



## BEAZLEY BREACH RESPONSE INSURANCE APPLICATION (BBR) INFORMATION SECURITY & PRIVACY INSURANCE WITH BREACH RESPONSE SERVICES

NOTICE: INSURING AGREEMENTS A., C., D. AND E. OF THIS POLICY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD OR AS OTHERWISE PROVIDED IN CLAUSE X. OF THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

INSURING AGREEMENT B. OF THIS POLICY PROVIDES FIRST PARTY COVERAGE ON AN INCIDENT DISCOVERED AND REPORTED BASIS AND APPLIES ONLY TO INCIDENTS FIRST DISCOVERED BY THE INSURED AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD.

### 1. GENERAL INFORMATION

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries:  
\_\_\_\_\_  
\_\_\_\_\_  
(please show complete name as you wish it to appear on the policy)
2. Address (Not P.O. Box):  
\_\_\_\_\_  
\_\_\_\_\_
3. Number of Employees: \_\_\_\_\_
4. Website: \_\_\_\_\_
5. The Applicant has continuously been in business since (Month/Year): \_\_\_\_\_
6. The Company is Canadian registered?  YES  NO

### 2. COMPANY INFORMATION

7. Please provide a brief description of your business:  
\_\_\_\_\_  
\_\_\_\_\_
8. Does the Applicant provide data processing, data storage, or data hosting services to third parties?  YES  NO  
If YES, please comment on the specific service in the description above:  
\_\_\_\_\_  
\_\_\_\_\_
9. Does the Applicant distribute any products on a wholesale basis?  YES  NO  
If YES, please confirm the percentage of revenue generated by wholesale distribution: \_\_\_\_\_

### 3. REVENUE INFORMATION

10. FOR ALL APPLICANTS, PLEASE PROVIDE GROSS REVENUE INFORMATION

	MOST RECENT TWELVE (12) MONTHS ( ending ___/___ )	PREVIOUS YEAR	NEXT YEAR (Estimate)
CDN Revenue:			
USD Revenue:			
OTHER Revenue (specify)			
TOTAL:			

11. Are significant changes to 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:

\_\_\_\_\_

\_\_\_\_\_

12. 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:

\_\_\_\_\_

\_\_\_\_\_

**4. MANAGEMENT OF PRIVACY EXPOSURE**

13. Has the Applicant designated a Chief Privacy Officer?  YES  NO  
 If NO, please indicate what position (if any) is responsible for privacy issues: \_\_\_\_\_

14. Does the Applicant have a written corporate-wide privacy policy?  YES  NO  
 If YES, please attach a copy of the privacy policy to this application.

15. Is the Applicant in compliance with its privacy policy?  YES  NO  
 If NO, please provide details regarding such non-compliance:

\_\_\_\_\_

\_\_\_\_\_

16. Does the Applicant collect, process, or maintain private or personal information as part of its business activities?  YES  NO  
 If YES:

- 1) Identify which Personal Identifiable Information (PII) is being held:
- |                         |                          |                                   |                          |
|-------------------------|--------------------------|-----------------------------------|--------------------------|
| Social Security Numbers | <input type="checkbox"/> | Bank Account Information          | <input type="checkbox"/> |
| Credit Card Information | <input type="checkbox"/> | Individual Names and Addresses    | <input type="checkbox"/> |
| Employee Information    | <input type="checkbox"/> | Email Addresses                   | <input type="checkbox"/> |
| Personal Health Data    | <input type="checkbox"/> | Third Party Corporate Information | <input type="checkbox"/> |
| Other (Specify):        | <input type="checkbox"/> |                                   |                          |

2) Provide the number of records maintained by the Applicant containing the above information (approx.):  
 0 – 20,000     20,000 – 50,000     50,000 – 100,000     100,000 – 200,000     > 200,000\*\*  
 \*\* If number is greater than 200,000 enter estimated number of PII records maintained here): \_\_\_\_\_

17. Does the Applicant accept credit cards for goods sold or services rendered?  YES  NO  
 If YES, is the applicant compliant with applicable data security standards e.g. Payment Card Industry (PCI) Data Security Standard (DSS)?  YES  NO

1) Please state the Applicant’s approximate percentage of revenue from credit card transactions in the most recent twelve (12) months: \_\_\_\_\_ %

2) Is the Application compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI standards)?  YES  NO

3) 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:

\_\_\_\_\_

18. Does the Applicant restrict employee access to personally identifiable information on a business-need to know basis?  YES  NO

19. Does the applicant require third parties with which it shares personally identifiable information 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
20. Has the Applicant implement an identity theft prevention program (aka FTC "Red Flags" program)?  YES  NO
21. If the Applicant is in the healthcare industry, does the Applicant host, operate or manage a Healthcare Information Exchange on which other organizations may store personal health information?  YES  NO

