



Beazley Tekpac Package

Application

THIS APPLICATION IS FOR A CLAIMS MADE POLICY:

Please fully answer all questions and submit all requested information.

LIMITS REQUESTING:

Mediatech E&O Limit:

First Party Cyber Limits:

Commercial General Liability Limit:

GENERAL INFORMATION:

Name of Organization or Legal Entity (applicant) Including any subsidiaries:

Mailing Address:

Province:

City:

Postal Code:

of Employees:

Date Est:

Website URL(s):

Authorized Officer ¹:

Email:

Telephone:

Breach Response Contact ²:

Email:

Telephone:

Business Description:

Does the Applicant provide data processing, storage or hosting services to third parties?

Yes

No

REVENUE INFORMATION:

Please provide Gross Revenue information

	Past Twelve Months:	Next Year (Estimate)
CND Revenue:	CND	CND
Non-CND Revenues:	CND	CND
Total:	CND	CND

¹ This is the officer of the Applicant that is authorized make statements to the Underwriters on the Applicant's behalf and to receive notices from the Insurer or its authorized representative(s).

² This is the employee of the Applicant that is designated to work with the insurer in response to a data breach event.

What percentage of the Applicant's revenues is business to business? %
Direct to consumer? %

Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes within the past twelve (12) months? Yes No

If 'Yes', please explain:

Has the Applicant within the past twelve (12) months completed or agreed to, or does it contemplate entering into within the next twelve (12) months, a merger, acquisition, consolidation, whether or not such transactions were or will be completed? Yes No

If 'Yes', please explain:

PRODUCT & SERVICE ENGAGEMENTS

Please indicate how much revenue the Applicant expects this year from any of the following, as well as any relevant details surrounding such products or services:

Packaged software development & licensing: CND

Custom software development: CND

Software maintenance and support: CND

Computer and software systems implementation/installation/integration: CND

IT consulting, including consulting on hardware/software design/purchase: CND

Data and transaction processing: CND

IT and business process outsourcing: CND

Media content and data sales, subscriptions and licenses: CND

Revenues from ISP and email services: CND

Website hosting and collocation services: CND

Advertising and referral revenues: CND

Telecommunication services: CND

Technology product sales and maintenance (other than software): CND

Application services provider: CND

Managed services provider: CND

Other services or products (provide details): CND

What is the worst thing that could happen to your customer's operations if your Company's products/services were to fail or stop working:

Please indicate the Applicant's four largest engagements for the past 2 years:

Client: _____
Product/Service: _____
Revenues: CND

Client: _____
Product/Service: _____
Revenues: CND

Client: _____
Product/Service: _____
Revenues: CND

Client: _____
Product/Service: _____
Revenues: CND

CONTRACTUAL CONTROLS

Does the Applicant have written contracts with all clients for all service/product engagements? Yes No

If no, what percentage of the time are written contracts used? _____ %

Does the Applicant's contracts with clients for service/product engagements include provisions with respect to:

- Scope of work? Yes No
- Dispute resolution? Yes No
- Damages Caps? Yes No
- Disclaimers or Implied Warranties? Yes No
- Guarantees? Yes No
- Full Disclaimer of Consequential Damages? Yes No

If all of the Applicant's written contracts do not include a Full Disclaimer of Consequential Damages, please explain circumstances when such disclaimer would not be provided:

PRIVACY

Please identify the types of personal information of individuals that you collect, process or store (check all that apply) along with an estimate of the number of records held for each type of information:

Type of Information:

- Social Security Numbers
- Consumer Financial Information
- Payment Card Information
- Protected Health Information
- Biometric Information

Number of Records (Estimated):

- <100K; 100K-500K; 500K-1M; 1M-2M; 2M-5M; >5M
- <100K; 100K-500K; 500K-1M; 1M-2M; 2M-5M; >5M
- <100K; 100K-500K; 500K-1M; 1M-2M; 2M-5M; >5M
- <100K; 100K-500K; 500K-1M; 1M-2M; 2M-5M; >5M

Other (please describe):

Has the Applicant designated a Chief Privacy Officer?

Yes No

If 'No' please indicate what position(s) (if any) are responsible for privacy issues:

Does the Applicant require third parties with which it shares personally identifiable or confidential information to indemnify the Applicant for legal liability arising out of the release of such information due to the fault or negligence of the third party?

Yes No

PAYMENT CARDS

Does the Applicant accept payment cards for goods sold or services rendered?

