



Epac 3

New Business Application Cyber Short Form

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim, potential claim, first party loss, or potential first party loss in response to any question in any part of this Application does not create coverage for such claim, potential claim, first party loss, or potential first party loss. The Applicant's failure to report to its current insurance company any claim made against it or any first party loss it first discovered during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim or first party loss, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. APPLICANT INFORMATION

The Applicant to be named in Item 1. of Declarations (the "named insured"): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website(s): _____ Number of Employees: _____ Year Established: _____

Gross Annual Revenue: Prior Year \$ _____ Current Year: \$ _____ Projected: \$ _____

Ownership Structure: Private Public Not-for-Profit Governmental

Business Type: Corporation Partnership Joint Venture LLC

Are you seeking coverage for any other "Named Insureds" and/or subsidiaries, affiliates, or other related entities? Yes No

Is the Applicant wholly or partially owned or controlled by any other entity? Yes No

II. COVERAGE REQUESTS

Coverage	Limit	Retention	Retroactive Date
Cyber	\$ _____	\$ _____	_____

III. EXPIRING COVERAGE INFORMATION

1. Please complete the following for those coverages for which you are currently insured:

Coverage	Limit	Retention	Retroactive Date	Premium	Carrier	Expiration Date
Cyber Liability	\$ _____	\$ _____	_____	\$ _____	_____	_____

2. Has the insurer under any of the coverages listed above indicated an intent not to offer renewal terms? Yes No

IV. CLAIMS INFORMATION

1. Within the past 3 years has the Applicant?

a. Experienced:

- i. An actual or suspected data or security breach? Yes No
- ii. A release/loss/disclosure of or unauthorized access to personally identifiable information in the Applicant's care, custody, or control? Yes No
- iii. A cyber extortion demand? Yes No
- iv. A computer system or network failure due to an attack or intentional or unintentional system failure? Yes No

b. Received or been the subject of any claim, written demand, notice, proceeding, litigation, or investigation (regulatory or otherwise) alleging:

- i. Violations of any federal or state privacy or data security laws or regulations? Yes No
- ii. Privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the inability of the Applicant's or Subsidiary's authorized users to access the Applicant's or Subsidiary's network? Yes No

If you answered "Yes" to any of the questions above, please provide details, including date, type of claim or first party loss, allegations, current status, defence costs incurred, and any judgment or settlement amounts. (If additional space is needed, please attach separately):

V. CYBER COVERAGE PART

1. Does the Applicant have control:	Yes	No
Formal written information security and privacy policies, standards, and/or procedures for the administration of information security throughout the Applicant’s organization?	<input type="radio"/>	<input type="radio"/>
A program for all employees that provides anti-fraud security awareness training on an ongoing basis that includes but is not limited to detection of social engineering, phishing, or other scams?	<input type="radio"/>	<input type="radio"/>
Up to date and active Anti-Virus software on all computer, network and mobile devices	<input type="radio"/>	<input type="radio"/>
Wi-Fi- Protected Access 2 authentication and encryption on its wireless network (or stronger)?	<input type="radio"/>	<input type="radio"/>
A Virtual Private Network (VPN) with mandatory multi-factor authentication in place for all remote access to email and other systems/programs?	<input type="radio"/>	<input type="radio"/>
A process to check for security patches to the Applicant’s systems at least weekly and implement them within 30 days?	<input type="radio"/>	<input type="radio"/>
A process to replace factory default settings (including user names and passwords) to ensure your information security systems are securely configured?	<input type="radio"/>	<input type="radio"/>
Up to date and active firewall technology?	<input type="radio"/>	<input type="radio"/>
Strong password practices that include minimum password length and include characters and/or capitalized letters?	<input type="radio"/>	<input type="radio"/>
Controls that ensure timely removal of systems access when an individual leaves the organization and/or when access is no longer required for business purposes?	<input type="radio"/>	<input type="radio"/>
A process to perform regular backups of data, applications and system configurations	<input type="radio"/>	<input type="radio"/>
A process to regularly test said backups to ensure restorability?	<input type="radio"/>	<input type="radio"/>
An Incident Response plan in place to respond to a data or security breach?	<input type="radio"/>	<input type="radio"/>
Business Continuity plan, Disaster recovery plan or something similar to respond to a network or system shutdown?	<input type="radio"/>	<input type="radio"/>
A process to test these plans?	<input type="radio"/>	<input type="radio"/>
A policy to contractually require all third parties to which the Applicant entrusts sensitive information to protect this information with safeguards a least as good as the Applicant’s safeguards?	<input type="radio"/>	<input type="radio"/>
An intrusion detection system that detects and alerts an individual or group responsible for reviewing unauthorized access attempts on the Applicant’s network?	<input type="radio"/>	<input type="radio"/>

*If you answered no to any of the above questions please attach details of alternate controls in place.

