



BEAZLEY BREACH RESPONSE (BBR) - RENEWAL APPLICATION

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:

2. COMPANY INFORMATION

5. Provide a brief description of the Company's main activities if they differ from last year's application on file:

3. REVENUE INFORMATION

6. FOR ALL APPLICANTS, PLEASE PROVIDE GROSS REVENUE INFORMATION

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

4. MANAGEMENT OF PRIVACY EXPOSURE

7. Has any Personal Identifiable Information (PII) being held changed from prior year?

YES NO

If YES please check all applicable boxes shown below:

1) Identify which Personal Identifiable Information (PII) is being held:

Social Security Numbers

Bank Account Information

Credit Card Information

Individual Names and Addresses

Employee Information

Email Addresses

Personal Health Data

Third Party Corporate Information

Other (Specify):

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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): _____

8. Has any other information with respect to privacy & Regulatory issues changed from prior year? YES NO
If YES, please provide details: _____

5. COMPUTER SYSTEMS CONTROL

9. Has there been any changes to the computer network security from prior year? YES NO
If YES, please provide details: _____

6. WEBSITE CONTENT CONTROLS

10. Has there been any changes in any process, procedures and controls with respect to website contents from prior year? YES NO
If YES, please provide details: _____

7. PRIOR CLAIMS AND CIRCUMSTANCES

11.. 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: _____

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.

8. 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.

9. 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: _____

NAME (Please Print): _____

TITLE/POSITION: _____