



MEDIATECH ADDENDUM FOR PRIVACY LIABILITY & FIRST PARTY COMPUTER SECURITY COVERAGE

Privacy Liability Coverage including Notification Costs, Regulatory Defense, Credit Monitoring (Available only if Network Security Coverage is purchased): \$50,000 \$100,000 \$250,000

First Party Coverage includes the following (these coverages are NOT available separately):

	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
First Party Data Protection	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	
First Party Network Business Interruption	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	
Cyber Extortion	<input type="checkbox"/> \$50,000			

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. PRIVACY & REGULATORY ISSUES

2. Does the Applicant collect, process, or maintain private or personal information as part of its business activities? YES NO
- If YES:
- 1) Do you comply with the federal *Personal Information Protection and Electronic Documents Act, S.C. 2000, c.5*, ("PIPEDA") and other similar provincial Acts and regulations, and in the United States, "non-public personal information" as defined in the Gramm-Leach Bliley Act of 1999, or as amended? YES NO
 - 2) If the information is medical related, do you comply with the 'protected health' information as defined in provincial legislation in Canada, or, in the United States, the *Health Insurance Portability and Accountability Act of 1996*, as amended? YES NO
 - 3) Does the Applicant have written procedures in place to comply with laws governing the handling and/or disclosure of such information? YES NO
 - 4) Does the Applicant have an appointed privacy officer? YES NO
 - 5) Does the Applicant have a legally reviewed privacy policy? YES NO
 - 6) Does the Applicant share private or personal information gathered from customers (by the Applicant or others) with third parties? YES NO

3. 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"/>		

4. Provide the number of records maintained by the Applicant containing the above information (approx.):

0 – 2,500 2,500 – 5,000 5,000 – 10,000 10,000 – 20,000 > 20,000**

** If number is greater than 20,000 enter estimated number of PII records maintained here):

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5. Has the Applicant ever been investigated in respect of the safeguards for personally identifiable information?
If YES, please explain? YES NO

6. Has the Applicant ever received complaints about how someone's personally identifiable information is handled? YES NO

3. 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 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.

4. 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: _____ DATE: _____
(Authorized Representative)

NAME (Please Print): _____ TITLE/POSITION: _____