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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.** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** |  | **$** | **500,000** |  | **$** | **1,000,000** |  |
| **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 | | |  | | |
|  |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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)* | | | | | | | | |

|  |  |
| --- | --- |
| **PLEASE READ** | |
|  | |
| 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** | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |  |  | |