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APPLICATION – CPM - INSURANCE FOR CYBER, PRIVACY & MEDIA RISKS

This is an application for a cyber, privacy and media liability package policy aimed at a wide range of companies and professionals. CPM provides vital protection for companies that use media or technology to promote their business. The policy includes cover for media liability, Errors and Omissions, cyber and privacy liability, privacy breach notification costs, property, business interruption and Commercial General Liability. Limits are available up to \$10,000,000 and worldwide cover is provided as standard. Simply complete the form and return it to your agent..

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the CPM policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses 1, 2, 3, 4 (sections A and B only) and 6 (section A only) of this policy provide cover on a claims made basis. Under these insuring clauses any claim must be first made against the insured and notified to us during the period of the policy to be covered. These insuring clauses do not cover any claim arising out of any actual or alleged wrongful act occurring before the retroactive date

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the end of the form. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Insured company: _____

Contact name: _____

Address: _____

Postal Code: _____ Telephone: _____

Email address: _____

Fax: _____ Website: _____

1.2 Please state when your company was established: _____

1.3 a) How many principals / directors / officers / partners are there in the company? _____

b) Please show the details of all principals / partners / directors:

NAME	YEARS IN POSITION	YEARS EXPERIENCE	QUALIFICATIONS

c) Please state the number of employees: _____

d) How many customers do you have? _____

e) What percentage of these are commercial customers _____

1.4 Please state the following:

	LAST COMPLETE FINANCIAL YEAR	ESTIMATE FOR CURRENT FINANCIAL YEAR	ESTIMATE FOR NEXT FINANCIAL YEAR
Domestic revenue:	\$	\$	\$
USA revenue:	\$	\$	\$
Other territory revenue:	\$	\$	\$
Total revenue:	\$	\$	\$
Gross Profit:	\$	\$	\$
Payroll	\$	\$	\$

Currency: _____ Date of financial year end: _____

SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities:

If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity:

The total of all revenue sources listed here should equal 100%.

	%
	%
	%
	%
	%
	%
	%
	%
Total	%

2.3 Please detail which of the following data types you collect:

- Credit or debit card details Yes No
- Social security numbers Yes No
- Credit history or ratings Yes No
- Medical records or health information Yes No
- Customer bank records or details Yes No
- Third party corporate confidential data Yes No

2.4 Please indicate which of the following media activities you engage in:

- Print advertising Yes No
- Television or radio advertising Yes No
- Online advertising Yes No
- Social media marketing Yes No
- Printed publications Yes No
- Event / conference organizing Yes No

2.5 Please list all of your current public facing URLs:

URL	NATURE OF WEBSITE	STAGE OF DEVELOPMENT (E.G. ALPHA, BETA, LIVE)	ESTIMATED CURRENT MONTHLY UNIQUE VISITORS	ESTIMATED MONTHLY UNIQUE VISITORS OVER THE NEXT 12 MONTHS

SECTION 3: CONTRACT INFORMATION

Only complete this section if you require Errors & Omissions cover.

3.1 Please give details of the 5 largest contracts you have carried out in the past 3 years:

NAME OF CLIENT	BUSINESS OF CLIENT	NATURE OF YOUR WORK UNDERTAKEN FOR THIS CONTRACT	YOUR ANNUAL REVENUE FROM THIS CONTRACT	START DATE	COMPLETION DATE
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

3.2 Do you carry out work only under a written contract signed by every client? Yes No

Please supply a copy of your standard form of contract, or typical examples of contracts used.

If No, please explain in what circumstances and why:

3.3 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? Yes No

If Yes, please explain what percentage of your contracts this is applicable to and what these are capped at:

3.4 What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors _____%

3.5 Do you ensure that sub-contractors have their own commercial general liability and Errors & Omissions insurance?

Yes No If No, please explain how you limit your exposure? _____

3.6 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature? Yes No

If No, who signs off the contract?: _____

3.7 Do you always obtain client sign off on your deliverables? Yes No

SECTION 4: RISK MANAGEMENT

4.1 Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data? Yes No

4.2 Do you have a privacy policy and terms of use on your website? Yes No

If Yes, has it been legally reviewed? Yes No

If you have answered 'No' to either of the above questions, please explain below:

4.3 Do you have a specific policy for managing all "opt-in" / "opt-out" marketing requests? Yes No

If No, please explain: _____

4.4 Do your internal IT systems comply with all of our minimum security requirements detailed below? Yes No

- Anti-virus software must be installed on all desktops and servers (excluding database servers) and updated on at least a weekly basis;
- All external network gateways must be protected by a firewall;
- All critical data must be backed up on at least a weekly basis;
- All back-ups should be stored in a secure location offsite or in a fireproof safe; and
- The integrity of all back-ups should be verified on at least a monthly basis.