Yes No

If 'Yes': How many payment card transactions does the Applicant transact per year?

Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI standards)?

Yes No N/A

Is payment card data encrypted at the point of sale (e.g., payment card reader or e-commerce payment portal) through transmission to the payment processor?

Yes No N/A

If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion:

COMPUTER & NETWORK SECURITY

Has the Applicant designated a Chief Information Security Officer as respects computer systems and data security?

Yes No

If 'No', please indicate what position is responsible for computer and data security:

Confirmation that the Applicant conducts computer and information security training for all employees, including owners, that have access to computer systems or sensitive data at least on an annual basis.

Yes No

Confirmation that the Applicant implements critical patches and updates systems as soon as possible when updates and patches become available, and do not use any end-of-life/unsupported software.

Yes No

Confirmation that the Applicant uses MFA (Multi-factor Authentication) for email account access and for all remote access to the network.

Yes No

Confirmation that the Applicant does not allow remote access into the environment without a VPN (Virtual Private Network).

Yes No

Confirmation that the Applicant scans incoming emails for malicious attachments and/or links.

Yes No

Confirmation that the Applicant protects all of devices with anti-virus, anti-malware, and/or endpoint protection software.

Yes No

Does the Applicant restrict user rights on computer systems such that individuals (including third party service providers) have access only to those areas of the network or information that is necessary for them to perform their duties?

Yes No

Which of the following procedures does the Applicant employ to test computer security controls?

Testing:

- Internal Vulnerability Scanning
- External Vulnerability Scanning against internet-facing IP addresses
- Penetration Testing
- Other (please describe):

Frequency of Testing:

- Continuously Monthly Quarterly
- Continuously Monthly Quarterly
- Continuously Monthly Quarterly

Where does the Applicant have a firewall? (check all that apply):

- At network perimeter
- Internally within the network to protect sensitive resources

Does the Applicant have network intrusion detection systems that provide actionable alerts if an unauthorized computer system intrusion occurs? Yes No

If 'Yes', please describe:

Does the Applicant store data in any of the following environments, and is such stored data encrypted? (check all that apply)

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Laptops | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |
| <input type="checkbox"/> Portable Media | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |
| <input type="checkbox"/> Back-up Tapes | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |
| <input type="checkbox"/> "at rest" within computer databases | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |
| <input type="checkbox"/> While in Transit | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |

Does the Applicant outsource any of the following? (Check all that apply and please identify the vendor(s))

- Data Center Hosting:
- Managed Security:
- Alert Log Monitoring:

BUSINESS CONTINUITY

Does the Applicant have:
A disaster recovery plan? Yes No - Date last tested:
A business continuity plan? Yes No - Date last tested:
An incident response plan for network intrusions and virus incidents? Yes No - Date last tested:

If the Applicant has a business continuity plan, does the plan contain recovery time objectives for the amount of time within which business processes and continuity must be restored? Yes No

If 'Yes', what are the current stated and tested recovery time objectives?

Does the Applicant have centralized log collection and management that allows for review of all access and activity on the network? Yes No

For how long are logs maintained?

Details regarding backup procedures:
Backups performed at minimum in a daily basis Yes No
Backups are stored in a segregated or non-networked environment Yes No
Backups are encrypted Yes No
Integrity of backups are tested regularly to ensure they are recoverable Yes No

If necessary, how quickly can backed up data be accessed and restored?

MEDIA LIABILITY

Please describe the media activities of the Applicant or by others on behalf of the Applicant:

- | | |
|---|---|
| <input type="checkbox"/> Television | <input type="checkbox"/> Internet Advertising |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Print | <input type="checkbox"/> Marketing Materials |
| <input type="checkbox"/> Applicant's Website(s) | <input type="checkbox"/> Audio or Video Streaming |
| | <input type="checkbox"/> Other (please describe: _____) |

Does the Applicant have a formal review process in place to screen any published or broadcast material (including digital content), for intellectual property and privacy compliance prior to any publication, broadcast, distribution or use? Yes No N/A

Are such reviews conducted by, or under the supervision, of a qualified attorney? Yes No N/A

Does the Applicant allow user generated content to be displayed on its website(s)? Yes No N/A

eCRIME

Are all employees that are responsible for disbursing or transmitting funds provided anti-fraud training, including detection of social engineering, phishing, business email compromise, and other scams on at least an annual basis? Yes No

Before processing fund transfer requests from internal sources, does the Applicant confirm the instructions via a method other than the original means of the instruction? Yes No

