



# Cyber Liability Insurance

## Application Form

**Pirbright Professions Insurance Portfolio is designed to meet all the insurance needs of a professional business.**

### Which sections should you complete?

Section	Title	Should you complete it?
1	Your Business	<b>All companies must complete this section</b>
2	Network Security	<b>All companies must complete this section</b>
3	Information Security	<b>All companies must complete this section</b>
4	Website and Content Information	<b>All companies must complete this section</b>
5	Commercial General liability & Products Liability	Please complete this section if you require this cover
6	Property & Contents	Please complete this section if you require this cover
7	Claims	<b>All companies must complete this section</b>
8	Declaration	<b>All companies must complete this section</b>

The purpose of this application form is for us to find out who you are and what you do in order to provide you a quotation through Pirbright Professions Inc. on behalf of our insurance markets. It 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 the insurer to treat this insurance as if it never existed.

If a contract of insurance is agreed between you and the insurer, this application form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract.

Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly.



# Cyber Liability Insurance Application Form

## Section 1 – Your Business

You must complete this section.

### 1.1 Your business

Company name

Contact name

Main address

Postal Code  Website

Telephone  E-mail

Year business established:

### 1.2 Your employees

Please provide your total number of employees:

company type

Public  Private  Non-Profit  Government

Describe operations:

1.3 Applicant

### 1.4 Your turnover

a. Please provide your turnover, including fee income and who the work is carried out for:

Jurisdiction dd-mmm-yyyy	Past year ending	Current year	Estimate for coming year
Canadian clients	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Overseas clients (excluding USA)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
USA clients under contracts subject to <b>non</b> -USA/Canada law	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
USA clients under contracts subject to USA or Canada law	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Operating profit	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>



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1.5 Limits & retention required

a. Complete the following table for coverages, limits and retentions requested:

Insuring Agreement	Requested Limit	Requested Retention
A. Network and Information Security Liability (Required)	\$ [ ]	\$ [ ]
B. Communications and Media Liability	\$ [ ]	\$ [ ]
C. Regulatory Defence Expenses	\$ [ ]	\$ [ ]
D. Crisis Event Management Expenses	\$ [ ]	\$ [ ]
E. Security Breach Remediation & Notification Expenses	\$ [ ]	\$ [ ]
F. Computer Program and Electronic Data Restoration Expenses	\$ [ ]	\$ [ ]
G. Computer Fraud	\$ [ ]	\$ [ ]
H. Funds Transfer Fraud	\$ [ ]	\$ [ ]
I. E-Commerce Extortion	\$ [ ]	\$ [ ]
J. Business Interruption and Additional Expenses	\$ [ ]	\$ [ ]

1.6 Proposed effective date: a. [ ]

1.7 Other insurance coverages

a. If Applicant currently has other insurance coverages such as Professional Liability / Errors & Omissions, Network and Security Liability or Media Liability, please complete as follows:

Policy Period	Insurance Company	Limit	Deductible	Retroactive Date	Premium
[ ]	[ ]	\$ [ ]	\$ [ ]	[ ]	\$ [ ]
[ ]	[ ]	\$ [ ]	\$ [ ]	[ ]	\$ [ ]

1.8 Expiring policy number(s):

1. [ ]
2. [ ]
3. [ ]



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### Section 2 – Network Security

You must complete this section.

#### Does applicant have the following in place:

#### 2.1 Systems

- a. Designated Chief Security Officer for IT? Yes  No   
If no, what position is responsible for this:
- b. Technological security policy in place to test or audit network security controls? Yes  No   
Frequency of internal audits performed:   
Frequency of outside / third party audits performed:
- c. Firewall protection? Yes  No
- d. Vendor anti-virus software in operation with maintenance agreement? Yes  No
- e. Is anti-virus software installed on all computer systems, including laptops, personal computers and networks? Yes  No
- f. Upgrading of all security software as new releases or improvements become available? Yes  No
- g. Remote access to network? Yes  No
- h. Is remote access restricted to Virtual Private Networks (VPNS)? Yes  No
- i. Multi-factor authentication process or layered security approach required to access secure areas of website? Yes  No   
Authentication / verification method used:
- j. Sending or acceptance of financial transactions intended for deposit, via the use of remote deposit capture technology (RDC – remote deposit capture)? Yes  No
- k. Disaster recovery plan? Yes  No
- l. Business continuity plan? Yes  No
- m. Incident response plan for network intrusions and virus incidents? Yes  No   
How often are plans tested:
- n. Annual testing of plans? Yes  No
- o. Secondary computer system or site available if primary site or system becomes inoperative? Yes  No   
How long before secondary system / site becomes available:   
What percentage of normal system operations can be handled at the secondary site?
- p. Daily backups of all valuable and sensitive information? Yes  No   
If no, describe exceptions or backup schedule:

#### Does applicant have the following in place:

#### 2.2 Personnel

- a. Employee training regarding security issues and procedures? Yes  No
- b. Distribution to employees of computer and information systems policies and procedures? Yes  No
- c. Termination of all associated computer access and user accounts as part of exit process when employee leaves company/ Yes  No
- d. Formal documented procedure in place regarding creation and regular updating of passwords used by employees or clients? Yes  No
- e. Passwords changed at least every 60 days? Yes  No



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### Section 3 – Information Security

You must complete this section.

