



[Professional Services]

CYBER SHORT FORM APPLICATION

CYBER SHORT FORM APPLICATION**PART 1 GENERAL INFORMATION**

Broker:

Broker Phone:

Broker Contact:

Broker Email:

Applicant Name(s):

Subsidiaries:

Mailing Address:

City:

Province:

Postal Code:

Telephone No.:

Email:

Website:

PART 2 COMPANY DETAILS

Date Company was Established (MM/YY):

Description of Operations:

Total Gross Revenue from Applicant's Operations (in CDN Dollars):

	Prior Year: (MM/YY) ____/____	Last Complete Year: (MM/YY) ____/____	Estimate for Next Year: (MM/YY) ____/____
Canadian Revenue			
USA Revenue			
Foreign Revenue			

PART 3 APPLICANT INFORMATION

How many Personally Identifiable Information (PIIs) are retained within your computer network, databases & records?

Do you use SCADA or similar process control software?

Yes

No

Do you keep backups of critical data separate from your network (offline) or in a cloud-based service designed for this purpose?

Yes

No

If you have any physical, in-house servers (as opposed to entirely cloud-based), do you use a Virtual Private Network (VPN) to access your servers when working remotely? Yes No

Do you use anti-virus software and regularly apply updates/ patches? Yes No

Have you installed and do you maintain a firewall configuration to protect your system? Yes No

Do you have a defined process implemented to regularly patch your systems and applications? Yes No

Do you enforce Multi-Factor Authentication (MFA) for cloud-based services (such as cloud-based email account access) and for all remote access to your network? Yes No

Are all passwords changed at least every 60 days? Yes No

Do you have a Business Continuity Plan in place and you have successfully tested it to confirm that following an unexpected interruption of your computer systems, all your revenue-earning operations can be fully resumed within 12 hours? Yes No

Do you provide regular, documented information security training to all your employees, including anti-phishing training annually? Yes No

Do you accept funds transfer instructions from clients over the telephone, email, text message or similar method of communication? Yes No

If yes, prior to complying with the instructions, do you authenticate such instructions by:

a) Calling the customer at a predetermined number? Yes No

b) Sending a text message to a predetermined number? Yes No

c) Requiring receipt of a code known only to the customer to confirm identity? Yes No

d) Some other method or combination of the above? (Please describe below) Yes No

Do you confirm all changes to vendor/ supplier details (including routing numbers, account numbers, telephone numbers, and contact information) by a direct call using only the contact number previously provided by the vendor/ supplier before the request was received? Yes No

Do you accept credit card payments in your facilities or via the web? Yes No

Are you compliant with the most recent applicable Payment Card Industry Data Security Standards? Yes No

Do you have a written privacy policy published on your website that has been reviewed by a qualified lawyer? Yes No

Do you restrict access to all sensitive information stored by you on a business need-to-know basis? Yes No

PART 4 INSURANCE HISTORY & REQUIREMENTS

During the last (5) years have you:

a) Sustained any unscheduled or unintentional network outage, intrusion, corruption or loss of data? Yes No

b) Received notice or become aware of any privacy violations or that any data or personally identifiable information has become compromised?
Yes No

c) Been subject to any disciplinary action, regulatory action, or investigation by any governmental, regulatory or administrative agency?
Yes No

d) Received any injunction(s), lawsuit(s), fine(s), penalty(s) or sanction(s)? Yes No

- e) Become aware of any circumstance or incident that could be reasonably anticipated to give rise to a loss/ claim, or have you suffered any loss, or, has any claim been made against you in the last 5 years? Yes No

If 'Yes' to any questions within this section, please attach full details.

Please provide details of your current Cyber Liability insurance policy:

Effective Date (MM/DD/YYYY)	Retro Date (MM/DD/YYYY)	Limit	Deductible	Premium	Insurer
		\$	\$	\$	

Please provide details of your required Cyber Liability insurance policy:

Effective Date (MM/DD/YYYY)	Retro Date (MM/DD/YYYY)	Limit	Deductible	Premium	Insurer
		\$	\$	\$	

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: