Cyber Insurance Application

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Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. Please provide the industry your business is in: _____

2. Please provide your expected revenue for the next 12 months: _____

3. Please provide your expected gross profit/net revenue over the next 12 months: _____

4. Please indicate your number of employees:

   O 1-25   O 26-50   O 51-250   O 251-1,000   O +1,000

5. Please list your website domain(s):

Section 2: Attestation Questions

1. Within the last 3 years has the Named Insured suffered any cyber incidents resulting in a claim in excess of $25,000? If Yes, please explain the cyber incidents and/or claims below.   Yes O   No O

2. Is the Named Insured aware of any circumstances that could give rise to a claim under this insurance policy? If Yes, please explain the circumstances and/or potential claims below.   Yes O   No O

3. Does the Named Insured implement encryption on laptop computers, desktop computers, and other portable media devices?   Yes O   No O   Sometimes O

4. Does the Named Insured collect, process, store, transmit, or have access to any Payment Card Information (PCI), Personally Identifiable Information (PII), or Personal Health Information (PHI) other than employees of the Named Insured?   Yes O   No O

5. If Yes to 4, what is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?

O	No Records	O	100,000 – 500,000 Records	O	Over 1,000,000 Records. Please indicate:
O	Less than 100,000 Records	O	500,000 – 1,000,000 Records		

6. If Yes to 4, how many PII or PHI records does the Named Insured collect, process, store, transmit, or have access to?

O	No Records	O	100,000 – 500,000 Records	O	Over 1,000,000 Records. Please indicate:
O	Less than 100,000 Records	O	500,000 – 1,000,000 Records		

7. Does the Named Insured maintain at least weekly backups of all sensitive or otherwise critical data and all critical business systems offline or on a separate network?   Yes O   No O   N/A O

8. Does the Named Insured require a secondary means of communication to validate the authenticity of funds transfers (ACH, wire, etc.) requests before processing a request in excess of $25,000?   Yes O   No O   N/A O

9. Within the last 3 years has the Named Insured been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications?   Yes O   No O   N/A O

10. Does the Named Insured enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right?   Yes O   No O   N/A O

Section 3: Prior Insurance

1. Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
Cyber						

*Please provide further details in the space provided under the Additional Information Section.

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Section 4: Requested Insurance Coverage

1. Please indicate the coverage limit, aggregate, retroactive date, and deductible are requested:

Coverage	Limit	Aggregate	Deductible	Retroactive Date
Cyber				

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: Signal Underwriting Inc. operates as Signal Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Signature

Additonal Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

*Please provide further details in the space provided under the Additional Information Section.