**5. COMPUTER SYSTEMS CONTROL**

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22. Has the Applicant designated a Chief Security Officer in regards to computer systems?  YES  NO  
If NO, please indicate what position is responsible for computer security:  
\_\_\_\_\_  
\_\_\_\_\_
23. Does the Applicant publish and distribute written computer and information systems policies and procedures to its employees?  YES  NO
24. Does the Applicant conduct training for every employee user of the information systems in security issues and procedures for its computer systems?  YES  NO
25. Does the Applicant have:  
1) A disaster recovery plan?  YES  NO  
2) A business continuity plan, recovery plan and/or incident response plan?  YES  NO  
3) An incident response plan for network and virus incidents?  YES  NO  
4) How often are such plans tested? \_\_\_\_\_
26. Does the Applicant have a program in place to test or audit security controls on an annual or more frequent basis?  YES  NO  
If YES, please summarize the scope of such audits and/or tests:  
\_\_\_\_\_  
\_\_\_\_\_
27. Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company?  YES  NO
28. Is all valuable/sensitive data backed-up by the Applicant on a daily basis?  YES  NO  
If NO, please describe exceptions: \_\_\_\_\_
29. Is at least one complete back-up file generation stored and secured offsite separate from the Applicant's main operations in a restricted area?  YES  NO  
If NO, please describe the procedure used by the Applicant, if any, to store or secure copies of valuable/sensitive data offsite:  
\_\_\_\_\_  
\_\_\_\_\_
30. Does the Applicant have and enforce policies concerning when internal and external communication should be encrypted?  YES  NO  
a) Are users able to store data to the hard drive of portable computers or portable media devices such as USB drives?  YES  NO  
b) Does the Applicant encrypt data stored on laptop computers and portable media?  YES  NO  
c) Please describe any additional controls the Applicant has implemented to protect data stored on portable devices:  
\_\_\_\_\_  
\_\_\_\_\_
31. What format does the Applicant utilize for backing up and storage of computer system data?  
 Tape or other media  Online backup service  Other: \_\_\_\_\_
- a) Are tapes or other portable media containing backup materials encrypted?  YES  NO  
b) Are tapes or other portable media stored offsite using secured transportation and secured facilities?  YES  NO  
1) If stored offsite, are transportation logs maintained?  YES  NO  
2) If stored onsite, please describe physical security controls:  
\_\_\_\_\_  
\_\_\_\_\_
32. Does the Applicant enforce a software update process including installation of software "patches"?  YES  NO  
If YES, are critical patches installed within thirty (30) days of release?  YES  NO

33. Please describe your network infrastructure:

	ANTI-VIRUS	FIREWALL	ISP	INTRUSION DETECTION
Primary Vendor:				
Other significant vendor:				

34. How often are virus signatures updates?  
 Automatic Updates     Weekly     Monthly     Other: \_\_\_\_\_

35. Does the Applicant require computer service providers who may have access to confidential information or personally identifiable information to demonstrate adequate security policies and procedures?  YES  NO  
 a) Are computer service providers required by contract to indemnify the Applicant for harm arising from a breach of the provider's security?  YES  NO

**6. WEBSITE CONTENT CONTROLS**

36. Please check all descriptions of website content posted by the Applicant, including content posted to social media web pages:  
 No Website     Information created by the Applicant  
 Content under license from a third arty     Streaming video or music content  
 Unlicensed third party content (i.e. Blog/Message Board/Customer Reviews)

37. Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Application is libelous, infringing or in violation of a third party's privacy rights?  YES  NO  
 If YES, please provide details: \_\_\_\_\_

38. Does the Applicant have a process to review all content prior to posting on the Insured's Internet Site or on social media web pages created and maintained by or on behalf of the Insured?  YES  NO  
 If YES, is the review performed by a qualified attorney?  YES  NO

39. Does the review include screening the content for the following:  
 1) Disparagement issues?  YES  NO  
 2) Copywriting infringement?  YES  NO  
 3) Trademark infringement?  YES  NO  
 4) Invasion of privacy?  YES  NO  
 If the Applicant does not have a process to review all content prior to posting, please describe the procedures to avoid posting of improper or infringing content:  
 \_\_\_\_\_  
 \_\_\_\_\_

40. Has the Applicant screened all trademarks used by the Applicant for infringement with existing trademarks prior to first use?  YES  NO  
 a) Has the Applicant acquired any trademarks from others in the past three (3) years?  YES  NO  
 If YES, were acquired trademarks screened for infringement?  YES  NO

**7. PRIOR INSURANCE**

41. Does the applicant currently have insurance in place covering media, privacy or network security exposures?  YES  NO  
 If YES, please complete the following:  
 Insurer: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
 Limit of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

42. Has any professional liability, privacy, network security or media insurance ever been declined, non-renewed or cancelled?  YES  NO  
 If YES, please provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. PRIOR CLAIMS AND CIRCUMSTANCES**

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43. Does the applicant or other proposed insured, or any director, officer or employee of the Applicant or other proposed insured have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance?  YES  NO

If YES, please provide details:

\_\_\_\_\_

\_\_\_\_\_

44. During the last five (5) years, has the Applicant:

1) Received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information or defamation or content infringement?  YES  NO

2) Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?  YES  NO

3) Notified consumers or any other third party of a data breach incident involving the Applicant?  YES  NO

4) Experienced an actual or attempted extortion demand with respect to its computer systems?  YES  NO

If YES, please provide details of any such action, notification, investigation or subpoena:

\_\_\_\_\_

\_\_\_\_\_

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described above, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

**9. NOTICE CONCERNING PERSONAL INFORMATION**

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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 underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- 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.

**10. WARRANTY STATEMENT**

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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: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_