Do the Applicant's procedures require review of all requests by a supervisor or next-level approver before processing fund transfer instructions? Yes No

When a vendor/supplier requests any change to its account details (including routing numbers, account numbers, telephone numbers and contact information) and prior to making any changes:

Does the Applicant first confirm all requested changes requested by the vendor/supplier with a person other than the requestor prior to making any changes? Yes No

Does the Applicant confirm requested changes via a method other than the original means of request? Yes No

Do the Applicant's processes and procedures require review of all requests by a supervisor or next-level approver? Yes No

PROPERTY INFORMATION (FOR EACH ADDITIONAL LOCATION, PLEASE PHOTOCOPY AND COMPLETE)

Location: Same address on section Other _____

Please indicate Coverage and Limits required:

	Amount of Insurance		Amount of Insurance
Building*:	\$	Gross Earnings:	\$
Tenant's Improvements:	\$	Profits:	\$
Equipment:	\$	Professional Fees:	\$
Stock:	\$	Extra Expense:	\$
Office Equipment (non EDP):	\$	Rental Income:	\$
Computer (EDP) Hardware:	\$	Transit:	\$
Property of Others:	\$	Other: _____	\$
EDP Software/Media:	\$		
Laptop Computers:	\$	(no coverage on or off premises unless reported)	
Crime: Employee Dishonesty	\$		
Money Orders & Securities	\$	Earthquake Coverage?	<input type="checkbox"/> YES
Boiler & Machinery (Equipment Breakdown):	\$	Flood?	<input type="checkbox"/> YES
Other (specify):	\$		

Is the *building owned by the Insured? YES NO

*** Building coverage not available for residential buildings with home offices**

Area occupied by the Insured:

Number of stories:

Building age:

Basement? YES NO

Please indicate the following:

Wall Construction:	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick & Wood Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Steel
Roof Construction:	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other
Floor Construction:	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	

Dates and Extent of Updates:

Wiring: _____

Plumbing: _____

Heating: _____

Fire Protection town Grade:

Protected (hydrant within 30 meters): Semi Protected (fire station within 8 km) Unprotected (no hydrant)

Occupancy:

Strip Mall Residential Commercial Building Industrial Plaza Office Building

Sprinklered: None Yes 100%

Fire Alarm: None Local Central Station

Are all doors equipped with double cylinder deadbolt locks? Yes No

If NO, please describe protection:

Loss Payee & Mailing Address:

PRIOR CLAIMS AND CIRCUMSTANCES

In the last five (5) years, has the Company, its partners, directors, officers or employees ever had a written demand or civil proceedings for compensatory damages made against them? Yes No

If yes, please provide details:

During the past five (5) years has the Applicant:

- i) Received any claims or complaints with respect to privacy, breach of information or network security, or, unauthorized disclosure of information? Yes No
- ii) Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? Yes No
- iii) Received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regard to any content published, displayed or distributed by or on behalf of the Applicant? Yes No
- iv) Notified consumers or any other third party of a data breach incident involving the Applicant? Yes No
- v) Experienced an actual or attempted extortion demand with respect to its computer systems? Yes No
- vi) Experienced an unexpected outage of a computer network, application or system lasting greater than four (4) hours? Yes No

If 'Yes' to any of the above, please provide details regarding such incident(s) or event(s):

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- The communication with underwriters;
- The detection and prevention of fraud;
- The underwriting of policies;
- The analysis of business results;
- The evaluation of claims;
- Purposes required or authorized by law

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers. Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

WARRANTY STATEMENT

THE UNDERSIGNED WARRANTS THAT TO THE BEST OF THEIR KNOWLEDGE, THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE UNDERSIGNED ALSO WARRANTS THAT THEY HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACT.

IF THE INFORMATION PROVIDED IN THIS APPLICATION SHOULD CHANGE BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE UNDERSIGNED WARRANTS THAT THEY WILL IMMEDIATELY REPORT SUCH CHANGES TO THE INSURER.

SIGNING THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THIS INSURANCE, NOR DOES IT BIND THE INSURER TO ISSUE THIS INSURANCE. HOWEVER, SHOULD THE INSURER ISSUE A POLICY, THIS APPLICATION SHALL SERVE AS THE BASIS OF SUCH POLICY AND WILL BE ATTACHED TO AND FORM PART THEREOF.

Signed:
(Authorized Representative)

Date:

Print Name:

Title: