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| **CYBER RISK INSURANCE DETAILED APPLICATION** |
|  |
| **NOTES** | **All questions must be completed** |
|  | **Each policy is provided on a claims-made and reported basis. Defence expenses are included within the limits of coverage.**  |
|  |
| **GENERAL INFORMATION** |
| Legal Name of Applicant | Lanark County Community Justice Program Inc. |
| Key Contact | Sarah Bingham | Position | Executive Director |
| Mailing Address | Suite 10E, 8 Herriott Street, Perth ON | Postal code | K7H 1S9 |
| Phone | (613)264-1558 | Email | sarah@commjustice.org |
| Website Address | www.commjustice.org |  |  |
| Key Broker Contact | Sarah Bingham |
| Brokerage Name | Arthur J. Gallagher Canada Ltd. |
| Brokerage Address | 410-11 Holland Ave., Ottawa ON | Postal code | K1Y 4S1 |
| Phone | (613)907-3354 | Email | megan\_schooley@ajg.com |
|  |
| **OPERATIONS** |
| Applicant is | Sole Proprietor |       | Partnership |       |  | Corporation | X |
|  | Municipality |       | Other (Explain) |        |
|  |
| Please describe the Applicant’s operations and services |
| provide court diversion services for youth and adults in Lanark County by means of Community Justice Forums |
|  |
| Date Established (dd/mm/yy) | July 7 2000 |
|  |  |  |  |  |
| Does the Applicant have any \*subsidiaries?  | YES |       | NO | X |
| Is the Applicant a \*subsidiary of any other organization or entity | YES |       | NO | X |
| **If "YES", please attach full details including an organizational chart** |
| *\*A subsidiary is when the Applicant has fifty percent (50%) or more of the legal or beneficial interest in an entity*   |
|  |
| **GROSS Revenues**  | **Domestic** | **Foreign** | **Total** |
| Prior Year | $ |       | $ |       | $ |       |
| Current Year (estimate) | $ |       | $ |       | $ |       |
| Next Year (estimate) | $ |       | $ |       | $ |       |
|  |
| Indicate all Countries outside of Canada that the Applicant operates in |
| none |
|  |

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| **INSURANCE AND COVERAGE INFORMATION** |
| **Limits of Insurance**  |
| Indicate the **Limit of Insurance** coverage you wish to purchase in the box below  |
| **$** | **100,000** | **[ ]**  | **$** | **250,000** | **[ ]**  | **$** | **500,000** | **[x]**  | **$** | **1,000,000** | **[x]**  |
| **Coverage is subject to a Deductible** |

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|  |
| **Limits and Sub-limits**  |
| The limits for each coverage in the chart below (e.g. Crisis Management) are included within the Limit of Insurance  |
|  |
| **Coverage** | **Aggregate Limits** |
|  | **$** | **100,000** | **$** |  **250,000** | **$** | **500,000** | **$** | **1,000,000** |
| Media Content Services Liability | $ | Included  | $ | Included | $ | Included | $ | Included  |
| Network Security Liability | $ | Included  | $ | Included | $ | Included | $ | Included  |
| Privacy Liability | $ | Included  | $ | Included | $ | Included | $ | Included  |
| Extortion Threat  | $ | Included  | $ | Included | $ | Included | $ | Included  |
| **Sub-Limits of Insurance** are **'Part of'** and **NOT 'In Addition To'** the Policy Aggregate Limits Above |
| Privacy Notification Costs | $ | 5,000 | $ | 12,500 | $ | 25,000 | $ | 50,000 |
| Regulatory Proceedings | $ | 50,000 | $ | 125,000 | $ | 250,000 | $ | 500,000 |
| Crisis Management Expense | $ | 5,000 | $ | 12,500 | $ | 25,000 | $ | 50,000 |
| Business Interruption | $ | 50,000 | $ | 175,000 | $ | 250,000 | $ | 500,000 |
| **\*Note:**  | **Limits and Sub-limits above are subject to underwriter approval and may change where exposures warrant** |
|  |
| **CLAIMS, CIRCUMSTANCES AND OTHER HISTORICAL INFORMATION** |
| During the past 5 years has the Applicant |
|  | Had any similar Cyber Risk Insurance cancelled, declined or non-renewed? | YES |       | NO |       |
|  | **If "YES", please attach a detailed explanation** |
|  |       |
|  | Suffered any known intrusions, unauthorized access or been a target of a security or virus incident of their computer |
|  | system (including extortion) or other type of cyber claim? | YES |       | NO |       |
|  | **If "YES", how many intrusions or attempted intrusions occurred?**  |       |
|  | **Please provide full details including the nature of the event and \*damages and expenses incurred** |
|  |  | *\* Damages and expense include judgement and awards, ransom as well as costs for legal expenses* |
|  |  |  *notification, monitoring, business interruption, repair costs and the nature of these.* |
|  |  |
|  | Been subject to any disciplinary action, regulatory action or investigation by any Governmental, regulatory or |
|  | administrative agency? | YES |       | NO |       |
|  | **If "YES", please attach a detailed explanation** |  |
|  |       |  |
|  | Is the Applicant or anyone in the firm aware of any fact, circumstance or situation that could give rise to a claim |
|  | under this or similar insurance policy? | YES |       | NO |       |
|  | **If "YES", please attach an explanation of each and current status** |  |
|  |       |  |
| **Prior Cyber Insurance** |  |
| **Year** | **Insurance****Carrier** | **Limit Of Liability** | **Deductible** | **Premium** | **Policy Period** |
| Current | no prior cyber cover | $       | $       | $       |       |
| Previous Year  |       | $       | $       | $       |       |
|  |
| Proposed Effective Date (dd/mm/yy) | May 7 2018 |  |
|  |
| **RISK MANAGEMENT AND/OR POLICIES AND PROCEDURES**  |
| Does the Applicant employ a Chief Privacy Officer/Chief Security Officer? | YES |       | NO |       |
| **If “NO” indicate who in your organization handles these responsibilities** |       |
|  |
| Does the Applicant have internal training for employees concerning the handling of private and/or sensitive |
| information?  | YES |       | NO |       |
|  |  |
| **Explanation of Terms** |
| A Security Policy is an over-riding policy that encompasses many different policies/procedures such as: security management, confidentiality, information assets, accountability, system and information ownership, disaster recovery and business continuity plans etc. Below we have indicated the Policies/Procedures we consider mandatory.  |
| Does the Applicant have the following in place:  |
|  | Disaster Recovery and Incident Policies/Procedures?  | YES |       | NO |       |
|  | Business Continuity Policies/Procedures?  | YES |       | NO |       |
|  | A Documented User and Password Policy/Procedures?  | YES |       | NO |       |
|  | Corporate wide Privacy Policies/Procedures | YES |       | NO |       |
|  | Document Retention and Destruction Policies/Procedures/Bylaw? | YES |       | NO |       |
|  | A Remote and Mobile Device Computing Policy/Procedures? | YES |       | NO |       |
|  |  |  |
| Indicate how often the organization's Risk Management Procedures (above) reviewed by and updated by  |
| management  |       |
| **MANAGEMENT OF INFORMATION**  |
| Does the Applicant collect, receive, process, transmit or maintain private, sensitive or personal information from third  |
| parties (i.e. customers, clients, patients, their population) as part of their operations? | YES |       | NO |       |
|  |
| **At any one time, indicate the 'Type of Information' you collect in the 'Yes', 'No' columns and how many Individually Personally Identifiable records are collected and stored in the 'Number' column**  |
|  |
| **Type of Information** | **Yes** | **No** | **Number (or Approximate)** |
| Credit Cards |       |       |       |
| Healthcare  |       |       |       |
| Social Insurance Numbers |       |       |       |
| Bank Accounts information (of customers and employees)  |       |       |       |
| Employee/Volunteer information  |       |       |       |
| Other (indicate type)       |       |       |       |

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| All Entities (If Applicable) | Indicate the number of customers or patients you service  |       |
| All Entities  | Indicate the Number of Employees, Foster Parents the Applicant has |
|  | (including directors, officers, councillors and volunteers)  |       |
| Municipalities Only  | Indicate Population  |       |
|  |
| **SHARED NETWORK OPERATING SYSTEM ARRANGEMENTS AND INFORMATION SHARING** |
| Refer to: **Explanation of Terms** in this Section |
|  | Can the Applicant:  |
|  |  | Access **or** view data (private, sensitive or personal information) |
|  |  | of any other third party entity? | YES |  | NO |       |
|  | **If Yes please answer the questions below**  |
|  | Can the Applicant:  |
|  |  | Upload, download or physically change data/information belonging to any  |  |  |  |  |
|  |  | other third party entity? | YES |  | NO |       |
|  | With respect to the Applicants own network:  |
|  |  | Can any third party entities upload, download or physically change your  |  |
|  |  | data/information (private, sensitive or personal information)? | YES |       | NO |       |
| **If "YES" to any of the above,**  |
|  | **Attach a copy of the contracts to ensure the liability of each party is clearly established** |
|  |
| Does the Applicant |
|  | Share information gathered from customers with third parties?  | YES |       | NO |       |
|  |       |
|  | **If "YES" is explicit consent received prior to sharing?**  | YES |       | NO |       |
|  | Develop or maintain a network operating system for another entity?  | YES |       | NO |       |
|  | **If "YES" provide full details**  |  |
|  |
| **Explanation of Terms** |
| *Shared Network Operating Systems and Cloud Providers* |
| *Both are services you contract with for storage of your information. Both store not only your information/data but* |
| *Information/data of other entities. With a cloud provider you are the only entity accessing your own information/data.*  |
| *Other entities cannot access (upload, download, change or view) your information nor can you theirs.* |
| *A Shared Network Operating Systems exposure is when a client is required (usually by a Government* |
| *authority) to share computer and network services and/or data with other similar groups of entities. While your data is* |
| *being stored at another location it is being shared with a number of other entities. You will typically have access to and* |
| *be able to upload, download, change or view not only your data/information but that of another entity E.g. an electronic* |
| *health record system with networks to connect health organizations* |
|  |
| **Note:**  | **Some cyber coverages may not respond when a 'Network Operating System Arrangement' is in place** |
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| **REGULATIONS** |
| *All organizations are subject to some type of regulation e.g. Personal Information Protection and Electronic Documents*  |
| *Act (PIPEDA), Personal Health Information Protection Act (PHIPA), Municipal Freedom of Information and Protection*  |
| *of Privacy Act - Ontario (MFIPPA), Health Information Protection Act (HIPA), or other Provincial or Federal laws or*  |
| *legislation protecting private or personal information.*  |
|  |
| Does the Applicant |
|  | Have written procedures in place to comply with laws governing the handling or disclosure of such  |
|  | information? | YES |       | NO |       |
|  |
| **AUDITS**  |
| Has the Applicant had a third party audit their Network and/or Computer Systems? | YES |       | NO |       |
| **If "YES" when was the last audit? (dd/mm/yy)**  |       |
| Have all improvements and recommendations been implemented? | YES |       | NO |       |
| **If "NO" please attach an explanation as to the reasoning and timelines for implementation** |
| In the past 2 years has the Applicant undergone an internal or external Privacy/Confidentiality Audit? | YES |       | NO |       |
| **If "YES" please attach a copy of the audit.**  |
| Have all improvements and recommendations been implemented? | YES |       | NO |       |
| **If "NO" please attach an explanation as to the reasoning and timelines for implementation** |
|  |
| **COMPUTER SYSTEM AND CONTROLS** |
| Does the Applicant outsource their network and/or computer system monitoring? | YES |       | NO |       |
| **If "YES" please provide brief details regarding this arrangement**  |
|       |
| Does the Applicant outsource the handling of sensitive data to any third party? | YES |       | NO |       |
| **If "YES" please provide full information regarding the third parties used for data hosting and/or payment**  |
| **processing (e.g. name, address, information stored, indicate whether this is a cloud provider etc.)** |
|  |
| Does the Applicant |
|  | Provide remote access to computer systems? | YES |       | NO |       |
|  | **If "YES", how many users have remote access?**  |       |
|  | Store sensitive information on laptops?  | YES |       | NO |       |
| **Security Measures**  |  |  |  |  |
| Is it company policy to:  |
|  | Terminate all associated computer access and user accounts when an employee leaves the company?  | YES |       | NO |       |
|  | Restrict employee access to private information? | YES |       | NO |       |
|  | Use fire wall technology? | YES |       | NO |       |
|  | Use anti-virus software?  | YES |       | NO |       |
|  | **If "YES", is anti-virus installed on all computers (including mobile devices)** | YES |       | NO |       |
|  | Use intrusion detection software to detect unauthorized access to internal networks  |
|  | and computer systems? | YES |       | NO |       |
|  | Up-grade all security software as new releases/improvements become available? | YES |       | NO |       |
|  |       |

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|  | Use hard drive encryption to prevent unauthorized exposure of data on all hardware, including,  |
|  | computers, laptops, home based computers and other mobile devices including USB’s |
|  | (e.g. Smartphones Notebooks, Tablets etc.) | YES |       | NO |       |
|  | **If "NO", to any of the questions regarding Security Measures please advise of your procedures do you employ to ensure the security of information** |
|  |       |
| Indicate often sensitive/valuable information is backed up  |       |
| Indicate the length of time the Applicant stores information?  |       |
| **WEBSITE AND CONTENT INFORMATION**  |
| Refer to: **Explanation of Terms** in this Section |
| Does the Applicant |
|  | Have an **Informational Website**? | YES |       | NO |       |
|  | Have a **Transactional** or **Accessible Website?** | YES |       | NO |       |
| **Internet and Website Controls** |
|  | Have a review procedure to screen the content for copyright or trademark infringement or  |
|  | invasion of privacy issues?  | YES |       | NO |       |
|  | Have a clearance procedure for website content (e.g. removal of controversial, offensive, infringing or |
|  | out-dated material)?  | YES |       | NO |       |
|  | Have a procedure in place for responding to allegations that content created, displayed or published is libelous,  |
|  | infringing, or in violation of a third party’s privacy rights? | YES |       | NO |       |
|  | **If "NO" to any of the questions regarding Internet and Website Controls describe the procedures in place to avoid posting of improper content**  |
|  |       |
|  |
| Has the applicant ever had a suit filed against them, a cease or desist demand, or been subject to  |
| a complaint or a claim, alleging trademark, copyright, software copyright, invasion of  |
| privacy, or defamation with regard to any content? | YES |       | NO |       |
| **If "YES" please provide full details**  |
|       |
|  |
| **Explanation of Terms**  |
| *Informational Website:*  | *Only provides information regarding services or products with no Transactional*  |
|  | *or Accessible Website features* |
| *Transactional or Accessible Website*  | *Has log in capabilities and allows users to upload or download secure data or*  |
|  | *allows purchases or payments (e.g. bill payments)* |

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| **PLEASE READ** |
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| The Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications |
| or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or |
| misstated. The Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any  |
| material changes in all such information, after signing the application and prior to issuance of the policy, and  |
| acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or |
| authorization or agreement to bind the insurance based upon such changes. |
|  |
| Further, the Applicant understands and acknowledges that: |
| 1.  | If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental |
|  | applications, and any other statements furnished to the Company in conjunction with this application, all of  |
|  | which are hereby incorporated by reference into this application and made a part thereof. |
|  |
| 2. | This application will be the basis of the policy and will be incorporated by references into and made part of  |
|  | such policy; and |
|  |
| 3. | The Applicant's failure to report to its current insurance company any claim made against it during the current  |
|  | policy term, or act, omission or circumstances which the Applicant is aware of which may give rise to a claim  |
|  | before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to  |
|  | believe that any such act, omission or circumstances might reasonably be expected to be the basis of a claim. |
|  |  |
| 4. | The policy applied for provides coverage on a claims made and reported basis and will apply only to claims  |
|  | that are first made against the insured and reported in writing to the Company during the policy period.  |
|  | Claims expenses are within and reduce the limit of liability. |
|  |
| The Applicant hereby authorizes the release of claim information to the Company from any current or prior  |
| Insurer of the Applicant. |
|  |
| **FRAUD WARNINGS** |
| Any person who knowingly includes any false or misleading information on an application for an insurance policy  |
| may be subject to criminal and civil penalties. |
|  |
| **APPLICANT ACKNOWLEDGEMENT** |

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| The undersigned authorized officer of the organization declares that to the best of his/her knowledge, the statements |
| set forth herein are true. Signing of this application does not bind the Company (Insurer) to offer, nor the Applicant to  |
| accept insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, |
| and this form will be attached to and become part of the policy. |
|  |
| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in  |
| connection with this application (including but not limited to the information contained in this form) has been collected |
| in accordance with applicable privacy legislation and this information shall only be used or shared by Company to  |
| assess, underwrite and price insurance products and related services, administer and service insurance policies,  |
| evaluate and investigate claim, detect and prevent fraud, analyze and audit business results and/or comply with. |
| regulatory legal requirements |
|  |
| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** | Megan Schooley, Senior Account Executive, Arthur J. Gallagher Canada Ltd |  |
| **Broker Signature** |  |  |