#### 3.1 Information security

- a. Does the company collect, receive, process, transmit, or maintain private, sensitive, or personal information from third parties (i.e. customers, clients, patients) as part of its business operations? Yes  No
- If yes, please indicate what type:
- |  |  |
|--|--|
| <input type="checkbox"/> Credit / Debit Card Data        | <input type="checkbox"/> Medical Information         |
| <input type="checkbox"/> Social Insurance Numbers        | <input type="checkbox"/> Employee / HR Information   |
| <input type="checkbox"/> Bank Accounts and Records       | <input type="checkbox"/> Customer Information        |
| <input type="checkbox"/> Intellectual Property of Others | <input type="checkbox"/> Other: <input type="text"/> |
- b. Does the company have written policy in place to comply with privacy laws (PIPEDA, PIPA) regarding the collection, use, and disclosure of information? Yes  No
- c. Does the company disclose private, sensitive, or personal information collected from customers or clients with third parties? Yes  No
- d. Is user-specific, private, sensitive or confidential information stored on portable communication devices (e.g. laptops, smartphone, USB flash drive, tablets, etc)? Yes  No
- e. If yes to question d, is there a policy in place for secure handling and storage of private sensitive or confidential information on these portable devices? Yes  No
- f. If yes to question d, what percentage of user-specific, private, sensitive or confidential information stored on portable communications devices is encrypted?  %
- g. Does the company require vendors or service providers who may have access to the company's confidential information or personally identifiable information, to demonstrate that they possess adequate security policies and procedures? Yes  No
- h. Are vendors or service providers, as per question g, required by contract to indemnify the applicant for harm arising from a breach of the provider's security? Yes  No
- i. At any one time, approximately how many individual records containing one or more items of the information from question a. above does the company have stored?
- Number of records stored:
- |   |  |
|---|--|
| <input type="checkbox"/> < 1,000              | <input type="checkbox"/> 1,000,001 to 3,000,000  |
| <input type="checkbox"/> 1,000 to 10,000      | <input type="checkbox"/> 3,000,001 to 5,000,000  |
| <input type="checkbox"/> 10,0001 to 100,000   | <input type="checkbox"/> 5,000,001 to 7,000,000  |
| <input type="checkbox"/> 100,001 to 500,000   | <input type="checkbox"/> 7,000,001 to 10,000,000 |
| <input type="checkbox"/> 500,001 to 1,000,000 | <input type="checkbox"/> > 10,000,000            |



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You must complete this section.

### Section 4 – Website and Content Information

#### 4.1 Website

Website (Check all that apply)	Current	Within Next 12 Months
Information website only provides general information about the company's products and / or services	<input type="checkbox"/>	<input type="checkbox"/>
Accessible website has log-in capabilities allowing access to secure or restricted content (e.g. accounts, subscriptions, or profiles) and / or allows user to upload or download secure data	<input type="checkbox"/>	<input type="checkbox"/>
Transactional website allows orders or purchases using credit card, debit card, or bill-pay payment	<input type="checkbox"/>	<input type="checkbox"/>
View account balances or statements	<input type="checkbox"/>	<input type="checkbox"/>
Transfer funds between accounts	<input type="checkbox"/>	<input type="checkbox"/>
Bill payment	<input type="checkbox"/>	<input type="checkbox"/>

a. Does the company's website contain, disseminate, employ or allow the following:

Please check all that apply:

- Music / Sound clips                       Chat Rooms / Message Boards / Blogs  
 Movie / Movie clips                       Advertising of others  
 Sweepstakes or coupons                       Sexually explicit material  
 Executable programs or shareware     Interactive gaming / games of chance  
 Content specifically targeted at minors

b. Does the company have a written intellectual property clearance procedure for content disseminated via the company's website?                      Yes  No

Do the procedures include any of the following:

- i) Review by a qualified lawyer?                      Yes  No
- ii) Screening for content for the following:
- a) Disparagement issues?                      Yes  No
- b) Copywriting infringement?                      Yes  No
- c) Trademark infringement?                      Yes  No
- d) Invasion of privacy?                      Yes  No
- iii) Obtaining agreements with outside developers or consultants that include provisions granting the company ownership of the intellectual property rights and business methods incorporated into any work for hire performed by or on behalf of the company?                      Yes  No
- iv) Requiring employees and independent contractors to sign a statement that they will not use trade secrets or other intellectual property of previous employers or clients?                      Yes  No
- v) Obtaining written permission of any website the company links to or frames?                      Yes  No



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- c. If the company does not have a process to review all content prior to posting, please describe procedures to avoid the posting of improper or infringing content:
- d. Does the company have a formal procedure for editing or removing controversial, offensive or infringing material distributed, broadcast or published by or on behalf of the company?  
Yes  No
- e. Does the company collect data about children who use your website? Yes  No   
If yes, please describe the method used to obtain parental permission:
- f. Does the company have a procedure for responding to allegations that content created, displayed or published by the company is libelous, infringing, or in violation of a third party's privacy rights? Yes  No
- g. Has the company screened all trademarks used by the company for infringement with existing trademarks prior to first use? Yes  No
- i) Has the company acquired any trademarks from others in the past 3 years? Yes  No
- ii) If **yes**, were acquired trademarks screened for infringement? Yes  No



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## Section 5 - Commercial General Liability and Products Liability

Optional - only complete this section if this insurance cover is required.