2. Does the Applicant encrypt employee, customer or other personal/sensitive data:	Yes	No	NA
At rest on/in the Applicant’s network or database?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In transit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On mobile devices (i.e. laptops, mobile phones, tablets, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On employee owned devices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While in the care, custody and control of a third party vendor or service provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 3. Is the Applicant compliant with the Payment Card Industry (PCI) Data Security Standard? Yes No NA
- 4. Is the Applicant compliant with PIPEDA and any substantially similar provincial privacy and health privacy laws and regulations? Yes No NA

- 5. Is the Applicant compliant with HIPAA? Yes No NA
 - 6. What is the maximum number of records containing personal identifiable information stored? _____
 - 7. Does the Applicant use any software or hardware that is unsupported, or has been officially retired by the manufacturer? If so, what compensating controls are in place to protect these assets? Do they have plans to use updated systems/ platforms?
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APPLICANT REPRESENTATION
(To Be Completed by Applicant)

The Applicant Representation applies to all coverages that have been completed as part of this Application.

1. Special Representation applicable to the following Coverages only (if to be part of this policy):

For the coverage checked below, the Applicant has current coverage in place with either CNA or with any other carrier:

Coverages	Coverage has been in place since:
<input type="checkbox"/> Cyber	_____

The Applicant requests continuity for this coverage and this Applicant Representation does not apply to this coverage.

If no checkbox is checked above then this Applicant Representation applies to the coverage for which the Application has been completed subject to the following:

Applicant Representation - None of the individuals to be insured under the Cyber Coverage Part is responsible for or has knowledge of any wrongful act or fact, circumstance, or situation which they have reason to believe might result in a future claim or first party loss, except as follows:

- Yes, there are exceptions to this Representation (please attach details)
- No, there are no exceptions to this Representation

If any wrongful act or fact, circumstance, or situation which the Applicant has reason to believe might result in a future claim or first party loss whether not disclosed above, then the Applicant acknowledges and agrees, unless the proposed insurance policy expressly provides otherwise, any loss, claim, action, or first party loss arising out of, based upon, or attributable to such wrongful act or fact, circumstance, or situation will be excluded from coverage in accordance with the Application provision of the proposed policy.

2. Representations applicable to all coverages to be made part of this policy:

The Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby are true, accurate, and complete, and that no material facts have been suppressed or misstated. The Applicant acknowledges a continuing obligation to report to the CNA Company (the "Company") to whom this Application is made, as soon as practicable, any material changes in all such information after signing the Application and prior to issuance of the policy. The Applicant further acknowledges that the Company will have the right to withdraw or modify any outstanding quotations and/or authorizations or agreement to bind the insurance based upon such changes.

Further, the Applicant understands and acknowledges that:

- a. Completion of this Application and any supplemental applications or forms does not bind the Company to issue a policy;
- b. If a policy is issued, the Company has relied upon, as representations, this Application, any supplemental application, and other statements furnished to the Company in conjunction with this Application;
- c. All supplemental applications, statements, and other materials furnished to the Company in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof;

- d. This Application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- e. If a policy is issued, the limit of liability contained in the policy will be reduced and may be completely exhausted by the payment of loss, defence costs, and expenses. In such event the Company will not be liable for loss, defence costs, and expenses to the extent that such loss, expenses, and defence costs exceed the limit of liability of this policy;
- f. If a policy is issued, defence costs and expenses incurred will be applied against the deductible or retention amount as provided in the policy;
- g. The Applicant's failure to report to its current insurance company:
 - i. any claim made against it or any first party loss it discovered during the current policy term; or
 - ii. any act, omission, or circumstances which the Applicant is aware of that may give rise to a claim or first party loss; before expiration of the current policy may create a lack of coverage.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

Applicant:

By: _____
*Signature and Title** *Printed Name of Authorized Representative*

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

