

# Cyber Insurance Application

Notice: The **Policy** for which the **Applicant** is applying is written on a claims-made and reported basis. Except as otherwise stated, the **Policy** covers only **claims** first made against the **Applicant** and **incidents** or **losses** first discovered by the **Applicant** during the **Policy Period**, or any applicable extended reporting period, and reported to the **Insurer** pursuant to the terms of the **Policy**.

Whenever used in this **Application**, the term “**Applicant**” shall, unless otherwise stated, mean the **Named Insured**, any **Associated Entity**, and any **Subsidiary**. All other terms that appear in bold type herein are used in this **Application** with the same respective meanings as set forth in the Cyberboxx 5.0 insurance policy (BXU-CDPW-20240430).

## Customer Details:

Company Name:			
Contact Name:		Contact Email:	
Address:			
Website:		Number of employees:	
Last 12 months Gross Revenue:	Does the <b>Applicant</b> have offices located outside of Canada?		
Nature of Business (Industry):			
Overall Cyber Limit:			
Financial Fraud and Crime (optional):			
Select retention:			
For how many people (including customers, employees, and suppliers) do you process, transact, or store Personal Identifiable Information (PII)?			
Please select the security measures that the <b>Applicant</b> has in place:	Multi-Factor Authentication:	Business continuity and recovery:	Cyber controls:
	On remote access to the network: Click here if N/A:	Weekly backups:	Monthly patching:
	On emails: Click here if N/A:	Backups are offline and are segregated from network:	Critical patching within 14 days:
	On privileged accounts: Click here if N/A:	Backups are hosted with a cloud service provider:	Managed Endpoint Detection and Response solution:
<b>Financial fraud and crime:</b>			
<input type="checkbox"/> Prior to setting up new accounts or updating existing accounts authentication is required from recipient via a method that is different to the original method used to request the transfer.			
<input type="checkbox"/> Authorization required from the third party via an authentication method which is different to the original method used to request payment that exceeds the \$5,000			
<input type="checkbox"/> Annual training required on phishing/social engineering scams for all employees involved in transferring funds.			
<b>Prior Claims:</b>			
During the past 3 years, has the <b>Applicant</b> :			
Suffered any loss or had any claim, whether successful or not, made against it?			
Been investigated with respect to personal data, including but not limited to payment card information, or privacy practices?			
Been asked to supply any regulator or similar body with information relating to personally identifiable information or privacy practices?			



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Received any complaint relating to the handling of someone's personally identifiable information?

Received any actual or attempted extortion demand with respect to its data or **computer system**?

Is the **Applicant** aware of anything that may lead to a **claim, loss**, or other liability that might be covered under this **Policy**?

If the answer to any question above is "Yes", please provide full details including dates, description of the **claim / investigation / loss**, people involved, full name of claimant / plaintiff, allegations, date reported to the insurance company, and status

### Signature Section:

#### NOTICE:

The undersigned authorized representative (the **Applicant's** Chief Executive Officer, Chief Financial Officer, Chief Security Officer, Chief Technology Officer, Chief Information Officer, Risk Manager, General Counsel, or any functionally equivalent positions, regardless of title) of the **Applicant** declares that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application**, are true and complete and may be relied upon by the **Insurer** providing, and reviewing, this **Application** for insurance.

Signing of this **Application** does not bind the **Applicant** or the **Insurer** to complete the insurance, but it is agreed that this **Application** and any information incorporated by reference hereto, shall be the basis of the insurance contract should a **Policy** be issued, and is incorporated into, and is part, of the **Policy**.

If the information in any **Application** changes prior to the inception date of the **Policy**, the **Applicant** agrees that it will notify the **Insurer** of any such changes, and the **Insurer** may modify or withdraw any outstanding quotation. The **Insurer** is authorized to make inquiries in connection with this **Application**.

Should the **Insurer** issue a **Policy**, the **Applicant** agrees that such **Policy** is issued in reliance upon the truth of the statements and representations in the **Application** or incorporated by reference herein, any misrepresentation, omission, concealment or otherwise, shall be grounds for the rescission of any **Policy** issued.

All written statements, materials or documents furnished to the **Insurer** in conjunction with this **Application** are hereby incorporated by reference into this **Application** and made a part hereof, including, without limitation, any supplemental applications or questionnaires, any security assessment, all representations made with respect to any security assessment, and all information contained in or provided by the **Applicant** with respect to any security assessment.

The undersigned authorized representative of the **Applicant** declares and represents that they have the authority to sign this **Application** on behalf of all **Insureds**.

Authorized Representative's Name :

Authorized Representative's Title:

Authorized Representative's Signature:

Email:

Dated: