Yes  No  Unknown |
| If **Unknown** or **No**, to a) or b) above, please provide details:  Click here to enter text. |  |

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| 1. **Current Coverage** | |
| Does the Applicant currently purchase E&O insurance to address the failure of their product or service  **If Yes**, what is the Retro Date? Click here to enter a date. | Yes  No |
| Does the Applicant currently purchase Cyber or Privacy Liability insurance?  **If Yes**, what is the Retro Date? Click here to enter a date. | Yes  No |
| Does the Applicant currently purchase Media Liability Insurance?  **If Yes**, what is the Retro Date? Click here to enter a date. | Yes  No |
| In addition to Technology E&O coverage, does the Applicant intend to purchase Cyber and/or Media coverage on a separate and distinct policy? (e.g. with a separate set of limits, or with another carrier?) | Yes  No |

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| **Desired Coverage (Only Enter Information For Desired Coverages)** | | | |
|  | Retention | Limit | Commentary |
| Technology Errors and Omissions | $ | $ |  |
| Cyber and Media Coverages | $ | $ |  |
| Enter any further commentary about desired coverage options.  Click here to enter text. | | | |

# FRAUD WARNING STATEMENTS

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

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

# 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 **Control Group Member** (as defined in the **Policy** or the Applicant’s Chief Executive Officer, Chief Financial Officer, President, Risk Manager, General Counsel, Chief Information Officer, Chief Information Security Officer, Chief Privacy Officer and Chief Technology Officer or equivalent positions), acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

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| Date | Signature | Title |
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| Email Address |  | Phone |
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