# **Cyber Insurance Application**



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.

	d Insured:											
Street	Address:											
City:				Pro	ovince:			Postal Coc	le:			
Conta				Em	nail:			Phone:				
Sect	ion 1: About Y	'our Organizat	ion									
1. Plea	ase provide the ind	ustry your business	is in:									
2. Plea	ase provide your ex	pected revenue for	the next	12 month	is:							
3. Plea	ase provide your ex	pected gross profit	/net rever	nue over t	the next 12 months	:						
4. Plea	ase indicate your nu	umber of employee	s:									
0	1-25	<b>O</b> 26-50		0 5	51-250	0	251-1,000		<b>O</b> +2	L,000		
5. Plea	ase list your websit	e domain(s):										
Sect	ion 2: Attesta	tion Questions	\$									
		has the Named Ins e explain the cyber			cyber incidents resu aims below.	lting in a	claim in e	excess of	Yes	0	No	0
		aware of any circum ne circumstances a			give rise to a claim ms below.	under th	is insuran	ce policy?	Yes	0	No	0
othe	er portable media o	devices?			omputers, desktop c	omputer	s, and	Yes O	No	0	Some- times	0
(PCI					have access to any ealth Information (P				Yes	0	No	0
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\*Please provide further details in the space provided under the Additional Information Section.



## **Section 4: Requested Insurance Coverage**

1. Please indicate the cove	erage limit, aggrega	ite, retroactive date	e, and deductible ar	e 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 <a href="https://www.signalunderwriting.com/privacy-statement">www.signalunderwriting.com/privacy-statement</a> 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.