If No, please explain: _____

4.5 In the event of a system interruption (including web downtime), what is your maximum estimated daily financial loss?
\$_____ Note: This figure will set the maximum limit for your system business interruption cover

4.6 Do you ensure that all sensitive data is encrypted while standing and during transmission? Yes No

4.7 Do you outsource the handling of sensitive data to any third party? Yes No

4.8 Please provide the name and address of any third party you use for payment processing:

4.9 Please provide the name and address of any third party you use for data hosting:

4.10 Please provide the name and address of your internet service provider:

4.11 Does your company use content supplied by third parties? Yes No

If Yes, do you obtain written warranties in respect of originality of content, accuracy of content and authenticity of source? Yes No

If No, please explain why: _____

4.12 Please provide the name of the law firm you consult in respect of media issues, including review, procedures and complaints handling: _____

4.13 Is all advice adhered to? Yes No

If No, please explain under what circumstances: _____

4.14 Do you have written procedures to either edit, remove or respond to offending, inappropriate, inaccurate or infringing content, including website content? Yes No

4.15 Do you engage the services of an advertising agency? Yes No

If Yes, do they provide you with a full indemnity in relation to all of the content they originate? Yes No

4.16 Do you engage in comparative advertising? Yes No

If Yes, please explain your procedures to ensure accuracy of content: _____

4.17 Do you trademark your proprietary products? Yes No

If No, please explain why: _____

4.18 Have you got a fully documented and tested business continuity plan in place? Yes No

4.19 Have your systems been subject to a third party security audit? Yes No

If Yes, have all high risk recommendations from your most recent audit been implemented? Yes No

If not all high risk recommendations have been implemented, please explain why: _____

4.20 Have your systems been audited as being compliant with ISO 27001 or equivalent? Yes No

SECTION 5: PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

5.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1

Address: _____
_____ Postal code: _____

PREMISES 2

Address: _____
_____ Postal code: _____

Please continue on a separate sheet if more than 2 premises are to be insured.

5.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of party: _____
Interest of party _____
Address: _____
_____ Postal code: _____

5.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No
 - b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No
 - c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
 - d) In a good state of repair and occupied solely as offices? Yes No
 - e) Self contained with a lockable entrance door? Yes No
 - f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No
- NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.
- g) Heated by a conventional electric, gas, oil or solid fuel heating system Yes No
 - h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No
 - i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No
 - j) Fitted with sprinklers either fully or partially? Yes No

NOTE: Assuming you have answered 'Yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'No' to any of the above questions then please give further details:

SECTION 6: INSURANCE REQUIREMENTS

6.1 Please provide details of your current or required insurance policies:

TYPE OF INSURANCE	INCEPTION/ EXPIRY DATE	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	INSURER	RETROACTIVE DATE (IF KNOWN)
Cyber/privacy liability		\$	\$	\$		
Media liability		\$	\$	\$		
Errors & Omissions		\$	\$	\$		
Commercial General Liability		\$	\$	\$		
Property		\$	\$	\$		

6.2 Please detail the amounts to be insured below for each premises (complete only if you require property cover):

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main building	\$	\$
Landlord's fixtures & fittings and tenant improvements	\$	\$
All items at your premises or in a secure alternative location ¹	\$	\$

¹Please list any alternative locations in question 5.1

6.3 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items: \$ _____

Please also state the approximate percentage of the time that these items are away from your premises: _____

6.4 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these items: \$ _____

Please also state the approximate percentage of the time that these items are away from your premises: _____

6.5 Would you like a quotation for either of the following extensions: Earthquake: Yes No
 Flood: Yes No

6.6 Please detail the amounts to be insured below for business interruption cover (complete only if you require this cover):

Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to recommence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of revenue, costs and expenses, loss of research and development expenditure, project delay costs or outstanding debts. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business interruption cover ('Flexible First Loss'):	\$	\$

SECTION 7: CLAIMS EXPERIENCE & INSURANCE HISTORY

7.1 Regarding all of the types of insurance to which this application form relates AFTER FULL ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last 5 years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a, b, c, d and e above: Yes No

If the answer to the above is Yes, then please complete the attached claims history form.

ADDITIONAL INFORMATION:

ADDITIONAL INFORMATION (CONTINUED):

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____ FAX NO: _____

EMAIL ADDRESS: _____



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CLAIMS HISTORY FORM

Applicant Name: _____

Date: _____

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$