5.1 Coverage required

- a. Please tick the limit of coverage required for general liability and products liability:  
 \$1,000,000  \$2,000,000  \$5,000,000  Other Amount:
- b. What is the expiry date of your current policy?

## Section 6 – Property and contents

Optional – only complete this section if this insurance cover is required.

6.1 Location of premises  
to be covered

Location	Full address	Postal Code
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide us with a presentation if more than three premises are to be insured.

6.2 Occupancy

- a. Is this a home based office? Yes  No
- b. Is the entire building used only for office based activities? Yes  No

6.3 Construction details

- a. Are all of the buildings in a good state of repair? Yes  No





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### Section 7 - Claims

#### 7.1 General

**You must complete this section.**

**Please complete the claims questions for any risk now to be insured.**

In relation to your professional business activities, are you after reasonable inquiry aware of:

a. any matter which may lead to a claim against you?

This includes:

i. a shortcoming or problem in your work known to you which you cannot reasonably put right;

Yes  No

ii. a complaint about your work or anything you have supplied which cannot be immediately resolved;

Yes  No

iii. an escalating level of complaint on a particular project;

Yes  No

iv. a client withholding payment due to you after any complaint.

Yes  No

b. any loss from the dishonesty or malice of any employee or self-employed freelancer?

Yes  No

c. any loss from the suspected dishonesty or malice of any employee or self-employed freelancer?

Yes  No

d. any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee?

Yes  No

If you answered **yes** to any of the above, please provide full details:

#### 7.2 Directors and officers

Have you or any of your directors at any time either personally or in any business capacity:

a. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt?

Yes  No

b. been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt?

Yes  No

If the answer to a. and/or b. above is **yes**, please give full details on a separate sheet.

#### 7.3 Professional liability

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee (whether previously insured or not)?

Yes  No

#### 7.4 All others covers

In respect of the following insurance covers:

**Cyber liability, property contents, and commercial general liability**

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

Yes  No



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If the answer to 7.3. and/or 7.4. is **yes**, please give full details below:

Date	Details	Amount	Remedial action
dd-mmm-yyyy			

Please continue on a separate sheet if necessary.

### 7.5 Privacy breaches

a. Has the company ever received any claims or complaints, or been subject to any government action, investigation or subpoena with respect to allegations of failing to prevent unauthorized access to confidential information, failing to notify appropriate individuals of any such unauthorized access or failing to allow authorized users access to the company's computer systems?

Yes  No

b. Has the company ever received any claims or complaints, or been subject to any government action, investigation subpoena with respect to allegations that any content disseminated on or via the company's websites or company email, infringed on the intellectual property rights of another party or caused harm to the reputation of another party?

Yes  No

If question a. or b. is answered Yes, provide details below of each claim, complaint, allegation or incident, including costs, losses or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.

Date of Complaint dd-mmm-yyyy	Description of Claim	Amount Paid for Defence	Amount Sought or Paid for Damages	Covered by Insurance?	Corrective action taken
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

To enter more information, please attach a separate page to the application.

c. Has the company ever experienced an extortion attempt or demand with respect to its computer systems, or suffered a loss of money, securities or other property due to fraud committed by means of unauthorized or fraudulently entered computer instructions or code by someone other than an employee?

Yes  No

If yes, please provide details:

d. Has the company suffered any known intrusions (i.e. unauthorized access or security breach) or denial of service attacks which impaired the functionality of its computer systems?

Yes  No

If yes, please provide details:



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e. Is the applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the insurance policy for which the applicant is applying?

Yes  No

If yes, please provide details:

■

### 7.6 Previous insurance

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

Yes  No

If **yes**, please provide details:

Date	Details
■  dd-mmm-yyyy	■



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### Section 8 - Declaration

#### You must complete this section.

Please read the declaration carefully and sign at the bottom.

#### 8.1 Material information

Please provide us with details of any information which may be relevant to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide the details for our review.

#### 8.2 Data protection

By signing this application form, you consent to Pirbright Professions Inc. using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean Pirbright Professions Inc. has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Pirbright Professions Inc. as set out above. The information provided will be treated in confidence and in compliance with the Personal Information Protection Act (PIPA). You or others related to your policy may have the right to apply for a copy of this information and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.

#### 8.3 Declaration

I/We declare that (a) this application form has been completed after proper inquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our application for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our application for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to void this insurance policy.

I/We agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Director/Officer/Board Member/Senior  
Manager

Date dd-mmm-yyyy

**A copy of this application should be retained for your records.**

#### 8.4 Queries

Should you have any questions or if you require any additional information, please do not hesitate to contact us. Contact information as follows:

Dafydd Griffith  
President  
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